

Doncaster Multi-agency COVID-19 Outbreak Plan Summary Document

Plan Authors: Doncaster COVID Control Board

Version: Summary Document 4

Issued: July 2020

Review date:

This draft Plan has been signed off by the Director of Public Health, the Chief Executive, the Mayor and Doncaster COVID-19 Oversight Board to guide our work to contain outbreaks.

Table of Contents

SECTION 1: PLAN MAINTENANCE	4
1.1 Document control and Distribution	4
1.2 Record of Amendments	4
SECTION 2: GENERAL INFORMATION	4
2.1 Introduction and Background	4
2.2 Purpose of the plan	5
2.2.1 Aims	5
2.2.2 Objectives	5
2.2.3 Scope and plan limitations	6
2.3 Risk Assessments	6
2.4 Legislative context	6
2.5 Related documents and supporting plans	7
2.6 Audience and responding organisations	7
SECTION 3: ACTIONS, ROLES AND RESPONSIBILITIES	8
3.1 Core Incident Management Team	8
3.2 Locality Multi-Disciplinary Teams	8
3.3 Public Health England Yorkshire and Humber Health Protection Team	8
3.4 Doncaster Council Director of Public Health and Public Health Team	9
3.5 Data cell	9
3.6 COVID-19 Health cell	9
3.7 Infection Prevention and Control (and testing) Task and Finish Group	9
SECTION 4: PLAN ACTIVATION AND COVID-19 TASK FORCE	9
4.1 COVID-19 Task Force	9
4.2 Alert mechanisms and process flow	9
4.3 Core Incident Management Team	10
4.4 Locality Multi-Disciplinary Teams	10
4.5 Governance and reporting	11
4.5.1 Structure	11
4.5.2 Doncaster COVID-19 Oversight Board	12
4.5.3 Doncaster COVID-19 Control Board	12
SECTION 5: DATA AND INTELLIGENCE	13
5.1 Data protection and data sharing	13
5.2 Local data requirements, Data flows and availability	14
5.3 National and Regional Notifications and Intelligence	14
5.4 Local Notifications and Intelligence	14

5.5 Local Data Products.....	14
SECTION 6: VULNERABLE PEOPLE, PLACES AND SETTINGS AND HEALTH INEQUALITIES	14
6.1 Health Inequalities and supporting high-risk communities.....	14
6.2 High-risk groups, settings and places	15
6.2.1 High-risk groups.....	15
6.2.2 High-risk settings.....	15
6.2.3 High-risk places	16
6.5 Identification and support for vulnerable people.....	16
SECTION 7: OUTBREAK MANAGEMENT PROTOCOLS.....	16
7.1 Yorkshire and the Humber PHE and LA Joint Working Arrangements for local responses to COVID-19 for specific settings.....	17
Care home outbreak management.....	17
Education setting outbreak management protocol	17
Health and Care settings outbreak management protocol	17
Workplace outbreak management protocol.....	17
Homeless and rough sleeper outbreak management protocol.....	17
Prisons	18
Doncaster Sheffield Airport	18
7.2 Escalation.....	18
SECTION 8: CONTACT TRACING	19
8.1 What is contact tracing?	19
8.2 Definition of ‘a contact’	19
8.3 Contacts who are health and care staff.....	20
8.4 NHS Test and Trace Programme	20
8.5 Local contact tracing	21
SECTION 9: TESTING FOR COVID-19.....	22
9.1 Testing overview	22
9.2 Testing eligibility and access.....	22
9.2.1 Mobile testing units (LRF)	22
9.3 Prioritisation and decision-making.....	22
9.4 Increasing capacity and utilisation	23
SECTION 10: OUTBREAK PREVENTION AND CONTROL MEASURES	23
10.1 Interventions	23
SECTION 11: COMMUNICATIONS AND ENGAGEMENT	23
SECTION 12: RESOURCES.....	24

SECTION 1: PLAN MAINTENANCE

1.1 Document control and Distribution

This plan is maintained and updated by members of the Doncaster COVID Control Board chaired by the Director of Public Health.

All members of the group are asked to advise the team of any changes to circumstances, staffing or procedure that may materially affect the plan in any way.

1.2 Record of Amendments

Amendment number	Actioned by	Type of change	Date
1	COVID control board	Initial plan draft	June 2020
2	COVID control board	V2 draft developments	June 2020
3	R Suckling	V3 Update to plan, section 2.2.1, 2.2.3, 4.3, 4.5.1, 4.5.2, 4.5.3, 5.5, 6, 6.2, 7.2, 12, appendix	12 July 2020
4	C Williams	Amendments agreed by Doncaster COVID-19 Oversight Board	30 th July 2020

SECTION 2: GENERAL INFORMATION

2.1 Introduction and Background

This plan provides a framework for the multi-agency response to localised outbreaks of COVID-19 in Doncaster and an outline of the interdependencies with regional and national systems and guidance.

In May 2020, Directors of public health were mandated to develop with partners local COVID-19 outbreak management plans that are centred around 7 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.

