



ST HELENS
BOROUGH COUNCIL

St Helens Borough Council Outbreak Management Plan for COVID-19

December 2020

As COVID-19 is a rapidly evolving situation, guidance may change. Therefore, we advise that, in addition to familiarising yourself with the content of this document, you refer to the relevant national guidance.

Special thanks to Dr Ifeoma Onyia and Chris McBrien for their work on the Cheshire and Merseyside Outbreak Management Plan from which this plan has been developed.

Version 1.6: 17 December 2020

Revision History / Version Control

| Date | Version | Changes made |
|------------------|---------------------|--|
| 11 June 2020 | Amended version 1 | <ul style="list-style-type: none"> Pages 4 & 5: added in additional contact information Page 6: added in a definition of cohorting and amended the definition of an outbreak to take out 'one suspected case' Pages 15 & 16: Section 7.2 reworded to make the escalation criteria more coherent and moved to after the general outbreak steps |
| 30 June 2020 | Amended version 1.2 | <ul style="list-style-type: none"> Updated Section 2.1 on priorities to include the LSHTM study and recent information on outbreaks Expanded the case definition on section 6.1 Added an additional section on sending people home and lockdown, Section 7.3 Changed the structure and content of Section 10 so that each setting has the same format Deleted what was in Section 11 and replaced it with 'key national guidance' Updated the appendix |
| 6 August 2020 | Amended version 1.3 | <ul style="list-style-type: none"> Amended the isolation period from 7 days to 10 days in line with national guidance |
| 8 October 2020 | Amended version 1.4 | <ul style="list-style-type: none"> Page 4: added contact information for NHS Test and Trace Section 5.1: added additional information about receiving a negative test result Section 6.2: amended the information regarding those wearing PPE |
| 20 October 2020 | Amended version 1.5 | <ul style="list-style-type: none"> Definition of a contact updated (Section 6.2) |
| 17 December 2020 | Amended version 1.6 | <ul style="list-style-type: none"> Amended the isolation period for close contacts from 14 days to 10 days in line with national guidance |

Contents

| | |
|---|----|
| Key contacts | 4 |
| Key words and abbreviations | 6 |
| 1. Introduction | 8 |
| 1.1 Aim | 8 |
| 1.2 Objectives of the Plan | 8 |
| 1.3 Scope | 8 |
| 2. Key themes for the local response | 9 |
| 2.1 Initial priorities for outbreak management | 9 |
| 3. Prevention of COVID-19 in community settings | 10 |
| 4. Summary of disease | 11 |
| 5. Suspected case | 12 |
| 5.1 Household contact with a suspected case | 12 |
| 5.2 Close contacts of a suspected case | 13 |
| 6. Case and close contacts of a confirmed case | 13 |
| 6.1 Case definition | 13 |
| 6.2 Contact | 14 |
| 6.3 Contacts of contacts | 15 |
| 7. Identifying a COVID-19 outbreak | 15 |
| 7.1 Escalation criteria to locality/organisational SPOC | 16 |
| 7.2 Additional action to support the organisational setting | 16 |
| 7.3 Sending people home, closures and lockdown | 17 |
| 7.4 Further escalations | 17 |
| 7.5 Declaring the end of an outbreak | 18 |
| 8. Arranging testing and swabbing | 18 |
| 8.1 Case finding | 19 |
| 9. Supporting people to self-isolate | 19 |
| 10. Settings specific considerations | 19 |
| 10.1 Health care settings | 20 |
| 10.2 Care homes | 20 |
| 10.3 Workplace settings | 22 |
| 10.4 Educational settings | 23 |
| 10.5 Under-served populations | 24 |
| 10.6 Accommodated children and young people | 25 |
| 11. Key national guidance | 27 |

Key contacts

| Public Health England Cheshire and Merseyside Health Protection Team | |
|--|---|
| Monday to Friday (9am to 5pm) | Telephone 0344 225 0562 (option 1 for Cheshire and Merseyside) or email icc.northwest@phe.gov.uk |
| Out of Hours PHE Contact: Public Health England first on call via the Contact People | 0151 434 4819 |
| St Helens Test and Trace Service | |
| Monday to Friday (9am to 5pm) | Via Contact Cares on 01744 676767 or the email contactcares@sthelens.gov.uk . |
| Out of hours (5pm to 8pm weekday evenings and 9am to 5pm Saturday and Sunday) | Via Contact Cares on 01744 676767 or the email contactcares@sthelens.gov.uk . |
| NHS Test and Trace | |
| NHS Test and Trace | Feedback.ContactTracing@phe.gov.uk |
| Community Infection Prevention and Control Team | |
| Monday to Friday (9am to 5pm) | Telephone 01744 457314 or email 3Boroughs.infectioncontrol@sthelensccg.nhs.uk |
| Out of hours (9am to 5pm Saturday and Sunday) | Telephone 01744 457314 |
| Environmental Health/Regulatory Services | |
| Monday to Friday (9am to 5pm) | Telephone 01744 676789 or email environmentalhealth@sthelens.gov.uk |
| No formal out of hours service (Environmental Health Managers can be contacted via Council Security) | Telephone 01744 676728 |
| 0-19 Team (Health Visiting and School Nurses) | |
| Monday to Friday 9am to 5pm | North 0-19 team: Tel: 01744 624 313 South 0-19 team: Tel: 01744 624 925 Woodside Healthcare Centre 0-19 team: Tel: 01744 624 321 |
| Swabbing and Testing | |
| Booking a test on the national portal (all ages) | Order a test immediately at www.nhs.uk/coronavirus or call 119 if you have no internet access |
| Health and social care staff | Staff can attend Haydock Park Regional Testing Centre (RTC) without a pre-booked appointment provided they bring appropriate credentials (e.g. NHS ID), open 9am to 5pm |

| | |
|--|---|
| Local testing for those who cannot access the national portal (aged 5 and above) | Main referral route: via Contact Cares on 01744 676767 Queries or urgent: covid.testing@nwbh.nhs.uk |
| National Helplines | |
| If feeling unwell | Contact NHS 111 or go online to https://111.nhs.uk/COVID-19/ |
| Queries relating to schools and other educational establishments, and children's social care. Monday to Friday (8am to 6pm) and weekends & bank holidays (10am to 4pm). | 0800 046 8687 |
| Local support | |
| Contact Cares 8am to 8pm, 7 days a week. Contact Cares is the single point of access for all social care and adult health referrals, and the first point of contact for children's referrals. | Via Contact Cares on 01744 676767 or the email contactcares@sthelens.gov.uk . |
| The Quality Monitoring Team are the main point of contact for all adult contracted social care services, this includes: Residential & Nursing Homes, Domiciliary Care Schemes, Supported Tenancies and Extra Care Schemes. | The team are available seven days a week via email eoc@sthelens.gov.uk . |
| The St Helens Wellbeing Service provides a range of health and wellbeing support including physical health and mental wellbeing | 9am to 5pm, Monday to Friday Telephone: 01744 371111 Email: chcp.sthelens@nhs.net |

Key words and abbreviations

Antibody Testing: A test result from a hospital administered COVID-19 antibody testing blood test. It is used for epidemiological purposes and helps to show if someone has had COVID-19.

