

COVID-19 in High Risk Settings

Local Response Plans

Part of Ealing's COVID-19 Prevention and Outbreak Control plan

29/06/2020; v004

EALING COUNCIL

CONTENTS

This report includes Local Response Plans for managing COVID-19 in the following high-risk settings in Ealing:

Community clusters <i>Focusing on faith communities and places of worship</i>	<i>Page 2</i>
Workplaces	<i>Page 6</i>
Rough sleeper or mental health provision hostels <i>Includes permanent and temporary</i>	<i>Page 11</i>
Shared accommodation <i>Includes supported living, semi-independent, some extra care settings, households of multiple occupancy where communal living applies, and undocumented crowded living.</i>	<i>Page 18</i>
Care homes <i>Includes residential and nursing, for older people, & people with learning disabilities and mental health care needs.</i>	<i>Page 24</i>
Early Years <i>Includes nurseries, childminders, and children's centres</i>	<i>Page 30</i>
Schools <i>Includes primary, secondary, special educational needs (SEN), and pupil referral units (PRU)</i>	<i>Page 35</i>

The following other local response plans are in development:

- Primary care settings – includes GP and dental practices and pharmacies
- Tertiary education settings – colleges etc...

These Local Response Plans will be reviewed and revised as further evidence of best practice emerges and national & regional policy and guidance is updated.

LOCAL RESPONSE PLAN FOR MANAGING COVID-19 IN COMMUNITY CLUSTERS FOCUSING ON FAITH COMMUNITIES AND PLACES OF WORSHIP IN EALING

PREVENT, IDENTIFY AND CONTROL

PREVENT: ACTIONS/SUPPORT TO PREVENT COVID-19 IN FAITH COMMUNITIES AND PLACES OF WORSHIP

ACTIONS TO DATE

- Regular communication and dissemination of key messages about how to prevent transmission of COVID-19 at Ealing Faith Leaders meetings

FUTURE ACTIONS NEEDED

- Continued communication about key messages to prevent transmission of COVID-19
- Dissemination of any relevant national guidance
- Advice and support with how to interpret and implement preventative measures in specific settings
- Advice and guidance on how organisations can support contact tracing efforts (e.g. encouraging those who attend services to sign in)

IDENTIFY: INCIDENT DEFINITIONS

- **Single suspected/possible case** – a member of a community activity such as a congregation or faith leader with coronavirus symptoms (fever, persistent new cough, and/or loss of taste/smell).
- **Single confirmed case** – a member of a community activity such as a congregation or faith leader who has tested positive for coronavirus.
- **Single complex case** – a suspected or confirmed case of coronavirus where this is complicated factors for the community setting (e.g. within cohort of vulnerable people)
- **Cluster** - Two or more confirmed cases of COVID-19 among community members of the same grouping/activity, occurring within 14 days; **OR** a number of symptomatic (of COVID-19) individual requests for tests from several people in a locality or a common site or activity.
- **Outbreak** – two or more confirmed cases of COVID-19 where both have attended the same place of worship or community event (linked by time and place)

Contact definitions for community setting

- Direct close contacts:** Direct face to face to face contact with a case for any length of time, including being coughed on or talked to. This will also include exposure within 1 metre for 1 minute or longer
- Proximity contacts:** Extended close contact (within 1-2m for more than 15 minutes) with a case. In some scenarios this will mean a large group of people in a congregation or community group
- Travelled in a small vehicle with a case**

Infectious Period = 48 hours prior to symptom onset to 7 days after, or 48hrs prior to test if asymptomatic

IDENTIFY: REPORTING

VIA NATIONAL TEST AND TRACE

The NHS Test and Trace programme went live on 28th May 2020. There are 3 levels to this programme:

- Level 3 are nationally recruited call handlers with no clinical background
- Level 2 are nationally recruited call handlers with some clinical/health background
- Level 1 are Public Health England Health Protection Teams (in London this is the London Coronavirus Response Cell, LCRC).

As of 28th March 2020, it is our understanding that single cases of COVID-19 in faith communities and places of worship will be dealt with by level 1 or 2. LBE may be contacted directly by level 2 to notify us of a community cluster. PHE LCRC may also be contacted by level 2 through their escalation processes to deal with complex cases or outbreaks in the community (2 or more cases linked by time and place). In both instances LBE and PHE LCRC should communicate with each other to ensure they are each aware of the situation.

Locally information will be recorded in an LBE log of outbreaks and complex cases. Internally any scenarios in these settings will be discussed at the LBE daily sit rep for the contact tracing cell.

CONTROL: KEY PARTNERS INVOLVED

If there an outbreak of COVID-19 in a community cluster such as faith setting or place of worship in Ealing, LBE would inform PHE LCRC and convene and lead an IMT as the first action. PHE LCRC may support LBE to conduct a risk assessment. The following will also need to be informed/involved in discussions.

- Relevant community leaders of the activity or grouping (e.g. relevant local leaders of the religious establishment)
- Public Health England London Coronavirus Response Cell
- LBE Public Health
- LBE Community ward manager
- LBE Regulatory service (Environmental health)
- Ealing Together
- LBE Communications

CONTROL: INCIDENT MANAGEMENT ACTIONS

The following actions are for suspected community clusters or outbreaks (2 or more confirmed cases linked in time and place)

Action	Lead	Key aspects
Risk assessment	PHE LCRC; LBE PH	Risk assessment of overall situation, according to a local standardised protocol including need to close/implement local lockdown;
Incident Management Team meeting	LBE PH to convene and lead PHE LCRC to	Likely to need to convene an IMT if: <ul style="list-style-type: none">• there has been a death amongst a suspected cluster or outbreak

	support	<ul style="list-style-type: none"> • there were many vulnerable people involved in the gathering • there are a high number of cases • the outbreak has been ongoing despite usual control measures • there are concerns on the safe continued opening of the community facility/meeting • there are other factors that require multi-agency coordination and decision making.
Infection control and isolation advice	PHE LCRC LBE PH	<p>Reinforce advice around infection control measures to be taken (N.B. this advice should have been given initially by contact tracers at level 2/National CT system):</p> <ul style="list-style-type: none"> - Confirmed case should self-isolate for 7 days and until they are asymptomatic - All contacts of the confirmed case should self-isolate for 14 days. - Advise that the venue should be thoroughly cleaned as per guidance for non-healthcare settings and continued meticulous cleaning maintained. - Publicise clear respiratory hygiene measures such as regular handwashing and “Catch It, Bin It, Kill It” - Ensure hand sanitiser is provided wherever hand washing facilities are not easily available. <p>See relevant guidance for COVID-19: infection control:</p> <p>https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control</p> <p>https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings</p>
Testing	PHE LCRC LBE PH	<p>Advice if further testing is required. Current guidance states that close contacts of confirmed case are required to self-isolate but will only access testing if they develop symptoms themselves.</p> <p>Local testing capacity to be locally owned by end of August. LBE to locally direct access to testing centres in borough and consider and address any barriers for group to access testing.</p> <p>Provide information sheet on how to access local testing.</p>
Closure/local lockdown decisions	PHE LCRC Relevant organisation LBE PH, Regulatory services (EH),	<p>Closure decisions based on risk assessment (e.g. number of cases)</p> <p>Local rate of infection if further local data on ‘hotspots’ is available</p>
Communications	LBE Comms LBE PH PHE LCRC	<p>PH team to check barriers and enablers to communication of public health messages (language, literacy, accessibility of community group members, community leaders)</p> <p>Consider appropriate communication method (e.g. letter, meeting or posters) for community group (e.g. members of the congregation for faith setting) to reinforce the advice re: self-isolation if a contact and other infection control advice, vigilance and testing if they develop</p>

		<p>symptoms.</p> <p>Provide contact details of Ealing Together for any support required to those who need will need to self-isolate.</p> <p>LBE comms team may develop reactive communications</p> <p>LBE comms to consider briefings to councillors, respond to press enquiries, and consider wider comms to Ealing residents.</p>
Monitoring	LBE PH	<ul style="list-style-type: none"> ○ Number of potentially at risk (total people in attendance at the gathering/setting) ○ Number of symptomatic cases: confirmed and possible cases ○ Number of hospitalised people <p>Number of deaths</p> <p>Outbreak monitored and declared over when 28 days have passed since the onset of the last confirmed case in the setting and the results of any possible cases in that time have been negative.</p> <p>Monitor borough rates of new infection and any further information at a smaller geographical if available</p>

LOCAL RESPONSE PLAN FOR MANAGING COVID-19 IN WORKPLACE SETTINGS IN EALING

PREVENT, IDENTIFY AND CONTROL

PREVENT: ACTIONS/SUPPORT TO PREVENT COVID-19 IN WORKPLACE SETTINGS

ACTIONS TO DATE

- Economic Development Team and Regulatory services (environmental health) working together on Reopening the High streets workstream. Public Health input into one of the meetings with their business network.
- Connected with Economic Development Team, to link in with database of over 10,000 businesses as needed. Informed of Help for Business section on the council's website: <https://www.ealing.gov.uk/coronavirusbusiness>. Information here includes guidance for employees. Clarified the communications can be sent to this business database re: single message emails or as part of newsletters that go out.
- Responses to ad-hoc enquiries from employers in the borough through the public health inbox system, for example on cleaning, waste disposal, PPE guidance and management of symptomatic people at work.
- Regulatory Services also receive such service requests through dedicated mailbox covid19businesscompliance@ealing.gov.uk . They receive on average of over 100 services requests PCM through this channel (roughly split equally between closure enforcement, businesses seeking advice and Covid-19 Secure enforcement)
- Regulatory services (environmental health) have been recommending the Health and Safety Executive's free telephone and online advice line Monday to Friday, 8:30am to 8pm which can be accessed via 0300 790 6787 or an [online form](#).
- Regulatory services have a [coronavirus business closures, restrictions and security](#) webpage which has general Covid-19 secure information and our downloadable detailed [guidance for businesses on becoming covid-19 secure](#). They also have a [re-opening safely and legally](#) webpage which gives general advice on reopening and hosts their downloadable [guidance for businesses on re-opening and legionella control](#).