2.2 Purpose of the plan

The purpose this plan is to provide a framework for the multi-agency response to localised outbreaks of COVID-19 in Doncaster and an outline of the interdependencies with regional and national systems and guidance.

2.2.1 Aims

The aims of this plan are

- To prevent the occurrence and spread of COVID-19
- To identify any new cases of COVID-19
- To respond promptly to any new cases of COVID-19
- To reduce the impact of any new cases, clusters or outbreaks of COVID-19
- To build public confidence in the local approach to COVID-19 control

2.2.2 Objectives

The key objectives of this plan are:

- To summarise the key risks, planning assumptions and considerations that underpin the planning and response arrangements to local outbreaks of COVID-19;
- To define the roles and responsibilities of responding organisations and professionals;
- To outline the procedure for managing and responding to COVID-19 outbreaks in single settings and/or institutions e.g. schools and care homes;
- To outline the procedures for identifying and managing COVID-19 outbreaks in high risk places, locations and communities of interest;
- To outline the local and regional contact tracing capability and process in complex settings, and interfaces with national systems and programmes;
- To summarise the process and coordination of support for vulnerable people needing help to self-isolate;
- To outline local methods and access routes to timely testing and interfaces with national systems;

- To provide an overview of national and local data, intelligence and surveillance flows and role of the Joint Biosecurity Centre;
- To summarise the governance structures for the management and response to localised outbreaks of COVID-19 in Doncaster.

2.2.3 Scope and plan limitations

This plan outlines the key responsibilities of responding organisations and professionals, setting specific protocols and key considerations to managing localised outbreaks of COVID-19 in Doncaster.



This plan does not cover in depth detail of the national NHS Test and Trace programme, but does outlined some key linkages with local arrangements. It also does not provide in depth detail for Port Health or outbreaks in institutions such as prisons; there are separate and dedicated plans in place for the management of communicable disease incidents and outbreaks in these settings that are held by Public Health England and partners.

2.3 Risk Assessments

Due to the complex and changing nature of COVID-19, risk assessments for individual roles may need to be undertaken. These will be reviewed on a regular basis throughout the COVID-19 pandemic in line with guidance produced by Human Resources colleagues through the Workforce Cell.

On initial notification of a positive complex COVID-19 case, the Yorkshire and Humber PHE Health Protection Team (HPT) will also undertake a risk assessment based on the information provided to them at that time, as outlined in the Joint Outbreak Management of Outbreaks LA and HPT V1.0.

High-risk communities, settings and places are currently being reviewed and will be risk assessed and prioritised.

2.4 Legislative context

Legislation and Regulations related to the roles and responsibilities involved in the management of a communicable disease outbreak or incident are:

- Public Health (Control of Disease) Act 1984 as updated by Health and Social Care Acts 2008 and 2012;
- NHS Act 2006 as amended by Section 11 of the Health and Social Care Act 2012;
- Civil Contingencies Act 2004;
- Health and Safety at Work Act 1974;
- Local Government Act 1972;
- Local Authorities (Public Health Functions and Entry to Premises by Local Health watch Representatives) Regulations 2013;
- Health Protection (Notification) Regulations 2010 (SI 2010/659);
- Health Protection (Local Authority Powers) regulations 2010 (SI 2010/657);
- Health Protection (Part 2A Orders) Regulation (SI 2010/658);
- Civil Contingencies (Emergency Planning) Regulations 2005;
- Coronavirus Act 2020.

2.5 Related documents and supporting plans

Key supporting plans are:

- Doncaster multi-agency outbreak plan (Doncaster Joint Health Emergency Planning Group);
- Doncaster multi-agency Mass Treatment Plan (Doncaster Joint Health Emergency Planning group);
- Coronavirus Emergency Preparedness, Resilience and Response Plan;
- Doncaster COVID-19 Recovery and Renewal Plan (draft)
- Doncaster Care Home Intervention Plan

Related and supporting documents for this plan are:

- Public Health Leadership, Multi-Agency Capability: Guiding Principles for Effective Management of COVID-19 at a Local Level;
- Joint Outbreak Management of Outbreaks LA and HPT V1.0
- Doncaster Coronavirus Tactical Strategy
- Port Health Plan for Doncaster Sheffield Airport

2.6 Audience and responding organisations

This plan has been developed for use by organisations involved in the management of localised COVID-19 outbreaks in Doncaster. It will assist responding staff and organisations to understand the risk and management of COVID-19 outbreaks and incidents in the Borough. The plan will also refer to actions and arrangements in place to respond to future outbreaks and incidents. Plan holders will receive updated copies following any changes and reviews.

A number of organisations may be involved in the management of a communicable disease incident or outbreak in Doncaster. Depending on the nature and scale of the outbreak, these may include, amongst others:

- Doncaster Council;
- Public Health England;
- St Leger Homes of Doncaster;

- Doncaster Children’s Services Trust (DCST);
- Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH);
- Doncaster and Bassetlaw Teaching Hospitals Foundation Trust (DBTHFT);
- NHS Doncaster Clinical Commissioning Group (DCCG);
- Yorkshire Ambulance Service (YAS);
- Primary care services;
- FCMS;
- Voluntary sector and community groups;
- South Yorkshire Police;
- NHS England.