Case finding: Involves actively searching systematically for and testing at risk people, rather than waiting for them to present with symptoms or signs of active disease.

CCDC: Consultant in Communicable Disease Control

Cohorting: is used to prevent spread from one area (e.g. a wing of a care home or a ward) to another when it is not possible to isolate people in a single room, by designated staff assigned to care for these patients only.

CARC: COVID-19 Acute Response Centre

Community spread: Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected.

CTAS: Contact Tracing Advisory Service

Cluster: A cluster is defined as a situation where a number of cases have a possible but as yet unconfirmed epidemiological link.

Closed settings: An environment with controlled or monitored access. This can include care homes, most workplaces, supported living, children's centres and special schools.

EHO: Environmental Health Officer

Household contact: A person who lives with or spends significant time in the same household as a possible or confirmed case of coronavirus (COVID-19). This includes living and sleeping in the same home, anyone sharing kitchen or bathroom facilities, or sexual partners.

ICT: Incidence Control Team

IERP: Incident and Emergency Response Plan

IPC: Infection Prevention and Control

LRF: Local Resilience Forum

OCT: Outbreak Control Team

Outbreak: An outbreak is defined as a situation where a number of cases have a highly probable or confirmed epidemiological link. However, in settings where there are clinically vulnerable persons present, such as a care home, even though this is not an outbreak action many be required at an early stage.

Open settings: An open environment with uncontrolled or unmonitored access. This can include nightclubs and restaurants.

PBCT: Phone Based Contact Tracing

PHE: Public Health England

SPOC: Single Point of Contact

STAC: Scientific and Technical Advisory Cell

Suspected: A cluster/outbreak, with two or more cases of illness with symptoms consistent with COVID-19 infection (as per the COVID-19 case definition).

Testing pillars: There are five pillars to testing, 1 is locally managed NHS swabbing, 2 is commercial testing, 3 is antibody testing, 4 is surveillance testing and 5 is diagnostics.

1. Introduction

The purpose of this document is to outline the response to a COVID-19 outbreak in St Helens. This is a public facing document and is for the council, its partners and providers of services to know who to contact and what the process is to work together to prevent and manage outbreaks. Having an outbreak management plan is important to help create conditions for lockdown restrictions to be safely relaxed, prevent transmission, manage outbreaks and provide advice and reassurance.

The primary objectives of the national Test and Trace service and the local outbreak management arrangements is to control the COVID-19 infection rate, reduce the spread of infection and thus save lives. In doing so this will help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems, protects the most vulnerable, and releases our economy. Ideally, these actions should prevent any return to lockdown in a geographical area or setting, however, if needed local actions will be put in place to manage the spread of COVID-19. To ensure that we do this effectively, we will need to work with our residents and communities in St Helens.

1.1 Aim

The aim of the outbreak management plan is to ensure an effective and coordinated approach for the prevention and management of COVID-19 outbreaks in St Helens, from outbreak prevention measures, the initial detection of the outbreak, the risk assessment, control measures and actions to manage the outbreak, through to the formal declaration that the outbreak has ended and the identification of lessons learned through a review process.

1.2 Objectives of the Plan

1. To provide advice and support to key settings to help prevent outbreaks occurring
2. To outline the key tasks/activities involved in responding to COVID-19 outbreaks
3. To identify the source of the COVID-19 outbreak and implement necessary control measures to prevent further spread
4. To take proactive measures to protect those who are at highest risk of severe illness should they become infected with COVID-19
5. To provide additional support as required to those who need to self-isolate
6. To outline roles and responsibilities at a local operational level
7. To give key considerations and outline some specific requirements needed for key settings where COVID-19 outbreaks may occur

1.3 Scope

- This plan will be used for the investigation, management and control of community outbreaks of COVID-19 in St Helens unless another locally agreed disease-specific plan exists.
- Outbreaks within care homes will be managed according to the North West Care Home Resource packs (see Appendix 4) in line with national guidance. Public Health England (PHE) staff should be involved in the care home-based outbreak control teams in an advisory capacity.
- Outbreaks within schools will be managed according to the resource pack for schools (see Appendix 5) and in line with national guidance. PHE staff should be involved in the schools-based outbreak control teams in an advisory capacity.
- PHE will declare an outbreak and provide advice and guidance to the Outbreak Control Team (OCT), the responsibility for managing and leading the response to a local outbreak in a complex setting would be the local authority.

- The response to outbreaks confined to specific NHS trust premises, whether acute or community or mental health trust, will usually be led by the relevant NHS Trust in accordance with their operational plans. These outbreaks should be reported to PHE who will support the management.
- The great majority of outbreaks are dealt with as part of normal service provision and may not impact greatly on routine services or require an Outbreak Control Team (OCT) to be convened. In some cases, if there is significant local or media interest or the threat from the outbreak is severe, because the impacts on partners or communities are disruptive or need formal multi-agency co-ordination, a major incident can be declared and the formal input of local resilience partners will be required. Under these circumstances the command and control structures described in the respective Local Resilience Forum (LRF) plans, or equivalent will be evoked. It is suggested that in this instance, the Outbreak Control Team (OCT) will undertake the Science and Technical Advice Cell (STAC) role.

2. Key themes for the local response

The national response outlines seven key themes for local outbreak management plans for COVID-19:

1. **Care homes and schools:** Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response).
2. **High risk places, locations and communities:** Identifying and planning how to manage high risk places, locations and communities of interest (e.g. defining preventative measures and outbreak management strategies).
3. **Local testing capacity:** Identifying methods for local testing to ensure a swift response that is accessible to the entire population (e.g. defining how to prioritise and manage deployment, examples may include NHS, pop-up etc).
4. **Contact tracing in complex settings:** Assessing local and regional contact tracing capability in complex settings (e.g. identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity).
5. **Data integration:** Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g. data management planning, including data security, NHS data linkages).
6. **Vulnerable people:** Supporting vulnerable local people to get help to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc.) and ensuring services meet the needs of diverse communities.
7. **Local boards:** Establishing governance structures led by existing COVID-19 Health Protection Boards in conjunction with local NHS and supported by existing gold command forums and a new member-led board to communicate with the general public.