FUTURE ACTIONS NEEDED

- Develop a process for local workplaces reporting into LBE Regulatory services any complex cases or outbreaks and feeding this local intelligence into public health and contact tracing cell
- Chase Pan-London key messages to workplaces and assess if any gaps in key public health messages to provide this sector. Tie in [5 steps to working safely](#) Practical actions for businesses to take based on 5 main steps.
- Review messages and communications resources developed by regulatory services (environmental health) in terms of public health specific input.
- Discuss and implement scenario planning for the highest risk workplaces specifically food production/packing industries within the contact tracing cell and with regulatory services (environmental health).

- Support businesses where needed to undertake risk assessments so that they feel prepared to respond to any incidents of transmission – complex cases or outbreaks

IDENTIFY: INCIDENT DEFINITIONS

- **Single suspected/possible case** – a worker in the workplace with coronavirus symptoms (fever, persistent new cough, and/or loss of taste/smell)
- **Single confirmed case** – a worker in the workplace who has tested positive for coronavirus
- **Single complex case** – a suspected or confirmed case of coronavirus where this is complicated factors for the worker or the workplace.
- **Outbreak**- Two or more confirmed or suspected cases of COVID-19 among workers within a workplace within 14 days.

Contact definitions for within workplace setting:

- Direct close contacts:** Face to face contact with a case for any length of time, within 1m, including being coughed on, talked to, or unprotected physical contact (skin to skin). This includes exposure within 1 metre for 1 minute or longer.
- Proximity contacts:** Extended close contact (within 1-2m for more than 15 minutes) with a case
- Travelled in a small vehicle with a case** e.g. car or a van

Infectious Period = 48 hours prior to symptom onset to 7 days after, or 48hrs prior to test if asymptomatic

IDENTIFY: REPORTING

VIA NATIONAL TEST AND TRACE

The NHS Test and Trace programme went live on 28th May 2020. There are 3 levels to this programme:

- Level 3 are nationally recruited call handlers with no clinical background
- Level 2 are nationally recruited call handlers with some clinical/health background
- Level 1 are Public Health England Health Protection Teams (in London this is the London Coronavirus Response Cell, LCRC).

As of 28th March 2020, it is our understanding that level 2 or if escalated, level 1/1b contact tracers will deal with contact tracing cases and outbreaks in workplace settings. We understand level 1 will contact LB Ealing to inform us, and ask for our involvement in an incident management team meeting.

VIA EALING WORKPLACES

For the purpose of early local intelligence, and communications, we are asking Ealing workplaces to also directly inform LB Ealing in the case of:

- A suspected or confirmed case of coronavirus where there are complicated factors for the worker or the workplace (this might include non-compliance to self-isolation advice, or specific activities that the symptomatic worker was involved in during their infectious period).
- Two or more confirmed or suspected cases of COVID-19 among workers within a workplace within 14 days or each other.

The workplace should inform Regulatory services (Environmental health) inbox covid19businesscompliance@ealing.gov.uk

Regulatory services (environmental health) will respond to encourage any symptomatic employee to seek testing through the NHS test and trace system and to follow guidance on self-isolation. They will also make it clear that LBE will not be taking specific public health actions or implementing contact tracing, as this is the responsibility of the NHS test and trace system or LCRC at PHE. Any specific concerns that the workplace have should be directed to LCRC@phe.gov.uk or phe.lcrc@nhs.net or Tel: 0300 303 0450.

Local intelligence gathered through the regulatory services inbox will be forwarded to COVID-19-ContactTracing@ealing.gov.uk in order to collate real time monitoring of complex cases and outbreaks in high risk settings. This information will be recorded in an LBE log of outbreaks and complex cases and discussed at the LBE daily sit rep for the contact tracing cell.

CONTROL: KEY PARTNERS INVOLVED

If there are two or more cases, or a complex single case in a workplace setting in Ealing, PHE LCRC will initially conduct a risk assessment directly with the workplace manager +/- occupational health/health and safety representative. If an incident management team meeting is convened, then the following people/departments will also need to be informed/involved in discussions.

- Public Health England London Coronavirus Response Cell
- LBE Public Health
- LBE Economic Development team
- LBE Regulatory Services Food & Workplace Safety team
- LBE Corporate Health and Safety
- LBE communications team
- Health and Safety Executive representative*
- Food Standards Agency representative*

*N.B. HSE have enforcement jurisdiction for certain workplaces and the FSA will want to be notified and may be involved where outbreaks occur in significant food establishments (i.e. not restaurants but manufacturers, processors, exporters/importers).

CONTROL: INCIDENT MANAGEMENT ACTIONS

The following actions for a single complex confirmed case or outbreak

Action	Lead	Key aspects
Risk assessment	PHE LCRC	Risk assessment of overall situation at workplace.
Vulnerable person support needed	LBE PH team/Ealing together/LBE social care	Ascertain what support is required and refer to Ealing Together or social care
Incident Management Team (IMT) meeting	PHE LCRC to lead	PHE LCRC may convene an IMT for workplace outbreak if: <ul style="list-style-type: none"> • The outbreak is extensive i.e. large proportion of employees are symptomatic/confirmed

		<ul style="list-style-type: none"> • Infection control measures are difficult to implement at workplace • Difficulties in getting co-operation from manager/employer in relation to testing, isolation or information gathering for contact tracing • The outbreak is ongoing despite usual control measures • there are other factors that require multi-agency coordination and decision making. <p>LBE PH to attend IMT and coordinate LBE actions.</p>
Infection control and isolation advice	PHE LCRC	Provide initial infection control advice for specific setting based upon risk assessment, e.g. cleaning, general advice as below
	LBE PH	<p>General advice</p> <ul style="list-style-type: none"> ○ Reiterate social distancing to manager and employees ○ Reiterate hand hygiene ○ Increase frequency of cleaning, depending on the extent of the outbreak and exposure in communal areas ○ Advise closure of all communal areas where feasible ○ Advise strict social distancing and rota system for communal areas that cannot be fully closed (e.g. dining halls, bathrooms, gardens) ○ Advise workplace to call LCRC if they get further cases <p>Isolation of cases and contacts</p> <ul style="list-style-type: none"> ○ Symptomatic employees should be sent home immediately and advised to follow the guidance on self-isolation (7 days) and arrange a test via the test and trace system within the first 1-3 days of symptoms. ○ Contacts of confirmed cases will be asked to self-isolate for 14 days. <p>Cleaning</p> <ul style="list-style-type: none"> ○ Cleaning should be carried out as per instructions in “Cleaning in non-healthcare settings” ○ Where possible, avoid cleaning rooms where the symptomatic employee had been for 72 hours. ○ Use detergents and disinfectants as per guidance ○ Use disposable gloves and an apron for cleaning. If there is visible contamination with body fluids or likely to be high levels of contamination, protection the cleaner’s eyes, mouth and nose may be necessary. <p>Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal.</p>
PPE	LBE PH LBE Health and Safety	PPE is unlikely to be needed for workplaces. See local council’s guidance PowerPoint and risk assessment for the need of PPE at the setting.

Testing	PHE LCRC LBE PH	LCRC is not expected to test in a workplace setting (unless agreed by an incident management team meeting. Individuals who are symptomatic should be advised to self-refer for testing via NHS.uk ' Testing for coronavirus '
Closure/local lockdown decisions	PHE LCRC Workplace LBE PH, Regulatory services (EH), HSE FSA representatives	Decision to close the workplace will rarely be taken by PHE LCRC or LBE. If a workplace wishes to close due to cases, this is a decision for them. If there is a health and safety concern, the workplace or LBE should discuss with PHE LCRC.
Communications	LBE Comms LBE PH PHE LCRC	<ul style="list-style-type: none"> • PHE LCRC will send a letter to manager to amend as appropriate for each contact and send on. They will also send letters for non-contacts, if requested by the workplaces, as way of reassurance. • Workplace managers should ensure plans are in place to communicate information to all employees. • LBE comms team may develop reactive communications?
Monitoring	LBE PH	<p>Monitoring for these settings will involve:</p> <ul style="list-style-type: none"> • Onset of symptoms date for first (index) case • Number of potentially at-risk employees • Number of symptomatic employees: confirmed and possible case • Number of hospitalised employees: Note any ITU admissions in notes section below • Number of deaths in employees <p>Outbreak monitored and declared over, when 28 days have passed since the onset of the last confirmed case in the workplace and the results of any possible cases in that time have been negative</p> <p>Monitor borough rates of new infection and any further information at a smaller geographical if available</p>

Useful guidance links:

<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>

- [5 steps to working safely](#) : Practical actions for businesses to take based on 5 main steps.
- [Construction and other outdoor work](#) : Guidance for people who work in or run outdoor working environments.
- [Factories, plants and warehouses](#) : Guidance for people who work in or run factories, plants and warehouses.
- [Labs and research facilities](#) : Guidance for people who work in or run indoor labs and research facilities and similar environments.
- [Offices and contact centres](#) : Guidance for people who work in or run offices, contact centres and similar indoor environments.
- [Other people's homes](#) : Guidance for people working in, visiting or delivering to other people's homes.
- [Restaurants offering takeaway or delivery](#) : Guidance for people who work in or run restaurants offering takeaway or delivery services.
- [Shops and branches](#) : Guidance for people who work in or run shops, branches, stores or similar environments.
- [Vehicles](#) : Guidance for people who work in or from vehicles, including couriers, mobile workers, lorry drivers, on-site transit and work vehicles, field forces and similar.