SECTION 3: ACTIONS, ROLES AND RESPONSIBILITIES

This section outlines the key roles and responsibilities of responding organisations, groups and officers in the management of COVID-19 incidents or outbreaks.

3.1 Core Incident Management Team

The incident management team has been established to monitor and review data and intelligence on COVID-19 cases, incidents and outbreaks, and to agree and coordinate the activities of the agencies involved to manage the investigation and control of the outbreak.

The IMT will meet daily initially and will operate at a tactical level to coordinate the operational efforts of each partner organisation. This will be reviewed on a regular basis and be adapted to meet the needs dictated by the data and evidence.

3.2 Locality Multi-Disciplinary Teams

Locality MDTs will work closely with the incident management team to undertake key actions agreed and advise on local intelligence and knowledge of high-risk populations, people and places. The membership and format of the locality MDTs will be reviewed regularly based on the specific outbreaks/incidents, risks, intelligence or impacts at the time.

3.3 Public Health England Yorkshire and Humber Health Protection Team

The Health Protection Team will fulfil its statutory duty by receiving the notification of outbreaks, undertaking the risk assessment and providing public health advice in accordance with national guidance or local Standard Operating Procedures. The team will work closely with the local authority Director of Public Health and the local health system.

3.4 Doncaster Council Director of Public Health and Public Health Team

Under the Health and Social Care Act 2012, Directors of Public Health in upper tier and unitary local authorities have a duty to prepare for and lead the local authority public health response to incidents that present a threat to the public's health.

3.5 Data cell

The data cell team will be central to the response to local COVID-19 outbreaks by collating, analysing and triangulating all available data to provide a situation overview upon which decisions on prevention work and outbreak control measures are required can be made.

3.6 COVID-19 Health cell

The COVID-19 health cell will continue to provide expert leadership across the local health system and will closely support and link to the COVID control board and IMTs through the designated representatives from NHS Doncaster Clinical Commissioning Group.

3.7 Infection Prevention and Control (and testing) Task and Finish Group

The infection prevention and control (and testing task) and finish group will provide specialist advice and guidance on infection prevention and control and assure local arrangements for testing, including access, increasing capacity and data sharing as appropriate.

SECTION 4: PLAN ACTIVATION AND COVID-19 TASK FORCE

4.1 COVID-19 Task Force

The COVID-19 Task Force will drive the coordination and management of outbreaks of COVID-19 in Doncaster, along with key elements of prevention, risk management, data and intelligence and wider local response.

This will include a number of central, dedicated teams ensure a timely and coordinated response to outbreaks of COVID-19 in Doncaster including:

- Public health (health protection and EPRR) Core Team
- Contact Tracing central team
- Data cell/dedicated team
- Specialist Infection Prevention and Control resource (through Testing and IPC cell)
- Communications
- Localities leads
- Outbreak planning and development team

4.2 Alert mechanisms and process flow

The following diagram briefly outlines the key alert mechanisms and process flow from notification of cases or issues through the core COVID-19 task force and Incident Management Team and activation of locality Multi-Disciplinary Teams and deployment of resources. Further detail can be found in the following sections.

4.3 Core Incident Management Team

The core Incident Management Team will meet regularly to review and assess evidence, risk assessment consider appropriate measures and actions including plans and powers, resource requirements, training, quality assurance and effectiveness review.

Membership will include named leads for the following:

- Director of Public Health (Lead Officer)
- Public health (health protection & EPRR coordination)
- Data lead
- Infection Prevention and Control and Testing
- Local Contact Tracing support
- Public Health England
- NHS Doncaster Clinical Commissioning Group
- Communities, Well Doncaster & Localities
- Communications
- Environmental Health
- Business Support
- Setting or specialism specific as required depending on scenario/s (e.g. education setting lead, acute trust representative, Primary Care representative, environmental health, care settings, legal, resilience and emergency planning etc.)

These members and colleagues will be supported by COVID-19 task force teams.

The above identified membership isn't an exhaustive list. Some scenarios may also require an IMT to be set up separately by PHE if triggered through Tier 1 escalation. Initial notification would come through to the Director of Public Health and Consultant in Public Health who will then inform the core Incident Management Team and additional local and setting specific or specialism specific representatives as dictated by the scenario.