2.1 Initial priorities for outbreak management

Below are some examples of priority groups and settings:

1. **The clinically vulnerable:** highest risk are the shielded, followed by those who are eligible for the flu vaccine (over 65s, underlying health conditions), men and BAME (Black, Asian and Minority Ethnic) groups.
2. **Personal and social circumstances:** asylum seekers, homeless, gypsies and travellers, substance misusers, victims of domestic abuse, looked after children and other hard to reach groups.
3. **People who may not be able to socially isolate:** people in houses of multiple occupation, people with dementia, people with learning difficulties, people with severe mental health problems,

4. **People who have lots of contacts:** frontline staff, teachers, drivers, factory workers, retailers
5. **High risk settings:** care homes, hostels, children's homes, special schools, prisons, hospitals
6. **Geographical hot spots:** street, neighbourhood, extended family

A study by the LSHTM (London School of Hygiene and Tropical Medicine) identified the following risk factors; Asian and Black ethnic origin, deprived social backgrounds, men, older age groups, people with uncontrolled diabetes and severe asthma. North West data on suspected or confirmed COVID-19 outbreaks indicates that although most outbreaks were in care homes there is the potential for outbreaks in secondary care and custodial settings. There is evidence from the UK and other countries of outbreaks in food processing plants, churches and night clubs. There has also been evidence of an increased rate of infection in geographical areas, which have resulted in local lockdowns in China and Germany.

Another consideration for outbreak prevention, containment and management is deciding the approach to testing, when to use the drive in, postal test kits, manager referral (local authority staff), train staff on site to swab or send in a team to do the swabbing. There is also the antibody test, used primarily for epidemiological purposes.

Our initial priorities for outbreak management planning include:

1. Care home and other accommodated settings
2. Domiciliary care
3. Homeless and hostels
4. Schools and special schools
5. Male dominated factories
6. Houses in multiple occupation

3. Prevention of COVID-19 in community settings

Prevention is the most effective method of stopping transmission and outbreaks of COVID-19. Stringent attention to social distancing advice, key infection control measures including cleaning and hand washing, timely contact tracing and appropriate isolation measures are effective in stopping transmission. Hand washing is one of the most effective ways to prevent the spread of the virus.

Therefore in St Helens, the Local Authority and its partners will be regularly sending out communications aimed to reinforce to the general public the importance of infection prevention. We will also be providing advice and support to a range of settings and staff groups, including written guidelines, access to telephone advice and site visits.

The general prevention advice includes:

- Adhere to guidance for your setting
- Complete a risk assessment
- Use social distancing measures (e.g. floor markings, barriers)
- Facilitate regular hand washing (e.g. on entrance to the building and regular intervals)
- If possible, consider limiting staff movements within facilities, e.g. individual staff only work on one floor of a facility.
- Shift and service managers may consider proactively asking staff if they are symptomatic at the beginning of a shift.
- While at work staff should follow social distancing measures to the best of their ability, including in staff spaces such as break rooms.
- Where premises are part of a group, try to limit staff movement between facilities.

- Increase the frequency and intensity of cleaning for all areas, focusing on shared spaces.
- Maintain an accurate daily list of all staff and visitors to the premises with in and out times and including contact telephone numbers.

4. Summary of disease

| | |
|-----------------------------|---|
| Clinical features | Case definition: persistent cough, OR fever (over 37.8) OR change or lack of sense of smell or taste Many other symptoms reported |
| Incubation period | Range 4 to 6 days, with the shortest recorded incubation of 1 day, and longest of 11 days |
| Infectious period | 48 hours before onset of symptoms until 10 days from onset of symptoms |
| Mode of transmission | Respiratory droplets during close unprotected contact Contact with contaminated surfaces Likely faecal oral |
| Exclusion period | <p>Symptomatic cases – 10 full days from onset of symptoms; your isolation period includes the day your symptoms started and the next 10 full days. This means that if, for example, your symptoms started at any time on the 15th of the month, your isolation period ends at 23:59 hrs on the 25th; 14 days for elderly care home residents</p> <p>Asymptomatic cases – 10 full days from date of test; your isolation period includes the day your test was taken if you do not have symptoms, and the next 10 full days. This means that if, for example, your first positive COVID-19 test was taken on the 15th, your isolation period ends at 23:59 hrs on the 25th.</p> <p>Household contacts and close contacts of confirmed cases – 10 full days from onset of symptoms/date of test if asymptomatic. FOR HOUSEHOLD CONTACTS: your isolation period includes the day the first person in your household's symptoms started (or the day their test was taken if they did not have symptoms) and the next 10 full days. This means that if, for example, your 10 day isolation period starts on the 15th of the month, your isolation period ends at 23:59 hrs on the 25th and you can return to your normal routine. FOR CONTACTS WHO DO NOT LIVE WITH THE PERSON: If you have been informed that you are a contact of a person who has had a positive PCR test result for COVID-19, you must stay at home and complete 10 full days isolation. Your isolation period</p> |

| | |
|---|--|
| | <p>includes the date of your last contact with them and the next ten full days. This means that if, for example, your last contact with them was at any time on the 15th of the month, your isolation period ends at 23:59 hrs on the 25th.</p> <p>NB: people who are admitted to hospital may be advised to isolate for 14 days because they would have had more severe illness.</p> |
| Lab testing/diagnosis performed at | PHE Virus Reference Laboratory, Designated PHE regional laboratories, Designated NHS laboratories, via private laboratories as part of national testing service |

5. Suspected case

- Any staff or clients with symptoms of COVID-19 should stay off work for 10 full days from the first day they developed symptoms (isolation period includes the day your symptoms started and the next 10 full days. This means that if, for example, your symptoms started at any time on the 15th of the month, your isolation period ends at 23:59 hrs on the 25th)
- If a member of staff, client or visitor develops symptoms during a shift, they should go home as soon as possible, and advised to contact NHS 111 if unwell.
- If the staff, client or visitor is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door and a window should be opened for ventilation. After they have left all surfaces they have been touched should be cleaned and disinfected.
- If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.
- If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.
- In an emergency, call 999 if they are seriously ill or injured or their life is at risk.
- Advise them not to visit the GP, pharmacy, urgent care centre or a hospital.
- Advise the person with symptoms to arrange COVID-19 testing.