LOCAL RESPONSE PLAN FOR MANAGING COVID-19 IN ROUGH SLEEPER OR MENTAL HEALTH HOSTEL SETTINGS IN EALING

PREVENT, IDENTIFY AND CONTROL

Note: Hostels defined here as either permanent or temporary.

PREVENT: ACTIONS/SUPPORT TO PREVENT COVID-19 IN HOSTEL SETTINGS

ACTIONS TO DATE

- Public Health team provided a guidance summary to rough sleeping borough coordinator to share with the provider network on 1st April. Included help with key infection prevention and control, and relevant guidance interpretation etc..
- Meeting between Housing, Public health and Social care colleagues on 11th June 2020. Discussed strategy and actions re: local response plans for hostel settings (rough sleeper accommodation and/or mental health care hostel provision), shared accommodation settings, and also communications and resources to reach individual tenants in more ad-hoc placements. Also discussed provision of information and support (possibly local response plan) for unlicensed HMO accommodation +/- housing hub officers currently working virtually.
- Begun gathering list of hostel and night shelter providers/network of voluntary sector organisations for Ealing which are actively providing accommodation
- Confirmed that LBE RS accommodation sector following the triage process for 3 identified groups from the London sector plan
 - Asymptomatic but high risk ie vulnerable individuals will be housed in COVID-PROTECT accommodation
 - Asymptomatic low risk individuals to remain in current provision or be placed in accommodation
 - Symptomatic, or test-positive, individuals should be cared for in COVID-CARE sites which have health care support

FUTURE ACTIONS NEEDED

- Continue to finalise list of providers of accommodation in both rough sleeper and mental health hostel sector.
- Clarify routes of communication with hostel and night managers as point of contact for support to guests. In part this may be through LBE employed hostel officers.
- Ensure providers/points of contacts at hostels are aware of all the resources available through the Healthy London Partnership – in particular FAQs to hostels/hotels, PPE posters etc...
<https://www.healthylondon.org/resource/homeless-health-during-covid-19/>
- Provide LBE communications re: what to do if guests or staff develop symptoms of COVID-19 re: testing and set expectations re: contact tracing.
- Provide other locally produced resources to prevent transmission in these settings – hand washing posters, cleaning posters, keeping yourself well resource, MH and well-being resources.
- Discuss how to support hostel managers to complete their own risk assessments
- Explore local testing capacity and routes to testing for guests in hostels (currently supported by Find and Treat UCL)

IDENTIFY: INDIVIDUAL CATEGORIES AND INCIDENT DEFINITIONS

As per GLA categories and PHE definitions:

- **Asymptomatic low risk individuals**
- **Asymptomatic but high risk ie vulnerable individuals**
- **Single suspected case** – a guest or staff member with coronavirus symptoms (fever, persistent new cough, and/or loss of taste/smell).
- **Single confirmed case** – a guest or staff member who has tested positive for coronavirus.
- **Single complex case** – a suspected case of coronavirus where there are complicated factors e.g. compliance issues, mental health concerns, safeguarding issues, drug and alcohol dependence and withdrawal concerns.
- **Outbreak**- 1 or more confirmed cases of COVID-19 among guests in rough sleeper accommodation

Contact definitions for within rough sleeper accommodation settings:

- iv. **Direct close contacts:** Direct face to face to face contact with a case for any length of time, including being coughed on or talked to. This will also include exposure within 1 metre for 1 minute or longer
- v. **Household contacts** – this generally refers to those living and sleeping in the same household as the case. In this setting, that would mean the same room or the same flat/shared housing. In addition.
 - a. Those who share a kitchen and bathroom may be defined as household contacts, if there is significant interaction between them when doing so. This is not expected in a homeless accommodation setting. If the outbreak is widespread amongst those who share a kitchen/bathroom, it may be appropriate to consider all of them as contacts.
 - b. Sexual contacts
 - c. Cleaners who have cleaned the household setting, even if the case was not present, without using PPE
- vi. **Proximity contacts:** Extended close contact (within 1-2m for more than 15 minutes) with a case
- vii. **Travelled in a small vehicle with a case**

Infectious Period = 48 hours prior to symptom onset to 7 days after, or 48hrs prior to test if asymptomatic

IDENTIFY: REPORTING

VIA NATIONAL TEST AND TRACE

The NHS Test and Trace programme went live on 28th May 2020. There are 3 levels to this programme:

- Level 3 are nationally recruited call handlers with no clinical background
- Level 2 are nationally recruited call handlers with some clinical/health background
- Level 1 are Public Health England Health Protection Teams (in London this is the London Coronavirus Response Cell, LCRC).

As of 28th March 2020, it is our understanding that single cases of COVID-19 in hostel or night shelter settings will be dealt with by level 1 and will immediately be classed as an 'outbreak'. PHE LCRC will deal with all cases in these settings, as they are anticipated to be complex cases or outbreaks. In these

circumstances, PHE LCRC will inform LBE about outbreaks or complex cases in Ealing rough sleeper accommodation and convene an IMT which we will be asked to join and implement any LBE action.

VIA EALING HOSTELS

LBE is likely to be informed by LCRC (level 1 of the national Test and Trace system), if there is a case in rough sleeper hostel in the borough (we are presuming they would treat hostels supporting those with mental health issues similarly), however we will also ask the hostel managers/LBE employed hostel officers to inform the local authority directly in the case of all of the following scenarios:

- A single suspected case where testing is unavailable (e.g. individual refusing to test)
- A single confirmed case of COVID-19 (test results positive) in a guest or staff member
- More than one confirmed case in the setting.
- Complex case(s)

In summary the rough sleeper hostel manager should inform the following:

- PHE's London Coronavirus Response Cell (LCRC) on 0300 303 0450 or LCRC@phe.gov.uk
- LBE public health team COVID-19-ContactTracing@ealing.gov.uk
- LBE rough sleeping borough coordinator

Public health will provide further advice in these instances (especially whilst the national Test and Trace system takes time to become fully operational) and this information is also important for local monitoring. This information will be recorded in an LBE log of outbreaks and complex cases. Internally any scenarios in these settings will be discussed at the LBE daily sit rep for the contact tracing cell. The LBE public health team will inform LCRC if they feel they have been the first to be contacted and may convene or attend an IMT to begin plans for outbreak management.

CONTROL: KEY PARTNERS INVOLVED

PHE LCRC or Ealing PH (depending on who is first informed) may initially conduct a risk assessment directly with the rough sleeper accommodation manager. The following people/departments may also need to be informed/involved in discussions.

- Public Health England London Coronavirus Response Cell
- LBE Public Health
- LBE Rough Sleeping borough coordinator
- LBE communications team
- LBE Health and Safety team or LBE Regulatory services (Environmental Health) -TBC

CONTROL: INCIDENT MANAGEMENT ACTIONS

As PHE are treating single cases in rough sleeper hostels as an outbreak (we presume similar will apply to hostels for people needing mental health support). The definitions overlap, the actions will be similar, but at different scales depending on the scale of the incident.

Action	Lead	Key aspects
Risk assessment	PHE LCRC/LBE PH	Risk assessment of overall situation, including need to close the hostel facility and rehouse guests
Vulnerable person support needed	LBE PH team/Ealing together/LBE social care	Ascertain what support is required and refer to Ealing Together or social care
Incident Management Team meeting	PHE LCRC to lead Attendance from LBE PH and RS borough coordinator	<p>PHE LCRC likely to convene an IMT if:</p> <ul style="list-style-type: none"> • The outbreak is extensive i.e. large proportion of guests are symptomatic/confirmed • Infection control measures are difficult to implement • Difficulties in getting co-operation from guests in relation to testing, isolation or information gathering for contact tracing • Considering using Public Health powers in relation to the above • The outbreak is ongoing despite usual control measures • there are concerns on the safe running of the hostel • there are other factors that require multi-agency coordination and decision making. <p>LBE PH to attend IMT and coordinate LBE actions.</p>
Infection control and isolation advice	PHE LCRC	<p>Provide initial infection control advice for specific setting based upon risk assessment, e.g. cleaning, cohorting practices. Important to know if the hostel environment is conducive to self-isolation?</p> <p>Follow the GLA categories of vulnerability to inform action on provision for guest:</p> <ul style="list-style-type: none"> • Asymptomatic low risk individuals - remain in current provision or be placed into accommodation • Asymptomatic but high risk ie vulnerable individuals – to be housed in COVID-PROTECT accommodation • Single suspected case – a guest or staff member with coronavirus symptoms (fever, persistent new cough, and/or loss of taste/smell). Individual guests should be cared for in COVID-CARE sites which have health care support • Single confirmed case – a guest or staff member who has tested positive for coronavirus. Individual guests should be cared for in COVID-CARE sites which have health care support.
	LBE public health/LBE RS sleeping borough coordinator	<p>General advice</p> <ul style="list-style-type: none"> ○ Reiterate social distancing to staff and residents ○ Reiterate hand hygiene ○ Increase frequency of cleaning, depending on the extent of the outbreak and exposure in communal areas ○ Advise closure of all communal areas where feasible ○ Advise strict social distancing and rota system for communal areas that cannot be fully closed (e.g. dining halls, bathrooms, gardens)