4.4 Locality Multi-Disciplinary Teams

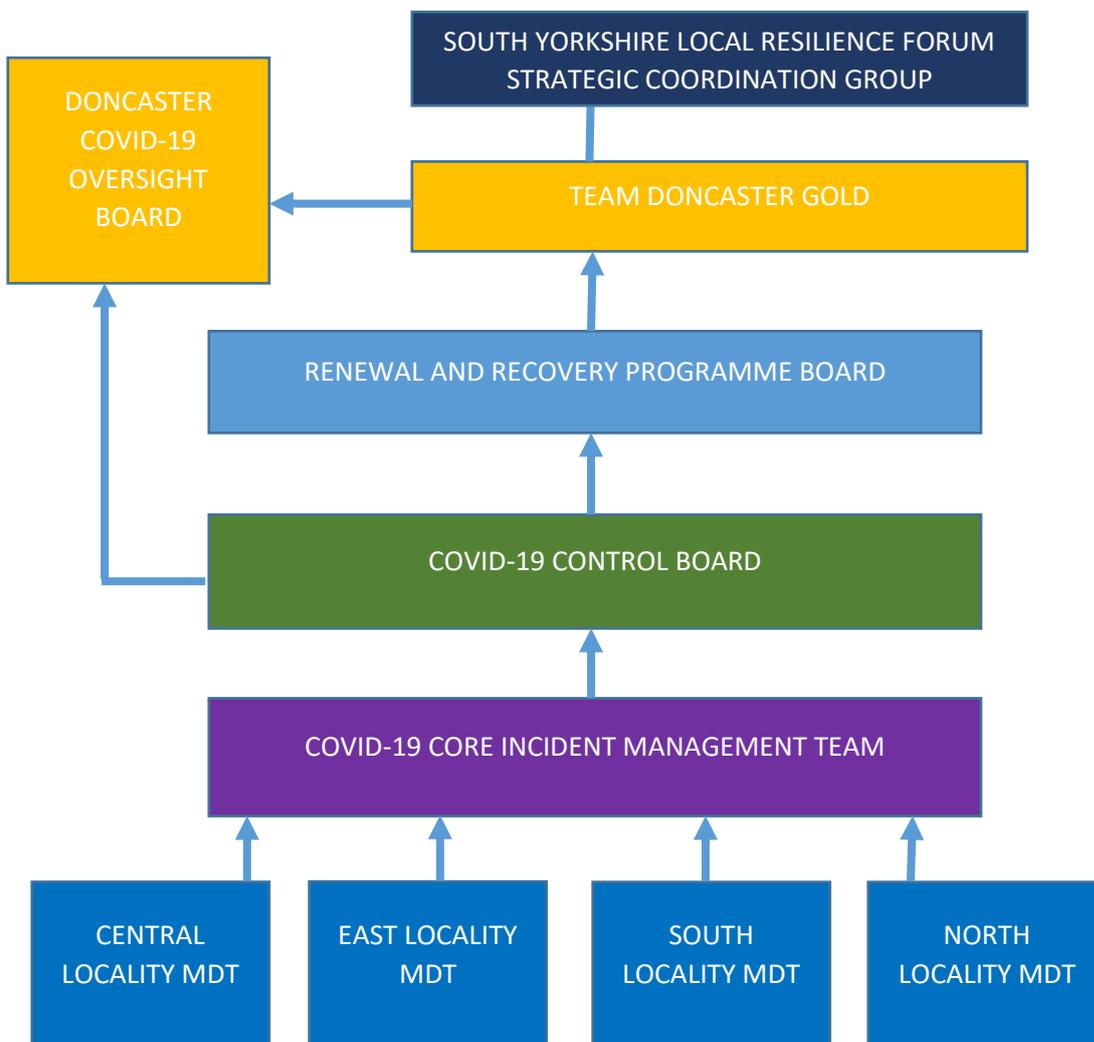
Locality MDT membership will include:

- Named leads and deputies from locality cell management groups
- Named Well Doncaster public health locality leads
- Assigned appropriate professional lead e.g. commissioners, social workers
- Clinical/Wellbeing/place based support assigned as appropriate to setting/location/group e.g. for communication, engagement, contextual professional understanding
- Specialist tracing support for groups as required (e.g. language or other barriers)

4.5 Governance and reporting

4.5.1 Structure

The governance and reporting structure for COVID-19 outbreak management is summarised below.



4.5.2 Doncaster COVID-19 Oversight Board

The role of the Doncaster COVID-19 Oversight board is to:

1. Provide oversight, assurance and scrutiny of:
 - a. Plans to prevent and manage outbreaks of COVID-19 in Doncaster
 - b. Actions taken to prevent and manage outbreaks and their outcomes
2. Engage and communicate with residents and stakeholders
3. Monitor levels of infection and assure the Doncaster people that the Control Plan has been developed and is being delivered appropriately.

Membership of the COVID-19 Oversight Board includes:

- Elected Mayor of Doncaster Council (Chair)
- Cabinet member for Public Health, culture and Leisure (Vice Chair)
- The Group leaders or their nominees
- South Yorkshire Police
- Locality cabinet members x4 (the cabinet member for public health counts as one)
- South Yorkshire Fire and Rescue
- Council CEO
- Council DPH
- Health – Doncaster CCG
- Chair Inclusion and Fairness Forum
- Union representatives
- Doncaster Chamber of commerce

4.5.3 Doncaster COVID-19 Control Board

The overall role of the COVID-19 Control Board is:

- The identification of actions to both prevent and manage outbreaks
- The production of the Control Plan and its continual and agile updating

Membership of the Doncaster COVID-19 Control Board includes:

- Director of Public Health (Chair)
- Public Health Emergency Preparedness, Resilience and Response (EPRR) team
- Adult social care commissioning and contracts
- Communities and localities
- Policy, Insight and Change team (including data)
- Public Health England
- NHS Doncaster Clinical Commissioning Group (representing the local health system)
- Communications
- Resilience and Emergency Planning
- Learning Opportunities and Skills
- Environmental health

- Doncaster College
- Business Doncaster
- Doncaster chamber
- Public Realm management lead
- South Yorkshire Police
- St Leger Homes
- Director of Infection Prevention and Control DBTH

Note: this membership is not exhaustive.