Further guidance is in [COVID-19: guidance for households with possible coronavirus infection guidance](#)

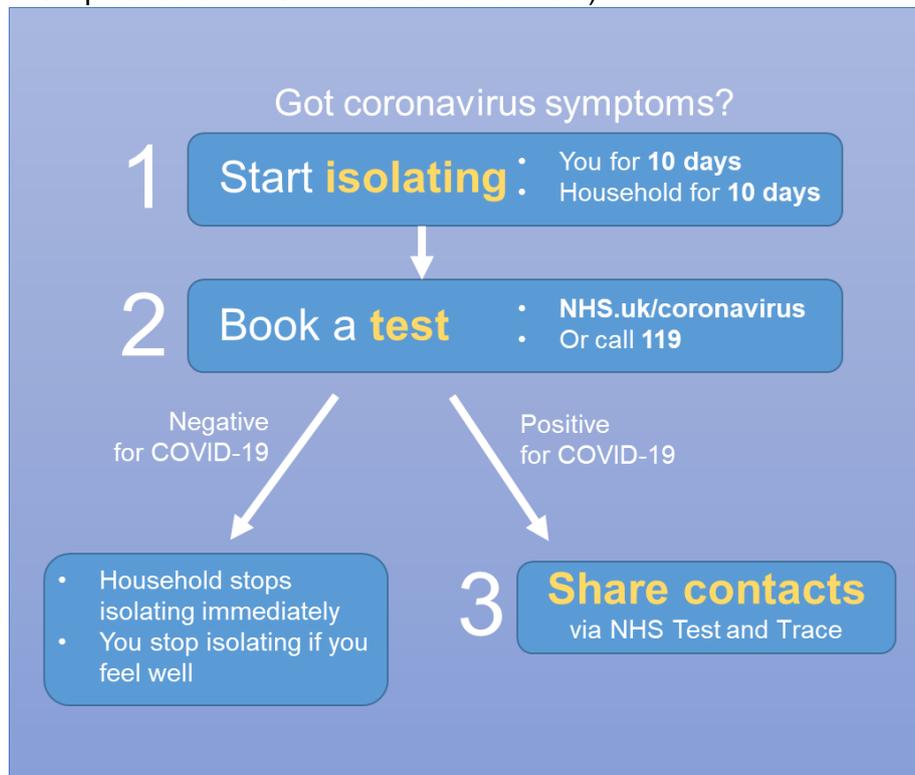
5.1 Household contact with a suspected case

Those living or sharing accommodation with someone.

- Should start isolating immediately if the case has symptoms.
- If the case* tests positive the household contacts continue to self-isolate for 10 full days.
- If the case test negative, the household can stop self-isolating**
- See flowchart on the next page for household contacts

(* 'Case' definition - Laboratory confirmed case of COVID-19, whether symptomatic or asymptomatic.)

(** **NB:** the COVID-19 test can give a false negative on occasion, if someone has classic COVID-19 symptoms, in particular the loss of sense of taste or smell (this is fairly unique to COVID-19), they could have COVID-19 and therefore before they stop isolating, they should contact their GP practice or NHS 111 for further advice.)



5.2 Close contacts of a suspected case

A close contact (see Section 6.2), except for household contacts, of someone who is being tested for coronavirus (COVID-19), do not yet have a test result does not need to self-isolate at this stage. However:

- The person(s) should take extra care in practising social distancing and good hand and respiratory hygiene.
- They should wash their hands thoroughly with soap and warm water for 20 seconds after any contact.
- They do not need to self-isolate unless they develop symptoms themselves or the individual subsequently tests positive.
- The affected area/rooms should be cleaned using standard cleaning products after someone with symptoms has left to reduce the risk of passing the infection on to others.

There is further information in [COVID-19: cleaning of non-healthcare settings guidance](#)

6. Case and close contacts of a confirmed case

6.1 Case definition

A laboratory confirmed case of COVID-19, whether symptomatic or asymptomatic.

Cases are to self-isolate for at least 10 days from when symptoms started. They must keep self-isolating until the following symptoms have stopped:

- a high temperature or feeling hot and shivery
- a runny nose or sneezing

- feeling or being sick (if being sick stay at home until 48 hours after it stops)
- diarrhoea (stay at home until 48 hours after its stops)
- loss of appetite

6.2 Contact

A 'contact' is a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic up to 10 days from onset of symptoms (this is when they are infectious to others). For example, a contact can be:

- 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 one metre), with someone who has tested positive for COVID-19, including:
 - being coughed on
 - having a face-to-face conversation within one metre
 - having skin-to-skin physical contact, or
 - 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 plane near someone who has tested positive for COVID-19

Where an interaction between 2 people has taken place through a Perspex (or equivalent) screen, this would not be considered sufficient contact, provided that there has been no other contact such as any of those indicated above.

NB: A person who wore appropriate PPE in a healthcare setting would not be classed as a contact (in non-healthcare settings, although PPE reduces the risk, it doesn't fully prevent the spread of COVID-19).

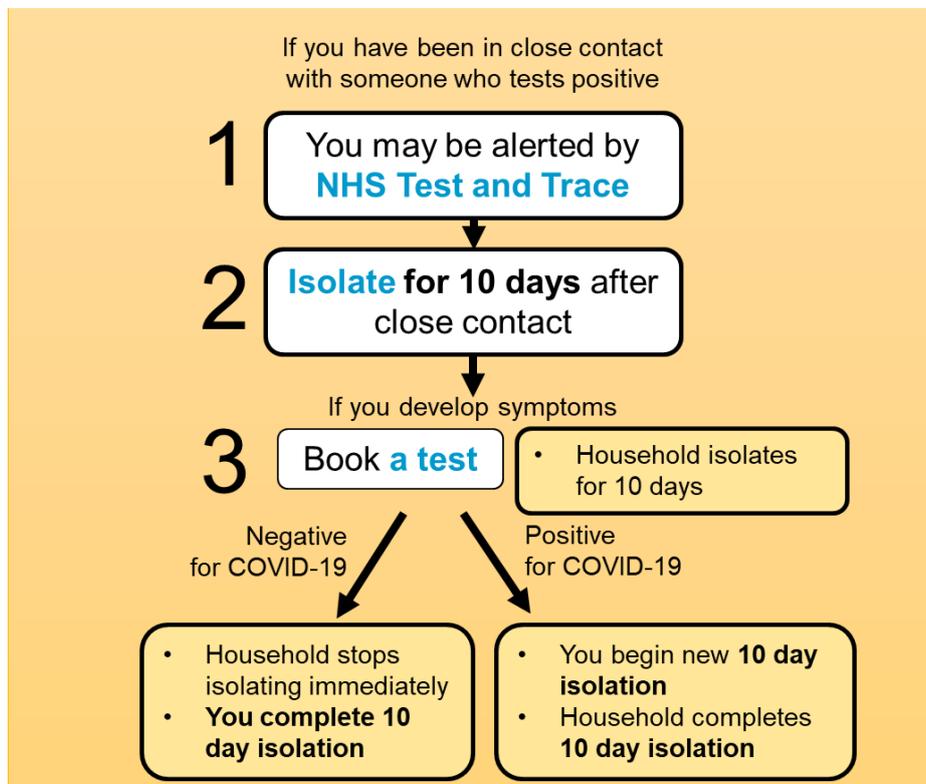
Close contacts will be informed by the NHS Test and Trace service (or by the local service) if they are a contact of a person who has had a positive test result for coronavirus (COVID-19) whether or not they are symptomatic.