		<p>Isolation of cases and contacts</p> <ul style="list-style-type: none"> ○ Symptomatic guests should be isolated for 14 days from onset of symptoms and until they are fever free for 48 hours without taking medication to control their temperature. Note the 14-day isolation for cases. This is based on a GLA decision and not PHE guidance. If the facility cannot provide this, symptomatic guests should be moved to a Covid-CARE site, where isolation is for 14 days. The Find and Treat team arrange this independently of LCRC and will liaise with the hostel staff directly. ○ Contacts of a confirmed case (defined earlier) are advised to isolate for 14 days from their last exposure to the case. Contacts who have a smartphone and have not already downloaded the NHS COVID-19 app should be advised to download it from www.covid19.nhs.uk. ○ Any contacts who become symptomatic should have testing arranged through Find and treat UCL or local testing capacity ○ Hostel managers at the facility should conduct a daily review of guests, asking them to report new symptoms, particularly for those identified to be contacts of a case. New onset of symptoms should be reported as per the UCL surveillance system (TBC) <p>Cleaning</p> <ul style="list-style-type: none"> ○ Cleaning should be carried out as per instructions in “Cleaning in non-healthcare settings” ○ Avoid cleaning of rooms of symptomatic residents until the isolation period is over. If possible, residents should clean rooms/flats themselves and store waste in their rooms for at least 72 hours before it is taken away. ○ Ideally, avoid cleaning rooms for a further 72 hours (3 days). ○ Ideally, do not wash laundry until the isolation period is over. If this is not possible, laundry should be picked up bagged. Do not shake dirty laundry and wash laundry using the warmest setting. ○ Use detergents and disinfectants as per guidance ○ Use disposable gloves and an apron for cleaning. If there is visible contamination with body fluids or likely to be high levels of contamination, protection the cleaner’s eyes, mouth and nose may be necessary. ○ Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal.
PPE	LBE health and safety/PPE tactical cell	<p>PPE use by hostel staff will be minimal as residents are not being offered care and social distancing will be observed. However, there are a few situations where PPE may be necessary. These are:</p> <ul style="list-style-type: none"> - For people cleaning an area where a symptomatic person has been,

		<p>gloves and apron are needed.</p> <ul style="list-style-type: none"> - For staff working in a communal space with multiple symptomatic people e.g. if cohorting guests, fluid repellent surgical face masks only are needed. - Where circumstances mean that staff have an increased likelihood of contact with body fluids or difficulty maintaining social distancing, PPE as per Table 4, should be used, which includes: <ul style="list-style-type: none"> o Disposable gloves o Disposable plastic apron o Fluid resistant surgical mask for sessional use o Eye/face protection for sessional use, IF an assessment reveals the likelihood of splash exposure. These may be single use or reusable. <p>Detailed PPE and Infection and prevention guidance is available here.</p>
Testing	PHE LCRC	<p>Advise if further testing is required. Current PHE guidance (28.5.20) states that close contacts of confirmed case are required to self-isolate but will only access testing if they develop symptoms themselves.</p> <p>The Find and Treat team (TBC re: sustainability) respond to notification of a new case of suspected Covid-19 using the notification system and will test within 24 hours. The hostel can also contact the team by email on haltteam.cnl@nhs.net</p> <p>Confirm that this offer is to remain available. Scope additional local testing offers – currently being explored</p>
Closure/local lockdown decisions	Joint decision between PHE LCRC, Hostel manager, LBE including PH, RS borough coordinator, and regulatory services TBC (environmental health)	<ul style="list-style-type: none"> • Closure decisions based on risk assessment (e.g. number of cases), staffing levels e.g. closure to new guests • Local rate of infection if further local data on 'hotspots' is available
Communications	PHE LCRC Hostel manager LBE comms team and PH	<ul style="list-style-type: none"> • PHE LCRC will send the hostel manager resources and communications as per specific situation • Managers should ensure plans are in place to communicate information to all residents and staff. Could draw on resources from https://www.healthylondon.org/resource/homeless-health-during-covid-19/ • LBE comms team may develop reactive communications? • Advise the hostel manager to contact the LCRC if they see a sharp rise in numbers of suspected cases, deaths or any problems with managing the outbreak.
Monitoring	LBE public health	LBE public health team will be informed of the outbreak by daily LCRC line list or directly by PHE LCRC

Monitoring for these settings will involve:

- Number of potentially at risk
 - Number of symptomatic cases: confirmed and possible case
 - Number of hospitalised: Note any ITU admissions in notes section below
 - Number of deaths
-
- Outbreak monitored and declared over, when 28 days have passed since the onset of the last confirmed case in the setting and the results of any possible cases in that time have been negative
 - Monitor borough rates of new infection and any further information at a smaller geographical if available.
 - Monitor for new cases there or for non-compliance with self-isolation.

Relevant other guidance for the setting

General guidance for homelessness (under review and not available)

<https://www.gov.uk/government/publications/covid-19-guidance-on-services-for-people-experiencing-rough-sleeping/covid-19-guidance-for-hostel-or-day-centre-providers-of-services-for-people-experiencing-rough-sleeping>

General guidance on Covid-19 and hostels/homelessness

There is a wealth of information for hotel/hostel staff, guidance for referrals to Covid-Care and Covid-Protect as well as PPE, cleaning guidance and harm reduction strategies at this link <https://www.healthylondon.org/resource/homeless-health-during-covid-19/>

LOCAL RESPONSE PLAN FOR MANAGING COVID-19 IN SHARED ACCOMMODATION SETTINGS IN EALING

PREVENT, IDENTIFY AND CONTROL

PREVENT: ACTIONS/SUPPORT TO PREVENT COVID-19 IN SHARED ACCOMMODATION SETTINGS

ACTIONS TO DATE

- Meeting between Housing, Public health and Social care colleagues on 11th June. Discussed strategy and actions re: local response plans for hostel settings (rough sleeper accommodation and/or mental health care hostel provision), shared accommodation settings, and also communications and resources to reach individual tenants in more ad-hoc placements. Also discussed provision of information and support (possibly local response plan) for unlicensed HMO accommodation +/- housing hub officers currently working virtually.
- Defined shared accommodation settings as:
 - Supported living settings where communal spaces are available and used – living rooms/bathrooms/kitchens
 - Semi-independent (care-leavers and other individuals)
 - Some extra care settings where communal living applies
 - Households of Multiple Occupancy (HMOs) – TBC
 - Unlicensed HMO
 - Undocumented crowded living - ‘Beds in sheds’

FUTURE ACTIONS NEEDED

- Finalise list of providers of such shared accommodation in the borough
- Discuss how best to make contact with managers/private providers as point of contact for support to residents.
- Cross check if any of the Healthy London Partnership resources could be useful to these settings <https://www.healthylondon.org/resource/homeless-health-during-covid-19/>
- Provide LBE communications re: what to do if guests or staff develop symptoms of COVID-19 re: testing and set expectations re: contact tracing.
- Provide other locally produced resources to prevent transmission in these settings – hand washing posters, cleaning posters, keeping yourself well resource, MH and well-being resources
- Explore whether each accommodation provider could complete their own specific risk assessment

IDENTIFY: INDIVIDUAL CATEGORIES AND INCIDENT DEFINITIONS

Interpreted PHE definitions for these residents/settings:

- **Single suspected case** – a tenant/resident with coronavirus symptoms (fever, persistent new cough, and/or loss of taste/smell).
- **Single confirmed case** – a tenant/resident who has tested positive for coronavirus.

- **Single complex case** – a suspected case of coronavirus where there are complicated factors e.g. compliance issues, mental health concerns, safeguarding issues, drug and alcohol dependence and withdrawal concerns.
- **Outbreak** - 2 or more confirmed cases of COVID-19 among tenants in shared accommodation settings

Contact definitions for within shared accommodation settings:

- Direct close contacts:** Direct face to face contact with a case for any length of time, including being coughed on or talked to. This will also include exposure within 1 metre for 1 minute or longer
- Household contacts** – this generally refers to those living and sleeping in the same household as the case. In this setting, that would mean anyone sharing a bedroom or living areas regularly In addition:
 - Those who share a kitchen and bathroom may be defined as household contacts, if there is significant interaction between them when doing so. If the outbreak is widespread amongst those who share a kitchen/bathroom, it may be appropriate to consider all of them as contacts.
 - Sexual contacts
 - Cleaners who have cleaned the household setting, even if the case was not present, without using PPE
- Proximity contacts:** Extended close contact (within 1-2m for more than 15 minutes) with a case
- Travelled in a small vehicle with a case**

Infectious Period = 48 hours prior to symptom onset to 7 days after, or 48hrs prior to test if asymptomatic

IDENTIFY: REPORTING

VIA NATIONAL TEST AND TRACE

The NHS Test and Trace programme went live on 28th May 2020. There are 3 levels to this programme:

- Level 3 are nationally recruited call handlers with no clinical background
- Level 2 are nationally recruited call handlers with some clinical/health background
- Level 1 are Public Health England Health Protection Teams (in London this is the London Coronavirus Response Cell, LCRC).

As of 28th March 2020, it is our understanding that single cases of COVID-19 in shared accommodation settings will be dealt with by level 2 and we would not necessarily be informed directly. For the purposes of local action we have chosen to develop a separate local response plan for shared accommodation but LCRC colleagues will likely respond in the same way as they will for 'community clusters'. We would only expect level 1 to be informed if there were 2 or more cases in a setting, where this would be classed as an outbreak. In these circumstances, PHE LCRC would inform LBE and convene an IMT, which LBE PH would join and coordinate LBE actions.

VIA EALING SHARED ACCOMMODATION

LBE is may be informed by LCRC (level 1 of the national Test and Trace system), if there are two or more cases in shared accommodation in the borough, however we may wish to ask the points of contact at

shared accommodation settings to inform the local authority directly in the case of all of the following scenarios:

- A single suspected case where testing is unavailable (e.g. individual refusing to test)
- A single confirmed case of COVID-19 (test results positive) in a tenant/resident
- More than one confirmed case in the setting.
- Complex case(s)

In summary the point of contact at the shared accommodation should inform the following:

- PHE's London Coronavirus Response Cell (LCRC) on 0300 303 0450 or LCRC@phe.gov.uk
- LBE public health team COVID-19-ContactTracing@ealing.gov.uk
- LBE housing/LBE social care

Public health will provide further advice in these instances (especially whilst the national Test and Trace system takes time to become fully operational) and this information is also important for local monitoring. This information will be recorded in an LBE log of outbreaks and complex cases. And discussed at the LBE daily sit rep for the contact tracing cell.