SECTION 5: DATA AND INTELLIGENCE

5.1 Data protection and data sharing

Data sharing between organisations is underpinned by General Data Protection Regulations. This required specific conditions to be met to ensure that the processing of personal data is lawful.

These relevant conditions are:

- Article 6(1)(d) – it is necessary in order to protect the vital interests of the data subject or another natural person;
- Article 6(1)(e) – it is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller;
- Article 9(2)(i) – it is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health.

These conditions have been met due to the threat posed by COVID-19, and therefore it is appropriate to share information.

Additionally, the Secretary of State has issued 4 notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, GPs. These notices require that data is shared for purposes of coronavirus (COVID-19), and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19).

These can be found here <https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information>

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.

A data sharing agreement is also in place between Doncaster Council and Public Health England.

5.2 Local data requirements, Data flows and availability

The data cell will be responsible for the receipt, review, analysis and triangulation of data and intelligence to aid the Incident Management Team in risk assessment, decision-making, action planning and resource requirement and deployment.

5.3 National and Regional Notifications and Intelligence

There are a number of ways the Director of Public Health may be notified of positive cases in the borough through national and regional routes, including:

- NHS Test and Trace data and exceedance reports
- Pillar 1 and 2 testing
- Tier 1 escalations to YH Health Protection Team
- Joint Biosecurity Centre (TBC)

5.4 Local Notifications and Intelligence

Local notifications and intelligence may be reported in a number of forms. These may include:

- Localities cells/teams
- Chamber/business Doncaster
- Regulation and enforcement (including summary of complaints from public, environmental health etc.)
- Local Contact tracing/social network analysis
- Primary Care, acute trusts and other health settings
- Direct notifications from settings e.g. care homes, schools, hospitals

5.5 Local Data Products

A range of data products will be developed for internal and external use. Wherever possible as much data as possible will be shared with Doncaster people.

SECTION 6: VULNERABLE PEOPLE, PLACES AND SETTINGS AND HEALTH INEQUALITIES

A range of high-risk groups, settings and places have been identified and are outlined below. These are currently being reviewed, risk assessed and prioritised through the locality cells and will be updated accordingly in due course.

Response to outbreaks in many of the high-risk settings and places identified below will be reviewed and agreed through the core Incident Management Team with locality level support and action to be coordinated through Locality MDTs.

6.1 Health Inequalities and supporting high-risk communities

There is clear evidence that COVID-19 does not affect all population groups equally. PHE have published a rapid review, 'Disparities in the risk and outcomes of COVID-19'. This report confirmed that the impact of COVID-19 has replicated existing health inequalities, and in some cases, increased them. A second report focussing on stakeholder views gathered insights into factors that may be influencing the impact of COVID-19 on these groups. The report 'Beyond the data: understanding the impact of COVID-19 on BAME groups' contains 7 recommendations. In our local response to COVID-19 we have focussed attention on providing education and prevention resources in suitable formats (see <https://www.doncaster.gov.uk/services/health-wellbeing/coronavirus-easy-read-guides-and-other-language-guides>). We have reflected on this work and recognise there is more to be done. Within our outcome control plan we will specifically work to ensure local implementation of the following PHE recommendation:

'Fund, develop and implement **culturally competent COVID-19 education and prevention campaigns**, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies; rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and prepare communities to take full advantage of interventions including contact tracing, antibody testing and ultimately vaccine availability.

Work is progressing in this area and this section of the plan will be updated in due course.

6.2 High-risk groups, settings and places

6.2.1 High-risk groups

These include:

- Over 70s
- Shielded population
- Wider clinically vulnerable population
- Homeless/rough sleepers
- Domiciliary care service users and staff
- People in supported living and staff
- Those in mental health accommodation
- Vulnerable tenants
- BAME community
- New communities
- Prisoners
- Carers
- Young people (non-compliance)

6.2.2 High-risk settings

High-risk settings include:

- Hostels/ hotels currently used as temporary accommodation

- Mental health acute settings
- Supported living – all groups
- Care Homes
- Extra care housing
- Gypsy and Traveller sites
- Asylum Seekers accommodation
- Prisons
- Airport
- Transport Interchange
- Businesses
- Houses in multiple occupation (HMOs)

6.2.3 High-risk places

High-risk places include:

- Areas with concentrations of shielded and vulnerable populations
- Vulnerable public realm (e.g. parks, recreational areas, town/shopping centres)
- Areas with high concentration of HMOs

6.5 Identification and support for vulnerable people

Throughout the pandemic, significant work has been undertaken to ensure that vulnerable people are identified and supported when this is required through the community hub and the communities cell. Arrangements are now in place through localities cells, locality MDTs and the local voluntary, community and faith sector groups to ensure that support remains accessible for vulnerable residents and those needing to self-isolate that cannot get support elsewhere.