- Contacts must immediately self-isolate at home for 10 full days from the date of the last contact with the case. If you have been informed that you are a contact of a person who has had a positive PCR test result for COVID-19, you must stay at home and complete 10 full days isolation. Your isolation period includes the date of your last contact with them and the next ten full days. This means that if, for example, your last contact with them was at any time on the 15th of the month, your isolation period ends at 23:59 hrs on the 25th.
- Contacts are to stay at home for 10 full days and follow the [Stay at Home: guidance for households with possible or confirmed coronavirus \(COVID-19\)](#) e.g. do not go to work, school, or public areas, and do not use public transport or taxis.
- Contacts should not be tested unless they develop symptoms of coronavirus (COVID-19).
- If a contact has a test and it is negative, they should continue to self-isolate for the full 10 days as they may still be incubating the disease or have 'low level' disease.
- Contacts should take steps to reduce the possible spread of infection in the home: for example, wash hands often for at least 20 seconds, using soap and water, or use hand sanitiser.

- Where possible, arrange for anyone who is [clinically vulnerable](#) and [clinically extremely vulnerable](#) to move out of the home, to stay with friends or family for the duration of your home isolation period.
- If you cannot arrange for vulnerable people to move out of your home, stay away from them as much as possible, following [the guidance](#).
- If a contact develops symptoms they should arrange to be tested and should isolate for 10 full days from when the symptoms started, the household should still isolate for 10 full days.

6.3 Contacts of contacts

If you are a contact of a case not in your household (for example a work colleague is the case) and you are self-isolating, if you do not have symptoms of coronavirus (COVID-19), other people in your household do not need to self-isolate at home with you.



7. Identifying a COVID-19 outbreak

An outbreak is defined as a situation where a number of cases have a highly probable or confirmed epidemiological link. However, in settings where there are clinically vulnerable persons present, such as a care home, outbreak management actions may be implemented if there is one case. It is likely that the first identification of a COVID-19 outbreak may come from the contact tracing structures within the local authority or national system PHE. Once the situation is assessed the decision is made as to whether to declare it as an outbreak and implement outbreak control procedures.

As soon as it becomes apparent that there is an outbreak, immediate contact between the setting, the SPOC (local test and trace team) and PHE is essential. Initial investigation to clarify the nature of the outbreak should begin within 24 hours of receiving initial report.

- Consider an ICT/OCT where an issue is identified where multi-agency discussion and response would be beneficial. This could be led by PHE if issue specific to health

protection, or public health consultant if issue regarding wider management (e.g. staffing issues). See Appendix 1a for suggested OCT membership and 1b for roles and responsibilities.

- Immediate control measures should be implemented. It is not necessary to wait for the outcome of a test result in order to act.
- Terms of reference (TOR) should be agreed upon at the first meeting of the OCT and should be reviewed at regular intervals. See appendix 1c for suggested TOR.
- If a decision has been made not to declare an outbreak or establish an OCT, the Director of Public Health/local test and trace team should be informed at appropriate intervals to determine if the formal declaration of an outbreak or convening of an OCT is subsequently required. This may involve consulting with the other parties to assist with on-going surveillance.

To establish key facts and inform the decision to declare an outbreak the following steps may be undertaken:

- Confirm the validity of the initial information upon which the potential outbreak is based (including ascertainment bias; the possibility of laboratory false positives etc);
- Consider whether the cases have symptoms consistent with COVID-19;
- Conduct preliminary interviews with initial cases to gather basic information including any common factors; this may be done by PHE or local contact tracers
- Arrange testing of contacts if required;
- Form preliminary hypothesis;
- Consider the likelihood of a continuing public health risk; and
- Carry out an initial risk assessment to guide the decision-making process.

7.1 Escalation criteria to locality/organisational SPOC

In addition to declaring an outbreak and implementing usual outbreak control measures, some situations may need to be escalated to the local SPOC:

- Large number of contacts meeting the proximity or direct contact definition
- High numbers of vulnerable people as potential contacts within the setting
- Potential impact on service delivery if staff are excluded for 10 days from exposure
- Death or severe illness reported in the case or contacts
- Significant likelihood of media or political interest in situation

7.2 Additional action to support the organisational setting

In all settings:

1. Identify contacts:
 - If no direct/proximity contacts are identified, warn and inform letter can be provided to settings for onward distribution as required (see Appendix 3).
 - If direct/proximity contacts are identified, use standard letter to advise on self-isolation from 10 full days after last contact and testing if symptoms develop (see Appendix 3).
 - Exclusion is regardless of any negative test results in contact received during that time period.
 - For contacts who test positive for COVID-19 during the 10-day self-isolation period advise to self-isolate for 10 full days after onset of symptoms (or test date if asymptomatic).