The LBE public health team will inform LCRC if they feel they have been the first to be contacted and may convene or attend an IMT to begin plans for outbreak management.

CONTROL: KEY PARTNERS INVOLVED

PHE LCRC or Ealing PH (depending on who is first informed) will initially conduct a risk assessment directly with the shared accommodation point of contact. The following people/departments will also need to be informed/involved in discussions.

- Public Health England London Coronavirus Response Cell
- LBE Public Health
- LBE Health and Safety - TBC
- LBE housing team
- LBE licensing for HMO side -TBC
- LBE social care
- LBE communications team
- LBE Regulatory services (Environmental health)

CONTROL: INCIDENT MANAGEMENT ACTIONS

Action	Lead	Key aspects
Risk assessment	PHE LCRC/LBE PH	Risk assessment of overall situation, including need to close communal spaces in shared accommodation and the implications of this.
Vulnerable person support needed	LBE PH team/Ealing together/LBE social care	Ascertain what support is required and refer to Ealing Together or social care

Incident Management Team meeting	PHE LCRC to lead Attendance from LBE PH and housing team??	PHE LCRC likely to convene an IMT if: <ul style="list-style-type: none"> • The outbreak is extensive i.e. large proportion of residents are symptomatic/confirmed • Infection control measures are difficult to implement • Difficulties in getting co-operation from residents in relation to testing, isolation or information gathering for contact tracing • Considering using Public Health powers in relation to the above • The outbreak is ongoing despite usual control measures • there are other factors that require multi-agency coordination and decision making. LBE PH to attend IMT and coordinate LBE actions.
Infection control and isolation advice	PHE LCRC	Provide initial infection control advice for specific setting based upon risk assessment, e.g. cleaning, cohorting practices. Important to know if the shared accommodation environment is conducive to self-isolation
	LBE public health/LBE housing/LBE social care teams	<p>General advice</p> <ul style="list-style-type: none"> ○ Reiterate social distancing to staff and residents ○ Reiterate hand hygiene ○ Increase frequency of cleaning, depending on the extent of the outbreak and exposure in communal areas ○ Advise closure of all communal areas where feasible ○ Advise strict social distancing and rota system for communal areas that cannot be fully closed (e.g. dining halls, bathrooms, gardens) <p>Isolation of cases and contacts</p> <ul style="list-style-type: none"> ○ Symptomatic tenants should be asked to self-isolate for 14 days from onset of symptoms and until they are fever free for 48 hours without taking medication to control their temperature. ○ Contacts of a confirmed case (defined earlier) are advised to isolate for 14 days from their last exposure to the case. Contacts who have a smartphone, and have not already downloaded the NHS COVID-19 app should be advised to download it from www.covid19.nhs.uk. ○ Any contacts who become symptomatic should have testing arranged through the test and trace system <p>Cleaning</p> <ul style="list-style-type: none"> ○ Cleaning should be carried out as per instructions in "Cleaning in non-healthcare settings" ○ Symptomatic residents should clean rooms/flats themselves and ideally store waste in their rooms for at least 72 hours before it is taken away. ○ Use detergents and disinfectants as per guidance ○ Cleaners of shared accommodation need to use disposable gloves and an apron for cleaning areas where symptomatic people have been. If there is visible contamination with body fluids or likely to be high levels of

		<p>contamination, protection the cleaner's eyes, mouth and nose may be necessary.</p> <ul style="list-style-type: none"> ○ Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal.
PPE	LBE health and safety/PPE tactical cell	<p>PPE use within shared accommodation settings will be minimal unless in response to bespoke outbreak advice given by LCRC. However, there are a few situations where PPE may be necessary. These are:</p> <ul style="list-style-type: none"> - For people cleaning an area where a symptomatic person has been, gloves and apron are needed. - For any support staff working in a communal space with multiple symptomatic people e.g. if cohorting guests, fluid repellent surgical face masks only are needed. <p>Detailed PPE and Infection and prevention guidance is available here.</p>
Testing	PHE LCRC	<p>Advise if further testing is required. Current PHE guidance (28.5.20) states that close contacts of confirmed case are required to self-isolate but will only access testing if they develop symptoms themselves.</p> <p>Residents advised to get tested through the national test and trace system if they develop symptoms.</p>
Closure/local lockdown decisions	<p>PHE LCRC Accommodation manager/point of contact</p> <p>LBE, including PH and housing and enforcement team (?)</p>	<ul style="list-style-type: none"> • Closure decisions for communal areas of shared accommodation based on risk assessment (e.g. number of cases etc..) • Local rate of infection if further local data on 'hotspots' is available
Communications	<p>PHE LCRC LBE housing team</p> <p>LBE comms team and PH</p>	<ul style="list-style-type: none"> • PHE LCRC will send the point of contact for shared accommodation resources and communications as per specific situation • Managers should ensure plans are in place to communicate information to all residents and support staff. Could draw on resources from https://www.healthylondon.org/resource/homeless-health-during-covid-19/ • LBE comms team may develop reactive communications? • Advise the shared accommodation point of contact to contact the LCRC if they see a sharp rise in numbers of suspected cases, deaths or any problems with managing the outbreak.
Monitoring	LBE public health	<p>LBE public health team will be informed directly by PHE LCRC or these situations will be picked up by local monitoring.</p> <p>Monitoring for these settings will involve:</p> <ul style="list-style-type: none"> ○ Number of potentially at risk ○ Number of symptomatic cases: confirmed and possible case ○ Number of hospitalised: Note any ITU admissions in notes section below ○ Number of deaths

- Outbreak monitored and declared over, when 28 days have passed since the onset of the last confirmed case in the setting and the results of any possible cases in that time have been negative
- Monitor borough rates of new infection and any further information at a smaller geographical if available.
- Monitor for new cases there or for non-compliance with self-isolation.

General guidance for the setting

<https://www.gov.uk/government/publications/covid-19-and-renting-guidance-for-landlords-tenants-and-local-authorities>

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

LOCAL RESPONSE PLAN FOR MANAGING COVID-19 IN CARE HOMES IN EALING: PREVENT, IDENTIFY AND CONTROL

PREVENT, IDENTIFY AND CONTROL

This local response is for care homes (residential and nursing) providing support primarily for people aged over 65, due to the high risk of COVID-19 in this age group. However, it recognises that many residential or nursing care homes also support younger people with specific needs, and it is likely to be appropriate to apply the same approach to outbreak prevention and management.

PREVENT: ACTIONS/SUPPORT TO PREVENT COVID-19 IN CARE HOMES

- Regular care home manager briefings (both public health calls and a fortnightly adult social care registered managers' meeting) to reinforce key public health and infection control messages
- Disseminating and summarising key guidance for care homes
- Infection control grant to support care home manage safe staffing
- Support for providers for emergency PPE supplies
- Setting up of Care home coordination cell – multiagency group to coordinate support to care homes in Ealing. Sub-group makes recommendations to homes regarding public health actions such as infection control, and temporary closures to new admissions.

IDENTIFY: INCIDENT DEFINITIONS

- **Single suspected/possible case** – a resident or staff member with COVID-19 symptoms (fever, persistent new cough, and/or loss of taste/smell)

In the care home and especially elderly population, the symptoms may be atypical and include:

- Influenza like illness (ILI)
- Fatigue / lethargy
- Respiratory illness
- New onset confusion (delirium)
- Reduced alertness
- Reduced mobility
- Diarrhoea

Important points to consider:

- Fever is not always present in the elderly.
- Those residents less able to communicate may not be able to report symptoms – care staff should be alert to the above signs and make a decision based on their knowledge of the resident.
- **Single confirmed case** – a resident or staff member who has tested positive for coronavirus
- **Outbreak** – one or more suspected or confirmed cases of COVID-19 among residents at the care home OR two or more suspected or confirmed cases in staff members should be managed as an outbreak. A single case in a staff member should not be managed as an outbreak but should be followed up with the care home for contact tracing.

Definition of 'contact' in care home settings

- **Direct close contacts** (wearing no PPE or wearing PPE with a breach*): Direct face to face contact with a case for any length of time, including being coughed on or talked to. This will also include exposure within 1 metre for 1 minute or longer
- **Proximity contacts** (wearing no PPE or wearing PPE with a breach*): Extended close contact (within 1-2m for more than 15 minutes) with a case

*Anyone wearing PPE, coming in any proximity of a confirmed case, without breach of PPE is not considered as a contact. Correct usage of PPE would assume risk of transmission is negligible. The definition of breach in PPE is as follows: A tear, or any compromise in the integrity of any PPE, or not wearing the appropriate PPE required for the level of care provided. This will include any ill-fitting equipment or touching of the face with contaminated hands. Examples that are unlikely to be considered breaches include if a care worker was not wearing gloves for a short period of time or their gloves tore, and they washed their hands immediately, or if their apron tore while caring for a contact, and this was replaced promptly.

Infectious Period = 48 hours prior to symptom onset to 7 days after, or 48hrs prior to when positive test was conducted.

N.B. Older people may experience a protracted or atypical illness and/or may be infectious for longer. Post-viral cough can persist for weeks and does not indicate continued infectivity.

IDENTIFY: REPORTING / IDENTIFICATION

VIA NATIONAL TEST AND TRACE / PHE

The NHS Test and Trace programme went live on 28th May 2020. In addition to a nationally recruited system of call handlers, PHE regional teams will be managing complex situations, including care home settings. PHE London Coronavirus Response Cell (LCRC) will lead on managing COVID-19 cases notified to them in care home settings. These include confirmed single cases or outbreaks. PHE LCRC will inform London local authorities (via the Director of Public Health) on a daily basis of all care home situations they are managing via the daily line list.