This includes establishing, supporting and signposting to wider support networks.

SECTION 7: OUTBREAK MANAGEMENT PROTOCOLS

The broad outbreak management approach is based on Standard Operating Procedures developed with PHE YH and Local Authorities across the region and embedded in a locality model in Doncaster, allowing for local arrangements and priorities to be incorporated.

In Doncaster, a partnership and locality approach has been adopted to develop a planning grid framework of prevention and response. This framework provides a summary of key response and control measures and outlines some of the local partners and specialist expertise that are essential to effective outbreak management in specific settings.

7.1 Yorkshire and the Humber PHE and LA Joint Working Arrangements for local responses to COVID-19 for specific settings

The following sections outline the initial joint working arrangements between PHE YH and local systems in responding to confirmed cases of COVID-19 in specific settings, with the aim of reducing transmission, protecting the most vulnerable and preventing an increased demand on healthcare resource. Arrangements outline common principles and use a flexible approach in implementation.

Detailed standard operating procedures are in place and others continue to under development with multi-agency partners

7.1.1 Care home outbreak management

Regional and local plans and procedures are in place to support residential care settings in the prevention and management of outbreaks of COVID-19. This includes coordinated, multi-specialism support and clear plans for care homes, specialist support and advice on minimising transmission and Infection Prevention and Control support and advice.

7.1.2 Education setting outbreak management protocol

Regional and local plans and procedures continue to be developed to support education settings in the prevention and management of outbreaks of COVID-19. This includes specialist advice and support outlining key actions for suspected and positive cases, specialist support and advice on minimising transmission and Infection Prevention and Control support and advice.

7.1.3 Health and Care settings outbreak management protocol

Regional and local plans and procedures continue to be developed to support healthcare settings in the prevention and management of outbreaks of COVID-19. This includes coordinated, multi-specialism support and clear plans for care homes, specialist support and advice on minimising transmission and Infection Prevention and Control support and advice.

7.1.4 Workplace outbreak management protocol

Regional and local plans and procedures continue to be developed to support a range of workplace settings and businesses in the prevention and management of outbreaks of COVID-19. This includes specialist advice and support outlining key actions for suspected and positive cases, specialist support and advice on minimising transmission and Infection Prevention and Control support and advice.

7.1.5 Homeless and rough sleeper outbreak management protocol

Regional and local plans and procedures have been developed to support homeless hostels and other settings in the prevention and management of outbreaks of COVID-19. This includes specialist advice and support outlining key actions for suspected and positive cases, specialist support and advice on minimising transmission and Infection Prevention and Control support and advice.

7.1.6 Prisons

Management of COVID-19 infection prevention and control, including responding to outbreaks in prisons, lies with the prison health care provider and the prison health care commissioner (NHSE) with support from PHE health protection team.

Response to COVID-19 within the prison setting will build on these existing robust outbreak management arrangements. Public Health England HPT notifies DPH of significant outbreaks in prisons for awareness but the management of this remains with Care UK, NHSE and PHE.

Our ambition is to take a proactive approach to high risk settings, identifying all relevant high risk workplace settings and take a holistic, community approach to prevention and outbreak management involving employers (including employment agencies), community support groups, housing teams and the HSE.

7.1.7 Doncaster Sheffield Airport

Public Health England (PHE) has overall lead responsibility for port health. Although PHE has no legal powers in relation to port health, the Port Medical Officer (PMO) and other authorised Port Health Officers (PHO) can exercise powers vested in the Port Health Authority.

At Doncaster Sheffield Airport, Doncaster Council is the **Port Health Authority (PHA)** and is responsible for the enforcement and execution of regulations pertaining to port health. The PHA appoint their Environmental Health Officers (EHO) to act as Authorised Officers.

A port health plan for Doncaster Sheffield Airport is in place for dealing with all port health incidents, which includes outbreaks of infectious diseases.

7.2 Escalation

Health Protection arrangements already exist for managing Outbreaks of infection in Doncaster. What is different about COVID-19 is the scale, which was so significant in the period March 2020 – June 2020 that it required the Strategic Co-ordinating Group of the Local Resilience Forum to co-ordinate activity.

In developing this Outbreak Plan we have identified levels of Outbreak alerts for the system from 1 to 3. This plan is designed to cope with Level 1 and 2 Outbreaks. Level 3 would essentially be a forerunner of the Second Wave of the Pandemic which would require the SCG to be fully operational. The levels of alert are shown below.