- Advise all symptomatic contacts to be tested via nhs.uk/coronavirus or by calling 119.
 - If the setting requires assistance in providing contacts information about self-isolation, ask setting to complete line list including taking contact details (see Appendix 3).
2. Identify workforce development needs/implement training:
 - Basic COVID-19 awareness – transmission, symptoms, epidemiology
 - Contact tracing principles, ethics, information governance and data collection
 - Understanding the testing offer/s
 - Current advice and support to those self-isolating
 - Role of national test and trace and local outbreak control
 - How to manage an outbreak
 3. Implement training:
 - Make use of local expertise – e.g. Super Trainers, EHO's, IPC, public health, nurses, primary care, secondary care
 - Online resources e.g. <https://www.gov.uk/government/collections/health-protection-training>
 - Quality assure and evaluate training

7.3 Sending people home, closures and lockdown

In an outbreak situation, additional actions may be required to prevent the further spread of COVID-19. This may include sending people home to self-isolate, closing a department or on rare occasions closing a setting for 10 days. If such action is required it will need to adhere to the enforcement approach (see Appendix 2) and local governance procedures. Generally, the consequence management will start small and widen like a ripple effect.

For example, if in a school or a workplace one person is symptomatic the management starts with them and their household contacts. If the case is confirmed this extends to their close contacts and may involve a small group, e.g. a 'bubble' of 15 being sent home. Should other cases occur in that year group the whole year may be sent home or a whole department or shift. If yet more cases occur, then a whole school or workplace may be asked to close.

It is possible that if outbreaks occur in several different settings or postcodes at the same time in one community or geographical area that a return to lockdown may be recommended by the Government. We are still awaiting further guidance on this.

7.4 Further escalations

On occasion, outbreaks are of such magnitude that there may be significant implications for routine services and additional resources are required. In some cases, if there is significant local or media interest or the threat from the outbreak is severe, because the impacts on partners or communities are disruptive or need formal multi-agency coordination, a major incident can be declared and the formal input of local resilience partners will be required. Under these circumstances the command and control structures described in the respective LRF plans, or equivalent will be evoked. It is suggested that in this instance, the Outbreak Control Team (OCT) will undertake the Science and Technical Advice Cell (STAC) role as outlined in the multi-agency command and control structures.

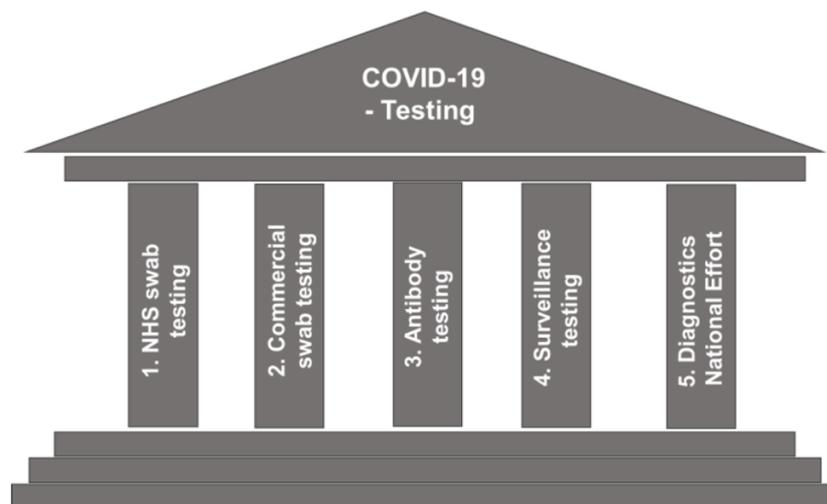
7.5 Declaring the end of an outbreak

It is important that there is continued vigilance for new potential cases as well as adherence to infection prevention and control principles once the outbreak is over to reduce the chance of a further outbreak in the home.

- The Community Infection Control Team will monitor the outbreak until the outbreak is declared over by the team.
- The OCT will decide when the outbreak can be considered over and will make a statement to this effect. The decision to declare the outbreak over should be informed by ongoing risk assessment and considered when:
 - there is no longer a risk to the public health that requires an OCT to conduct further investigation or to manage control measures;
 - the number of cases has declined.
- The outbreak will be declared over when there have been no new cases of confirmed or suspected COVID-19 within a continuous 10-day period.

8. Arranging testing and swabbing

The ideal timeframe for testing symptomatic residents of the borough is less than three days symptomatic and no more than five days. The national strategy outlines five pillars to testing, see diagram below:



The national system for testing and swabbing includes:

- Everyone in the UK with symptoms can be tested for coronavirus.
- All patients discharged from hospital before going into care homes.
- Testing of every staff member and resident in every care home in England, whether symptomatic or not.
- Testing of social care and frontline NHS workers whether they are symptomatic or not.

Where people of all ages can access the national testing portal, they will be encouraged to do so, so that we can prioritise local testing for those who can't access testing via the portal; for example, those who are frail and housebound. Or for when we have an outbreak as on occasion, we may need to increase testing as part of our case finding.

Accessing testing:

- We will encourage people to self-refer for testing through the national portal and request a drive-through appointment. Postal test kits for home testing are also available, however we recommend drive-through testing above home testing to try and

reduce 'user error'. The nearest drive-through site is at Haydock Racecourse and a new drive through site at Liverpool John Lennon Airport.

- Other available sites are highlighted when booking through nhs.uk (for the general public) or gov.uk (for key workers). Mobile sites travel across Cheshire and Merseyside and are available to book through the nhs.uk and gov.uk portals.
- North West Boroughs can also offer testing to health and care staff who are unable to attend a regional testing site.
- North West Boroughs will also offer testing to vulnerable people who are unable to attend a regional testing site, such as care home symptomatic patients, those waiting for care home admission or transfer, people living at home with a care package, carers and potential outbreaks in complex settings such as schools or hostels etc.
- Staff in care homes have been trained and are able to swab themselves and their care home residents.

The Government will increasingly augment swab-based antigen testing, which determines whether a person currently has the virus, with antibody testing, which shows whether a person has previously had it. Antibody testing is primarily used for epidemiological purposes.

8.1 Case finding

We are proactively searching for and identifying cases through whole care home testing and social care and frontline NHS workers can access testing even if they are not symptomatic. We may also proactively test people when there is an outbreak. In the future, depending on capacity and other factors, we may also prioritise other groups for testing.

9. Supporting people to self-isolate

Providing support for those who are self-isolating is a role for local areas. Testing and tracing will only have an impact on reducing transmission in the community if close contacts of confirmed cases self-isolate. Contact tracing on its own will not be enough to disrupt chains of transmission. We know that isolation is going to be challenging and that some people will require support.

People who have been a household or close contact with a confirmed case will need to remain at home completely during this time, isolating themselves as far as possible from other household members for up to 10 full days (see exclusion period in the summary of disease on page 11 for full details on isolation period). For some people, this may mean that they need to be provided with somewhere to isolate away from the rest of their household. Others will need practical support with food and medicine, whilst ensuring their physical and mental health needs are met. We may also need to consider financial advice and support if self-isolating as some people may not be able to work from home.