Care homes have been informed to contact PHE LCRC if any new suspected or confirmed case of COVID-19.

TACHS/ENHANCED PRIMARY CARE TEAM

The Argyle Care Home Service (TACHS) provider primary care services to 16 nursing homes in Ealing. There is also a new enhanced primary care offer to the remaining care homes in Ealing. As part of the care home coordination group data spreadsheet, weekly data is sought from these two services around new symptomatic residents in care homes. The services are also aware to let home know to contact PHE if new cases.

VIA CARE HOMES

Care homes report number of symptomatic residents via **ADASS reporting tool**. This is being monitored on a bi-weekly basis by the care home coordination group.

Care homes should also report to COVID-19-ContactTracing@ealing.gov.uk if there is a single confirmed case (in a resident or staff member)

It is important for Ealing Council (Public health team) to be informed of all suspected or confirmed cases to understand:

- Any difficulties accessing testing
- For monitoring purposes- Ealing Public health will be monitoring local confirmed cases in care homes
- In order to support the care home with timely advice to manage a confirmed case.

Internally for LBE, outbreaks in these settings will be reported to the LBE daily sit rep for the contact tracing cell.

CONTROL: KEY PARTNERS INVOLVED

If there is a confirmed case of COVID-19 in a care home resident or two or more confirmed cases in staff members, PHE LCRC will initially conduct a risk assessment directly with the care home (manager). The following stakeholders may also need to be informed or involved in discussions, depending on the risk assessment.

- **Public Health England London Coronavirus Response Cell**
- LBE: Involvement will vary depending on nature of the situation:
 - o Public Health
 - o Adult’s social care
 - o Communications
- Relevant GP/clinical lead (e.g. The Argyle Care Home Service)

CONTROL: INCIDENT MANAGEMENT ACTIONS

The following actions are for various COVID-19 scenarios in care homes

1. **Suspected case of COVID-19 in a resident or staff member** (e.g. awaiting test or test results or unable to access testing)

Table 1: Actions for a suspected case of COVID-19 in care home resident or staff member

Action	Lead	Key aspects
Risk assessment	Care home manager	Risk assess to confirm that no other cases in residents or staff
Infection control and isolation advice	Care home manager	Reinforce advice around infection control measures to be taken: <ul style="list-style-type: none"> - Resident should be isolated for 14 days - If staff member – should be at home for 7 days. - Reinforce importance of infection prevention and control measures. These include regular hand washing, respiratory hygiene measures (“Catch It, Bin It, Kill It”), enhanced cleaning (e.g. increased frequency of high touch surfaces).

PPE	Care home manager	Ensure care home has a stock of PPE if more residents develop symptoms
Testing	Care home manager	Ensure that resident or staff member accesses testing.
Monitoring	LBE public health	Suspected cases monitored as part of care home coordination group

2. Single confirmed case of COVID-19 in a staff member at the care home

Table 2: Actions to be taken if there is a single confirmed case of COVID-19 in a care home setting

Action	Lead	Key aspects
Risk assessment	National test and trace system	Risk assessment completed for contact tracing
Infection control and isolation advice	Care home manager and LBE public health and social care	<p>Reinforce advice around infection control measures to be taken</p> <ul style="list-style-type: none"> - Confirmed case in staff member should go home and isolate for 7 days since onset of symptoms or date of test result if asymptomatic - Direct and proximity contacts at the care home (see earlier definitions) should go home and self-isolate for 14 days (if staff member), or self-isolate at the care home for 14 days if a resident (in the case of any PPE breaches.) Follow guidance on cleaning in non-clinical settings once the staff member has left the care home. - Reinforce importance of social distancing and infection prevention and control measures. These include regular hand washing, respiratory hygiene measures (“Catch It, Bin It, Kill It”), enhanced cleaning (e.g. increased frequency of high touch surfaces).
PPE	Care home manager	Ensure care home has sufficient PPE for all staff
Testing	Care home manager	Reinforce guidance that close contacts (staff or residents) of confirmed case should access testing if they develop symptoms themselves. There is separate testing available for key workers and the care home manager can arrange this on behalf of the staff member as needed.
Communications	Care home manager	Inform LBE PH and social care
Monitoring	LBE PH/contact tracing cell	<p>Record incident in care home with single confirmed case in staff member in LBE contact tracing monitoring system</p> <p>Monitor borough rates of new infection and any further information at a smaller geographical if available</p>

3. Outbreak of COVID-19 in care home (one or more cases in residents; OR two or more staff members – can be suspected or confirmed)

Table 3: Actions to be taken if there is an outbreak of COVID-19 in a care home (one or more symptomatic resident, OR two or more symptomatic staff)

Action	Lead	Key aspects
Risk assessment	PHE LCRC, working with the care home	Risk assessment to understand the situation and will complete an LCRC care home checklist to initiate outbreak management and

	manager	control with care home directly
Incident Management Team (IMT) meeting	PHE LCRC	<p>Weekly IMTs are ongoing as part of Ealing care home coordination sub-group to review the situation across Ealing homes.</p> <p>Separate IMTs to discuss a particular home is likely to occur in the event of specific:</p> <ol style="list-style-type: none"> Logistical difficulties: staffing, PPE, cleaning etc... Implementation difficulties: in terms of IPC, patient and/or staff safety concerns. Rising tide of cases (±deaths) despite IPC implementation. <p>LBE PH to coordinate Ealing partners to attend IMT with PHE and the care home manager, and to coordinate subsequent LBE actions</p>
Infection control and isolation advice	PHE LCRC	<p>Provide initial infection control advice for specific setting based upon risk assessment.</p> <ol style="list-style-type: none"> Strict isolation of symptomatic residents for 14 days irrespective of the result of the COVID-19 test, as well as residents who have tested positive for COVID-19 but are asymptomatic Strict self-isolation of on-going symptomatic staff for 7 days (see guidance for further information about returning to work if the COVID-19 test is negative). Advice on hand and respiratory hygiene and enhanced cleaning should be disseminated to staff, capable residents and their relatives (where appropriate). Staff to maintain strict social distancing at all times if not wearing PPE e.g. during break times and meetings Providers should take all possible steps to minimise staff movement between care homes, to stop infection spreading between locations. If any residents/staff require hospitalisation, the care home manager should inform infection control at the receiving hospital.
	LBE Public Health	Additional support and advice around infection control measures may be required
PPE	Care home and LBE	<p>Ensure care home has a stock of PPE if more residents develop symptoms on site.</p> <p>Use of PPE by ALL staff for ALL care episodes - even for residents who are not symptomatic. Correct wearing and removal technique is critical to protective effect of PPE. Care homes should check whether they are undertaking procedures classed as aerosol generating. If they are, they should ensure staff are fit-tested and using appropriate PPE for these procedures. Care homes should contact their LA to arrange fit testing if necessary.</p>
Testing	PHE LCRC	Advise if further testing is required and if any specific arrangements are being made.

Care home closure	PHE LCRC School LBE, including LBE PH	The home will be advised by PHE LCRC to close for non-essential visitors (except end of life visitors) Closure decisions to new admissions will be assessed as part of the Ealing care home closure protocol. This will be based on a risk assessment, taking into account factors such as infection control concerns or rising number of cases/ evidence of ongoing transmission, as well as staffing levels and PPE. The decision to close the home to new admissions will be recommended by the care home coordination sub-group, and a discussion will take place with the care home manager
Communications	Care home manager LBE Comms	Inform relatives of resident affected by symptoms/positive test result if consent provided to do so (for those with capacity). LBE comms team may develop reactive communications
Monitoring	LBE PH	Monitor situation with information communicated by PHE LCRC For each outbreak to consider monitoring: <ul style="list-style-type: none"> - Resident capacity: - Current number of residents: - Number of staff: - Number of staff working: - ---COVID-19 status--- - Number of confirmed residents: - Number of symptomatic residents: - Number of residents in hospital: - Number of deaths in residents: - Number of unwell staff: - Number of confirmed staff: Outbreak declared over when 28 days have passed since the onset of symptoms in the last confirmed case in the care home. Monitor borough rates of new infection and any further information at a smaller geographical if available.

Relevant guidance documents

[Admission and Care of Residents in a Care Home during COVID-19](#)

[How to work safely in care homes](#)

For residents with learning disabilities or autism there is [specific guidance available here](#)

LOCAL RESPONSE PLAN FOR MANAGING COVID-19 IN EARLY YEARS SETTINGS IN EALING

PREVENT, IDENTIFY AND CONTROL

Early years settings refers to Nursery, Childminder and Children's Centres

PREVENT: ACTIONS/SUPPORT TO PREVENT COVID-19 IN EARLY YEARS SETTINGS

- Risk assessment for nurseries and childminders– includes measures that are required to minimise the spread of infection, and individual risk assessment template for staff
[COVID-19 risk assessment for school and childcare settings \(Early Years\)](#)
[Individual risk assessment and support plan template](#)
- Early years quality team calls to nurseries
- Early Years providers to call Family Information Service (FIS) if they have a suspected or confirmed case of Covid-19 in their setting

IDENTIFY: INCIDENT DEFINITIONS

- **Single suspected/possible case** – a child or staff member with coronavirus symptoms (fever, persistent new cough, and/or loss of taste/smell)
- **Single confirmed case** – a child or staff member who has tested positive for coronavirus
- **Single complex case** – a suspected or confirmed case of coronavirus where this is complicated factors for the child, family or educational setting (e.g. special educational needs)
- **Cluster** - two or more confirmed cases of COVID-19 among children or staff in the early years setting within 14 days; **OR** an increase in the background rate of absence due to suspected or confirmed cases of COVID-19 (does not include absence rate due to individuals shielding or self-isolating as contacts of cases)
- **Outbreak**- two or more confirmed cases of COVID-19 among children or staff who are direct close contacts, proximity contacts or in the same cohort* in the educational setting within 14 days
*a cohort might be an age grouping or bubble or other defined group within the setting.