Level	Characteristics	Recent Examples
1	<ul style="list-style-type: none"> Outbreaks within existing capacity, even if in multiple settings simultaneously. The Health Protection Board would manage these 	<ul style="list-style-type: none"> COVID 19 in Care Homes and Schools
2	<ul style="list-style-type: none"> Outbreaks which exceed existing outbreak management capacity and need additional resource or capacity. The Health Protection Board and Team Doncaster Gold would work together 	<ul style="list-style-type: none"> Lookback exercises and screening on over 1500 people (multi agency response)
3	<ul style="list-style-type: none"> Outbreaks which exceed existing capacity and require the mutual aid of one or more partners e.g. PHE or LRF and/or one or more partners to declare a Major Incident 	<ul style="list-style-type: none"> Flu' Season 2017
4 Second Wave	<ul style="list-style-type: none"> A second wave of infection as bad or worse than the first which requires full scale SCG Co-ordination and National Response 	<ul style="list-style-type: none"> COVID first wave

SECTION 8: CONTACT TRACING

8.1 What is contact tracing?

The process of identifying the contacts of people who have confirmed or suspected infection. These contacts are then advised or required to take certain actions, such as self-isolation, with the aim of interrupting the onward transmission of communicable diseases.

8.2 Definition of 'a contact'

Government [guidance for contacts of people with possible or confirmed coronavirus infection](#), defines a contact as a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic and up to 7 days from the onset of symptoms. Specifically this includes:

- People who spend significant time in the same household as a person who has tested positive for COVID-19;
- Sexual partners;

- A person who has had face-to-face contact (within 1 metre) with someone who has tested positive for COVID-19, including being coughed on, having a face-to-face conversation within 1 meter, having skin-to-skin physical contact or any contact within one metre for one minute or longer without face-to-face contact;
- A person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes;
- A person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plan near someone who has tested positive for COVID-19.

Contacts only require follow up if the exposure occurred during the infectious period. This is deemed to begin 48 hours before onset of symptoms or 48 hours before the time of the test if the person is asymptomatic.

8.3 Contacts who are health and care staff

A staff member who has been caring for a person who has tested positive for COVID-19 or who has symptoms of COVID-19 while the staff member was wearing appropriate PPE will not automatically be asked to self-isolate. Such cases will be escalated to the PHE HPT to offer advice, which will usually be that they are able to continue to work as normal.

There are however some circumstances that the member of staff will need to isolate for 14 days in line with advice to the general population. These are:

- A staff member who has been caring for a person who has tested positive for COVID-19 or who has symptoms of COVID-19 whilst wearing PPE, but the PPE has been breached;
- A staff member who has been in contact with anybody else who has tested positive for COVID-19 whether at work (e.g. a colleague in communal areas) or in the community.

8.4 NHS Test and Trace Programme

The national NHS test and trace service has been set up to:

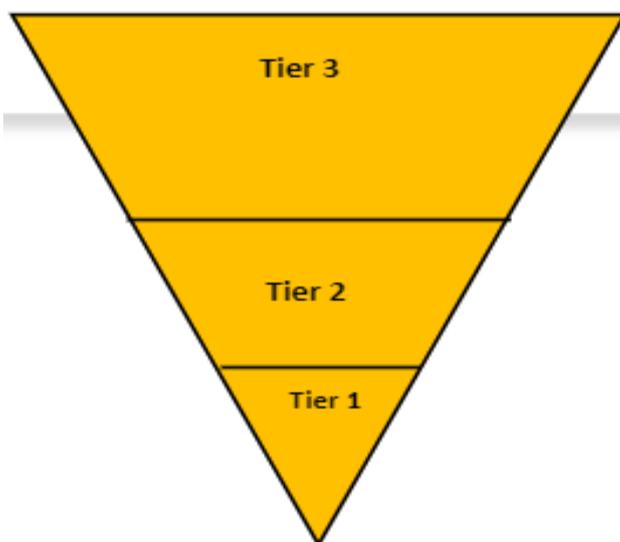
- ensure that anyone who develops symptoms of coronavirus (COVID-19) can quickly be tested to find out if they have the virus, and also includes targeted asymptomatic testing of NHS and social care staff and care home residents
- help trace close recent contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus.

Whilst the data received from this service at a local level is currently limited, it is anticipated that this will start to improve in the coming weeks to include more granular data that will allow local mapping of cases and triangulation with other data. Data availability continues to gradually improve.

Currently, cases deemed complex or are within certain settings are escalated to 'Tier 1' contact tracing within the Yorkshire and the Humber Public Health England Health Protection Team.

The interface of the different contact tracing tiers is outlined in the diagram below:

- COVID-19 cases are identified by taking specimens from people and sending these to laboratories around the UK to be tested.
- If the test is positive, this is referred to as a lab-confirmed case. Community testing for COVID 19 is now in place through a variety of routes and is now open to anyone in England with compatible symptoms.
- In England, anyone who has a lab-confirmed case will receive an email, text or call from the NHS Test and Trace service (Tier 3). They will be asked where there been recently and who they have been in close contact with.
- These contacts are then advised or required to take certain actions, such as self-isolation, with the aim of interrupting the onward transmission of communicable diseases. (Tier 3 for low risk contacts and Tier 2 high risk contacts)
- Tier 1 working with PHE Local Health Protection Teams (HPTs) delivering their usual responsibilities of investigation and control of complex outbreaks and situations working with local authorities.