In the first instance people will be asked if they have a family member, friend or neighbour who can help with things such as shopping and picking up medicines. However, if people do need additional help, we will refer them to Contact Cares.

10. Settings specific considerations

Generally, settings will be asked to:

- Identify contacts using date of symptom onset (or testing date) and work/attendance history. If the manager is unable to provide this information, they might need to discuss this directly with the case and report back.
- If no direct/proximity contacts are identified, a warn and inform letter can be provided to settings for onward distribution as required (see Appendix 3).

- If direct/proximity contacts are identified, use standard letter to advise on self-isolation from 10 full days after last contact and testing if symptoms develop (see Appendix 3).
- Exclusion is regardless of any negative test results in contact received during that time period).
- For contacts who test positive for COVID-19 during the 10-day self-isolation period, advise to self-isolate for 10 full days after onset of symptoms (or test date if asymptomatic).
- Advise all symptomatic contacts to be tested via nhs.uk/coronavirus or by calling 119

10.1 Health care settings

| |
|--|
| <p>Background</p> <p>Outbreaks within hospitals and health care settings where infection control is in place will be managed according to each hospital's outbreak control policy in line with national guidance.</p> |
| <p>Prevention</p> <p>See detailed advice accessible by the link below: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/reducing-the-risk-of-transmission-of-covid-19-in-the-hospital-setting</p> |
| <p>Testing</p> <ul style="list-style-type: none"> • Testing will be predominately via pillar one. • Testing of social care and frontline NHS workers is available whether they are symptomatic or not. • All patients discharged from hospital before going into care homes are tested. • If any staff contact develops symptoms then they can apply for a test via https://www.gov.uk/apply-coronavirus-test-essential-workers |
| <p>Outbreak Management</p> <p>PHE staff should be involved in the hospital-based outbreak control teams in an advisory capacity, but the lead for investigation and control lies with the appropriate NHS trust. If a large number of patients who are not clinically vulnerable have been exposed to a case, PHE NW can make arrangements for the local test and trace centre staff to contact these individuals and advise on self-isolation and testing.</p> |
| <p>Guidance</p> <p>Healthcare setting resources are available at: https://www.gov.uk/government/collections/coronavirus-COVID-19-list-of-guidance#guidance-for-health-professionals</p> |

10.2 Care homes

| |
|---|
| <p>Background</p> <p>Most of the outbreaks that have occurred during this pandemic have been in care homes, some of which have had devastating consequences. The over 65s and those with underlying health conditions and/or dementia are at high risk of severe illness should they catch COVID-19. In St Helens we have put forward all our care homes for whole care testing.</p> |
| <p>Prevention</p> <p>Stringent infection prevention and control measures should be in place in all care homes during the COVID-19 pandemic.</p> |

Usual infection prevention and control measures are of extra importance while COVID-19 is circulating in the community. The [guidance for working safely in care homes](#) should be followed.

- Admissions from hospital should be tested for COVID-19 prior to admission. Appropriate isolation of positive cases should take place immediately on arrival.
- Residents should follow social distancing measures. This might include limiting movement of residents between floors or restricting the number of residents in communal areas at any one time.
- The extremely clinically vulnerable should be shielded (currently until 31st July 2020).
- Tissues and handwashing facilities should be available throughout to enable residents to wash their hands regularly and to use tissues for any coughs or sneezes.
- Management should assess each resident twice daily for the development of a fever ($\geq 37.8^{\circ}\text{C}$), cough or shortness of breath.

Testing

- All adult care home providers can access the [online portal](#) to register to receive test kits to carry out whole care home testing.
- People will be tested prior to being transferred from home to a care home or respite or being moved from care home to care home or other residential facility.
- Staff in care homes have been trained to be able to swab themselves and their residents.
- The infection control nurses will arrange swabbing for residents via locally agreed arrangements.
- If any staff contact develops symptoms then they can apply for a test via <https://www.gov.uk/apply-coronavirus-test-essential-workers>

Outbreak Management

An outbreak is two or more cases, arising within the same 14-day period in people who live or work in the care home. However, given the vulnerability of residents in care homes the care home should notify the Infection Control Team even if there is only one case or a couple of cases with symptoms.

- The community infection control nurses will monitor and support the care home during any suspected or confirmed outbreaks of COVID-19. The nurses will contact the care home daily to review the outbreak and offer any advice.
- The local ICT will liaise directly with PHE and the local test and trace team to provide the information about what is happening in the care home. In some instances, PHE may contact the care home directly.
- Household contacts of staff members who test positive will be followed up by the national test and trace service

Guidance

With the support of PHE we have a local resource pack for care homes:
See Appendix 4

Care home specific guidance and policy

- [Admission and care of residents during COVID-19 incident in a care home](#)
- [COVID-19: our action plan for adult social care](#)
- [How to work safely in care homes](#)
- [Information from CQC](#)

10.3 Workplace settings

Background

Within the borough around 60 potentially complex settings have been identified, which comprise of food and non-food wholesale distribution, manufacturing operations and call centres. Wholesale/retail including transportation and storage employ approximately 25% of the borough's 61,000 workforce. There are 175 medium sized workplaces (employing 50 to 249) and 20 large units (employing 250+). The largest proportion of these settings are in the Haydock ward, but significant numbers are also around the Town Centre, Sutton and Newton areas.

The highest employment rates for those in black ethnic groups tend to be in the health service and those of Asian ethnicity in fast food and restaurant sectors.

Prevention

To prevent the spread of COVID-19 workplaces should:

- Carry out a COVID-19 risk assessment
- Developed cleaning, handwashing and hygiene procedures
- Helped people to work from home
- Ensure 2 metre social distancing maintained where possible
- Where people cannot be 2 metres apart, has everything practical been done to manage transmission risk
- Consideration may need to be given to enhancing staff controls i.e. temperature screening of workers returning etc.
- Contingency plans in place if several people in the workplace are asked to self-isolate or if the workplace is put in lockdown.
- Have advised employees not to come to work if they have symptoms.

Testing

- In most instances, testing will be via the national portal (and encourage people to attend the drive-through testing)
- Some workplaces may already have their own testing arrangements in place
- If necessary, the local authority will help by providing additional swabbing

Outbreak Management

In straightforward cases and where preventative measures are in place and to the correct management, an OCT will not be required.