Definition of 'contact' in an early years setting

- **Direct close contacts**- direct face to face to face contact with a case for any length of time, including being coughed on or talked to. This will also include exposure within 1 metre for 1 minute or longer
- **Proximity contacts**: extended close contact (within 1-2m for more than 15 minutes) with a case
- **Travelled in a small vehicle with a case**

Infectious Period = 48 hours prior to symptom onset to 7 days after, or 48hrs prior to when positive test was conducted.

IDENTIFY: REPORTING

VIA NATIONAL TEST AND TRACE / PHE

The NHS Test and Trace programme went live on 28th May 2020. In addition to a nationally recruited system of call handlers, PHE regional teams will be managing complex situations, including school settings. As of 1st June 2020, it is our understanding that PHE London Coronavirus Response Cell (LCRC) will take the lead on managing COVID-19 cases notified to them in nursery/early years settings. These include confirmed single cases, complex cases, clusters or outbreaks (2 or more cases in nursery settings). PHE LCRC will inform London local authorities (via the Director of Public Health) on a daily basis of all nursery cases/situations they are managing. It is unclear (1.6.20) what level of detail will be provided to Ealing Council by PHE LCRC.

VIA EALING NURSERIES

Whilst there is a lack of clarity around the data flows from the national Test and Trace system (and potentially beyond), Ealing early years settings will be asked to inform the local authority in the case of:

- a single suspected case – call or email FIS (children@ealing.gov.uk / 020 8825 5588)
- a single confirmed case of COVID-19 (test results positive) in a pupil or staff member; more than one confirmed cases in a setting; complex case(s) – to contact PHE LCRC (0300 303 0450), and also to inform (children@ealing.gov.uk / 020 8825 5588) and Ealing Public Health Team (COVID-19-ContactTracing@ealing.gov.uk).

It is important for Ealing Council (Public Health and early years team) to be informed of all suspected or confirmed cases to understand:

- Any difficulties accessing testing
- For monitoring purposes- Ealing Public Health will be monitoring local confirmed cases in schools and early years settings
- In order to support the setting with timely advice to manage a suspected case

This information will be recorded in an LBE log of outbreaks and complex cases and discussed at the LBE daily sit rep for the contact tracing cell.

CONTROL: KEY PARTNERS INVOLVED

If there is a confirmed case of COVID-19 in an educational setting in Ealing, PHE LCRC will initially conduct a risk assessment directly with the early years setting. The following stakeholders may also need to be informed or involved in discussions, depending on the risk assessment.

- Nursery/Childminder/Children's Centre manager
- Public Health England London Coronavirus Response Cell
- LBE: Involvement will vary depending on nature of the situation:
 - Public Health
 - Early years
 - Communications

CONTROL: INCIDENT MANAGEMENT ACTIONS

The following actions are for various COVID-19 scenarios in early years settings:

1. Suspected case of COVID-19 (e.g. awaiting test or test results or unable to access testing)

Table 1: Actions for a suspected case of COVID-19 in an early years' setting

Action	Lead	Key aspects
Risk assessment	Early years team	Risk assess to confirm that no other cases, or any complex case scenarios requiring referral to LCRC PHE
Infection control and isolation advice	Early years team	Reinforce advice around infection control measures to be taken: <ul style="list-style-type: none"> - Confirmed case should go home ASAP and self-isolate for 7 days - Consider informing close contact and parents - Follow guidance on cleaning in non-clinical settings once the child/staff member has left the setting, including PPE requirements - Reinforce importance of social distancing and infection prevention and control measures. These include regular hand washing, respiratory hygiene measures ("Catch It, Bin It, Kill It"), enhanced cleaning (e.g. increased frequency of high touch surfaces) as stated in DFE guidance.
PPE	LBE Early Years and PPE tactical cell	Ensure setting has a stock of PPE if more children develop symptoms on site. Settings can call FIS if having difficulties sourcing PPE
Testing	Early years team	Reinforce DFE guidance to settings that close contacts of confirmed case should access testing if they develop symptoms themselves.
Communications	Early Years Provider/Children's Centre	Consider informing close contacts and parents
Monitoring	LBE health and safety and LBE public health	<ul style="list-style-type: none"> - Early years team to inform Ealing Public Health team of the suspected case and actions taken - Early years team to create a log of suspected cases and follow up if the case subsequently tests positive (advising setting to call PHE LCRC- table 2). The log will be shared with the public health team, which will allow monitoring, as well as considering if there are any issues with access to testing

2. Single confirmed case (including complex case) of COVID-19

Table 2: Actions to be taken if there is a single confirmed case of COVID-19 in an early years setting

Action	Lead	Key aspects
Risk assessment	PHE LCRC	Risk assessment to understand the situation, including confirming test results, symptoms and onset dates, details of the setting and whether student or staff members attended while symptomatic. Potential contacts meeting definition of direct close, proximity contacts or travelled in a small vehicle with the case. Vulnerable staff/students.

Infection control and isolation advice	PHE LCRC	<p>Reinforce advice around infection control measures to be taken</p> <ul style="list-style-type: none"> - Confirmed case should go home ASAP and self-isolate for 7 days - Close contacts (e.g. same class/group as the confirmed case) should go home and self-isolate for 14 days, including any staff members - Follow guidance on cleaning in non-clinical settings once the child/staff member has left the setting, including PPE requirements. - Reinforce importance of social distancing and infection prevention and control measures. These include regular hand washing, respiratory hygiene measures (“Catch It, Bin It, Kill It”), enhanced cleaning (e.g. increased frequency of high touch surfaces) as stated in DFE guidance.
PPE	LBE early years team and PPE tactical cell	Ensure setting has a stock of PPE if more children develop symptoms on site. If setting is having difficulty sourcing PPE they can contact FIS.
Testing	PHE LCRC	Reinforce DFE guidance that close contacts of confirmed case should access testing if they develop symptoms themselves.
Communications	PHE LCRC Nursery/setting	Letter to parents, staff and governors.
Monitoring	LBE PH/contact tracing cell	<p>Record incident in setting with single case in LBE contact tracing monitoring system.</p> <p>Monitor borough rates of new infection and any further information at a smaller geographical if available.</p>

3. Cluster of cases or outbreak of COVID-19 (two or more confirmed cases in the setting)

Table 3: Actions to be taken if there is a cluster or outbreak of COVID-19 in an early years setting

Action	Lead	Key aspects
Risk assessment	PHE LCRC, working with the setting manager	<p>Risk assessment to understand the situation, including the set-up of setting; layout, details of confirmed and possible cases; total number of children and staff, details on cohorts or “bubble” groups; staff roles and type. Potential contacts meeting definition of direct close, proximity contacts or travelled in a small vehicle with a case. Vulnerable staff/students. Operational impact on setting, including need to temporarily close.</p> <p>Assessment made of severity of impact, based on factors such as severity of disease (e.g. hospitalised cases), spread, control measures taken/in place, context</p>
Incident Management Team (IMT) meeting	PHE LCRC	<p>PHE LCRC likely to convene an IMT if:</p> <ul style="list-style-type: none"> • there are a high number of cases • there are many vulnerable children • the outbreak has been ongoing despite usual control measures

		<ul style="list-style-type: none"> • there are concerns on the safe running of the setting • there are other factors that require multi-agency coordination and decision making. • a death at the setting <p>LBE PH to coordinate Ealing partners to attend IMT with PHE and the manager, and coordinate subsequent actions .</p>
Infection control and isolation advice	PHE LCRC	Provide initial infection control advice for specific setting based upon risk assessment.
	Ealing Public Health	Additional support and advice around infection control measures may be required.
PPE	LBE early years and PPE tactical cell	Ensure setting has a stock of PPE if more children develop symptoms on site. If setting is having difficulty sourcing PPE they can contact FIS.
Testing	PHE LCRC	<p>Advise if further testing is required and if any specific arrangements are being made.</p> <p>Current DFE guidance to settings that close contacts of confirmed case should access testing if they develop symptoms themselves.</p>
Early years setting closure decisions	PHE LCRC Early years setting LBE, including LBE PH	<p>Closure decisions based on risk assessment taking into account multiple factors (e.g. number of cases, staffing levels).</p> <p>The decision to close the setting would be made by the manager and liaising with LBE and PHE LCRC.</p> <p>PH will advise on when safe to re-open</p>
Communications	PHE LCRC Early years setting LBE	<p>PHE LCRC will give setting a template letter to send to parents if confirmed cluster/outbreak of COVID-19 in the setting.</p> <p>Setting sends communication to all staff and parents</p> <p>LBE comms team may develop reactive communications</p>
Monitoring	LBE PH	<p>Monitor situation with information communicated by PHE LCRC</p> <ul style="list-style-type: none"> ○ Number of potentially at risk (total staff and children) ○ Number of symptomatic cases: confirmed and possible case ○ Number of hospitalised: Note any ITU admissions in notes section below <p>Outbreak declared over when 28 days have passed since the onset of symptoms in the last confirmed case in the setting and the results of any possible cases in children or staff in that time have been negative.</p> <p>Monitor borough rates of new infection and any further information at a smaller geographical if available</p>

LOCAL RESPONSE PLAN FOR MANAGING COVID-19 IN EDUCATIONAL SETTINGS IN EALING

PREVENT, IDENTIFY, AND CONTROL

Note: Educational settings include special educational needs schools, pupil-referral units, and mainstream schools (primary and secondary)

PREVENT: ACTIONS/SUPPORT TO PREVENT COVID-19 IN EDUCATIONAL SETTINGS

- Risk assessment for schools – includes measures that are required to minimise the spread of infection, and individual risk assessment template for staff
- FAQs updated on EGFL (e.g. on Managing suspected cases, PPE, etc)
- Ealing Learning Partnership/Schools Consultative Group preparatory meetings

IDENTIFY: INCIDENT DEFINITIONS

- **Single suspected/possible case** – a pupil or staff member with coronavirus symptoms (fever, persistent new cough, and/or loss of taste/smell)
- **Single confirmed case** – a pupil or staff member who has tested positive for coronavirus
- **Single complex case** – a suspected or confirmed case of coronavirus where this is complicated factors for the child, family or educational setting (e.g. special educational needs)
- **Cluster** - two or more confirmed cases of COVID-19 among students or staff in a school within 14 days; **OR** an increase in the background rate of absence due to suspected or confirmed cases of COVID-19 (does not include absence rate due to individuals shielding or self-isolating as contacts of cases)
- **Outbreak**- two or more confirmed cases of COVID-19 among pupils or staff who are direct close contacts, proximity contacts or in the same cohort* in the school within 14 days
*a cohort might be in a class, year group or other defined group within the school.