Tier 3- Call handlers - Phone based contact tracing, only low risk contacts will be. (Contracted external provider)

Tier 2 dedicated professional contact tracing staff-Phone based contact tracing. Risk assessment, follow-up and management of cases, contacts and situations without complexity (staff employed by NHS through NHS Professionals)

Tier 1 Public Health England Health Protection team and Local Authority-Risk assessment and management of complex cases, contacts and situations e.g. care homes, schools and workplaces. (PHE and LA)

8.5 Local contact tracing

Members of the Doncaster Council Public Health team are currently undertaking contact tracing where the index case is either a resident or member of staff in a care home.

A core team of 10 members of staff have been trained and are undertaking contact tracing on a rota basis. A dedicated database system has been set up to monitor cases and contacts and quality assurance is in place.

This system for contact tracing can be extended out to other settings if required by the core Incident Management Team.

SECTION 9: TESTING FOR COVID-19

9.1 Testing overview

A comprehensive COVID-19 testing plan has been developed and is being managed through the Testing and IPC task and finish group, chaired locally by the Doncaster Council Consultant in Public Health.

Access to testing is now available through a number of pathways, both local and national, which are outlined in the COVID-19 testing plan.

9.2 Testing eligibility and access

Covid-19 swab testing is now routinely available to all members of the public with coronavirus symptoms by visiting <https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/ask-for-a-test-to-check-if-you-have-coronavirus/> or by calling 119.

Members of the public will be directed to a local testing facility or if they do not have transport to get to the facility (public transport cannot be used) a kit will be sent through the post. Results will be provided via a text or an e-mail and will show as Negative, Positive or Unknown. If the result is unknown they will be contacted for a repeat test.

9.2.1 Mobile testing units (LRF)

There are Mobile Testing Units (MTU) available through the LRF that can be accessed if mobile testing capability is needed at a potential outbreak. This may be particularly useful as part of the response to community or workplace outbreaks where travel to a testing (regional or local hospital) site is not feasible or not assessed as having a high enough turn out to be beneficial.

A mobile testing unit deployment plan is in place which outlines key contact information to ensure the safe and efficient deployment of MTUs locally.

9.3 Prioritisation and decision-making

The prioritisation of testing for high-risk settings, places and people will be considered through the incident management team and covid control board based on data available, local intelligence and risk assessments.

9.4 Increasing capacity and utilisation

The testing plan outlines arrangements for increasing testing capacity locally through local health systems and local laboratories. Mutual aid arrangements are also in place for this.

A communications plan is also in place that will support encouraging symptomatic staff and residents to get tested.

SECTION 10: OUTBREAK PREVENTION AND CONTROL MEASURES

10.1 Interventions

A range of interventions are available in planning the response and controlling the identified risks. These include:

- Public information;
- Social Distancing
- Cohort affected personnel;
- Enhanced hygiene including deep cleaning;
- Infection prevention and control;
- Restriction of movement;
- Restriction of access;
- Decontamination;
- Legal powers for local lockdown measures

SECTION 11: COMMUNICATIONS AND ENGAGEMENT

Communications and engagement plans are in place with Team Doncaster partners. A Doncaster COVID-19 communications cell is in place involving the partners.

Communications and engagement activity is focused on local messaging using a range of platforms, including through digital communications. These include areas of focus such as, but not limited to:

- Reinforcing core guidance and advice as it changes
- Delivering the 'Let's do it for Doncaster' campaign to encourage behavioural change regarding physical distancing, hand washing, civic responsibility
- Promotion and advice related to the test and trace programme
- Communications in relation to outbreaks and outbreak management
- Access to services including health, local authority and partners.

Members of the public can feed information on COVID-19 through to PHEnquiries@doncaster.gov.uk

SECTION 12: RESOURCES

Our response as outlined in this plan needs resourcing. We have received £2.3m from central government for our plan. There are four themes to be resourced:

- Data, intelligence and insight
- Establishment of core team and localities support
- COVID taskforce to provide surge capacity
- Specialist support including infection prevention and control

APPENDIX1 Role by Setting

	Setting									
	Care and residential homes (including LD)	Schools, College and Universities	Children's settings, Child care and nurseries	Workplace – not open to public	Workplace – open to public	Prison	Vulnerable people – Homeless, hostels	Faith Settings	Hospital and health care	Other, including Faith, Public Transport, Community settings
Receive notification	PHE – positive lab test LA – symptomatic possible cases (local notification)									
Gather information and undertake risk assessment	PHE (initial risk assessment) LA ongoing risk assessments – working with PHE where needed									
Arrange testing	Local Laboratories and via national scheme	PHE/national testing sites. Wider screening - TBC	PHE	Local service TBC	PHE/national testing sites. Wider screening - TBC	Local Arrangements	PHE			
Provide advice and recommend control measures	PHE with support from LA for complex situations and groups LA to provide support for those self isolating									
Provision of results	PHE									
IPC follow up	Care Homes – CCG Dom care – LA/CCG	LA	LA	Regulatory Services	Regulatory Services	NHS E	LA	LA	CCG	LA
Access to PPE	LA	LA	LA							
Chair IMT if required	PHE (or LA in certain situations)									