Definition of 'contact' in school setting

- **Direct close contacts**- direct face to face to face contact with a case for any length of time, including being coughed on or talked to. This will also include exposure within 1 metre for 1 minute or longer
- **Proximity contacts:** Extended close contact (within 1-2m for more than 15 minutes) with a case
- **Travelled in a small vehicle with a case**

Infectious Period = 48 hours prior to symptom onset to 7 days after, or 48hrs prior to when positive test was conducted.

IDENTIFY: REPORTING

VIA NATIONAL TEST AND TRACE / PHE

The NHS Test and Trace programme went live on 28th May 2020. In addition to a nationally recruited system of call handlers, PHE regional teams will be managing complex situations, including school settings.

As of 1st June 2020, it is our understanding that PHE London Coronavirus Response Cell (LCRC) will take the lead on managing COVID-19 cases notified to them in school settings. These include confirmed single cases, complex cases, clusters or outbreaks (2 or more cases in school settings). PHE LCRC will inform London local authorities (via the Director of Public Health) on a daily basis of all school cases/situations they are managing. It is unclear (1.6.20) what level of detail will be provided to Ealing Council by PHE LCRC.

VIA EALING SCHOOLS

Whilst there is a lack of clarity around the data flows from the national Test and Trace system (and potentially beyond), Ealing schools have been advised (via EGFL 2.6.20) to inform the local authority in the case of:

- a single suspected case – to inform LBE schools health and safety/property who will provide advice, including access to testing
- a single confirmed case of COVID-19 (test results positive) in a pupil or staff member; more than one confirmed cases in a setting; complex case(s) – to contact PHE LCRC (0300 303 0450), and also to inform LBE health and safety/property and Ealing Public Health Team (COVID-19-ContactTracing@ealing.gov.uk).

It is important for Ealing Council (Public health and Health and Safety team) to be informed of all suspected or confirmed cases to understand:

- Any difficulties accessing testing
- For monitoring purposes- Ealing Public health will be monitoring local confirmed cases in schools
- In order to support the school with timely advice to manage a suspected case

This information will be recorded in an LBE log of outbreaks and complex cases and discussed at the LBE daily sit rep for the contact tracing cell.

CONTROL: KEY PARTNERS INVOLVED

If there is a confirmed case of COVID-19 in an educational setting in Ealing, PHE LCRC will initially conduct a risk assessment directly with the school (headteacher). The following stakeholders may also need to be informed or involved in discussions, depending on the risk assessment.

- **School Headteacher**
- **Public Health England London Coronavirus Response Cell**
- LBE: Involvement will vary depending on nature of the situation:
 - Public Health
 - Schools
 - Communications

CONTROL: INCIDENT MANAGEMENT ACTIONS

The following actions are for various COVID-19 scenarios in schools:

1. **Suspected case of COVID-19** (e.g. awaiting test or test results or unable to access testing)

Table 1: Actions for a suspected case of COVID-19 in schools

Action	Lead	Key aspects
Risk assessment	Health and Safety (Steve Dunham and Raj Chowdhury)	Risk assess to confirm that no other cases, or any complex case scenarios requiring referral to LCRC PHE
Infection control and isolation advice	Health and Safety (Steve Dunham and Raj Chowdhury)	Reinforce advice around infection control measures to be taken: <ul style="list-style-type: none"> - Confirmed case should go home ASAP and self-isolate for 7 days - Consider informing close contact and parents - Follow guidance on cleaning in non-clinical settings once the child/staff member has left the school, including PPE requirements - Reinforce importance of social distancing and infection prevention and control measures. These include regular hand washing, respiratory hygiene measures (“Catch It, Bin It, Kill It”), enhanced cleaning (e.g. increased frequency of high touch surfaces) as stated in DFE guidance.
PPE	LBE health and safety (Stephen Dunham) and PPE tactical cell	Ensure school has a stock of PPE if more children develop symptoms on site.
Testing	Health and Safety (Steve Dunham and Raj Chowdhury)	Reinforce DFE guidance to schools that close contacts of confirmed case should access testing if they develop symptoms themselves.
Communications	School	Consider informing close contacts and parents
Monitoring	LBE health and safety and LBE public health	<ul style="list-style-type: none"> - Health and Safety will inform Ealing Public Health team of the suspected case and actions taken - Health and Safety will create a log of suspected case and follow up if the case subsequently tests positive (advising school to call PHE LCRC- table 2). The log will be shared with the public health team, which will allow monitoring, as well as considering if there are any issues with access to testing

2. Single confirmed case (including complex case) of COVID-19

Table 2: Actions to be taken if there is a single confirmed case of COVID-19 in a school

Action	Lead	Key aspects
Risk assessment	PHE LCRC	Risk assessment to understand the situation, including confirming test results, symptoms and onset dates, details of the setting and whether student or staff members attended while symptomatic. Potential contacts meeting definition of direct close, proximity contacts or travelled in a small vehicle with the case. Vulnerable staff/students.
Infection control and isolation advice	PHE LCRC	Reinforce advice around infection control measures to be taken <ul style="list-style-type: none"> - Confirmed case should go home ASAP and self-isolate for 7 days - Close contacts (e.g. same class/group as the confirmed case) should go home and self-isolate for 14 days,

		<p>including the teacher</p> <ul style="list-style-type: none"> - Follow guidance on cleaning in non-clinical settings once the child/staff member has left the school, including PPE requirements. - Reinforce importance of social distancing and infection prevention and control measures. These include regular hand washing, respiratory hygiene measures (“Catch It, Bin It, Kill It”), enhanced cleaning (e.g. increased frequency of high touch surfaces) as stated in DFE guidance.
PPE	LBE health and safety (Stephen Dunham) and PPE tactical cell	Ensure school has a stock of PPE if more children develop symptoms on site.
Testing	PHE LCRC	Reinforce DFE guidance to schools that close contacts of confirmed case should access testing if they develop symptoms themselves.
Communications	PHE LCRC School	Letter to parents, staff and governors
Monitoring	LBE PH/contact tracing cell	<p>Record incident in school with single case in LBE contact tracing monitoring system</p> <p>Monitor borough rates of new infection and any further information at a smaller geographical if available</p>

3. Cluster of cases or outbreak of COVID-19 (two or more confirmed cases in the school)

Table 3: Actions to be taken if there is a cluster or outbreak of COVID-19 in a school

Action	Lead	Key aspects
Risk assessment	PHE LCRC, working with the headteacher	<p>Risk assessment to understand the situation, including the set-up of setting; layout, details of confirmed and possible cases; total number of pupils and staff, details on cohorts or “bubble” groups; staff roles and type. Potential contacts meeting definition of direct close, proximity contacts or travelled in a small vehicle with a case. Vulnerable staff/students. Operational impact on school, including need to temporarily close.</p> <p>Assessment made of severity of impact, based on factors such as severity of disease (e.g. hospitalised cases), spread, control measures taken/in place, context</p>
Incident Management Team (IMT) meeting	PHE LCRC	<p>PHE LCRC likely to convene an IMT if:</p> <ul style="list-style-type: none"> • there are a high number of cases • there are many vulnerable children • the outbreak has been ongoing despite usual control measures • there are concerns on the safe running of the school • there are other factors that require multi-agency coordination and decision making. • a death at the school <p>LBE PH to coordinate Ealing partners to attend IMT with PHE and the school headteacher, and coordinate subsequent actions</p>

Infection control and isolation advice	PHE LCRC	Provide initial infection control advice for specific setting based upon risk assessment.
	Ealing Public Health	Additional support and advice around infection control measures may be required
PPE	LBE health and safety LBE PH	Ensure school has a stock of PPE if more children develop symptoms on site.
Testing	PHE LCRC	Advise if further testing is required and if any specific arrangements are being made. Current DFE guidance to schools that close contacts of confirmed case should access testing if they develop symptoms themselves.
School closure decisions	PHE LCRC School LBE, including LBE PH	Closure decisions based on risk assessment taking into account multiple factors (e.g. number of cases, staffing levels). The decision to close the school would be made by the headteacher and liaising with LBE and PHE LCRC.
Communications	PHE LCRC School LBE PH/Schools/Comms	PHE LCRC will give school a template letter to send to parents if confirmed cluster/outbreak of COVID-19 in school. School sends communication to all staff, parents, pupils, governors. LBE comms team may develop reactive communications
Monitoring	LBE PH	Monitor situation with information communicated by PHE LCRC <ul style="list-style-type: none"> ○ Number of potentially at risk (total staff and pupils) ○ Number of symptomatic cases: confirmed and possible case ○ Number of hospitalised: Note any ITU admissions in notes section below <p>Outbreak declared over when 28 days have passed since the onset of symptoms in the last confirmed case in the school and the results of any possible cases in pupils or staff in that time have been negative.</p> <p>Monitor borough rates of new infection and any further information at a smaller geographical if available</p>