However, potential outbreaks or single cases requiring consequence management may be identified by local areas with the support of PHE for the following reasons:

- Where there are cases in more than one shift, department or area
- Where after initial actions have been instigated but further cases occur
- Issues for consequence management e.g. worker in a powerplant or other essential service
- Place of employment does not cooperate with tracing and quarantine advice
- Case refuses consent to disclose identifiers to work manager to assist with contact tracing
- Where workplace resilience issues are identified, additional support may be required for in the workplace by local teams

Guidance

Workplace setting resources are available at:

- <https://www.gov.uk/government/publications/COVID-19-decontamination-in-non-healthcare-settings> (Cleaning non-clinical settings)

- <https://www.gov.uk/guidance/working-safely-during-coronavirus-COVID-19>
(General information)
- Covid 19 resources published by HSE:
<https://www.hse.gov.uk/news/coronavirus.htm>

10.4 Educational settings

Background

The term educational and childcare settings and provision is used to include early years settings: child minders, nursery schools, full day care, wrap-around care: out of schools clubs, breakfast and after school clubs, link clubs and holiday clubs: primary schools, secondary schools, colleges and universities.

Prevention

In order to prevent the spread of COVID-19, schools and educational settings should:

- Complete and regularly review their risk assessment.
- Have leadership and management processes in place and implement the actions identified in the risk assessment.
- Shielded and clinically vulnerable staff and pupils to continue to shield in line with national recommendations (currently until the 31st July 2020).
- Staff who have not been advised to shield but are clinically vulnerable, have a higher risk of severe illness, this includes staff who are pregnant or have pre-existing conditions as set out in the staying at home and away from others (social distancing) guidance.
- Reduce mixing within education setting.
- Have regular handwashing, including washing of hands on entrance to the school.
- Reduce the use of shared resources.
- Encourage staff, parents and children and young people to walk or cycle to school where possible, adhere to the [Coronavirus \(COVID-19\): safer travel guidance for passengers](#)
- A thorough cleaning of all the rooms used in the schools must take place at the end of each day.
- Have clear processes and communication for reporting sickness / self-isolation & staying off schools.
- Have drop off and pick up routines which reduce the number of people on site and that adhere to social distancing.

Testing

- In most instances, testing will be via the national portal, (and encourage people to attend the drive-through testing). This would also apply to any parent or household member who develops symptoms.
- If an individual cannot access the national portal and associated testing, then testing can be arranged locally for those aged 5 and over.
- If any staff contact develops symptoms then they can apply for a test via <https://www.gov.uk/apply-coronavirus-test-essential-workers>

Outbreak Management

- In straightforward cases and where preventative measures are in place and the correct management, an OCT will not be required.

- If more than one confirmed case is linked to the school the local Test and Trace Team will investigate and will advise the school on any other actions that may be required.
- If a school has come across two or more confirmed cases, or there is a high reported absence which is suspected to be COVID-19 related, then the local test and trace team should be notified who will liaise with PHE if required.
- If there are further case and or cases in different groups, death or serious illness, classes or department which may involve wider consequent management an OCT may be established.

Guidance

With the support of PHE we have developed a resource pack for schools. See Appendix 5.

Resources for schools:

- [Guidance for schools and other educational settings](#)
- [Guidance - cleaning of non-healthcare settings](#)
- [Staying safe outside your home](#)
- [Stay at home guidance](#)
- See also CHAMPs guidelines for schools

10.5 Under-served populations

Background

Under-served populations include the homeless, individuals living in shelters, asylum seekers/refugees, and approved premises. Under-served populations also include complex individuals and households including our defined vulnerable and shielded cohorts, people who are housebound and the frail and very elderly, and people unable to comply with guidance (such as: learning disability; diagnosed mental illness; victims of domestic abuse; complex social-economic circumstances).

Prevention

Follow the general prevention measures as in Section 3 of this document.

Where people are accommodated, the setting will need to adhere to the guidance for household contacts: <https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/how-to-avoid-spreading-coronavirus-to-people-you-live-with/>

Testing

- Although those who can access the national portal and associated testing are expected to do so, most of the testing for the most vulnerable will be organised locally.
- If any staff contact develops symptoms then they can apply for a test via <https://www.gov.uk/apply-coronavirus-test-essential-workers>

Outbreak Management

Given the level of vulnerability, the response to a single case has the same features as the response to an outbreak. The great majority of outbreaks can be managed as part of normal service and may not require an Outbreak Control Team (OCT) to be convened. The local test and trace service will work with PHE who will take the lead on declaring an outbreak. For example, an OCT may be convened if:

- High numbers of vulnerable people as potential contacts within the setting
- Where cases do not or struggle to cooperate with tracing and quarantine advice

- Where there are cases who refuse to consent to disclose contacts
- There are a large number of close contacts
- Cluster of cases
- Potential impact on service delivery if staff are not in the workplace for 10 days from exposure
- Death or severe illness reported in the case or contacts
- Significant likelihood of media or political interest in situation

Guidance

in the absence of national guidance please refer to:

- <https://www.gov.uk/government/publications/COVID-19-stay-at-home-guidance>
- <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>

Working with vulnerable people guidance from the RC PSYCH:

- <https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/community-and-inpatient-services/covid-19-working-with-vulnerable-patients>

10.6 Accommodated children and young people

Background

Local authorities know the needs of their children and families, and, in line with normal practice, will make sensible, child-centred, risk-based judgements about where to focus their efforts. As outlined in Working Together to Safeguard Children, this approach means keeping the child in focus and working in partnership with them and their families. Accommodated settings can include children's homes, residential special schools and colleges, and other mainstream boarding schools.

Prevention

Follow the general prevention measures as in Section 3 of this document.

Where people are accommodated, the setting will need to adhere to the guidance for household contacts: <https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/how-to-avoid-spreading-coronavirus-to-people-you-live-with/>

Testing

- Although those who can access the national portal and associated testing are expected to do so, most of the testing for the most vulnerable will be organised locally.
- If any staff contact develops symptoms then they can apply for a test via <https://www.gov.uk/apply-coronavirus-test-essential-workers>

Outbreak Management

The great majority of outbreaks can be managed as part of normal service and may not require an Outbreak Control Team (OCT) to be convened. However, it is essential that measures are put in place quickly to prevent further spread. An OCT may be convened for example if there are 2 or more cases or suspected cases, there has been a death, where contingency plans are needed or there is media interest. PHE are likely to take the lead in declaring an outbreak.

- Children’s homes, residential special schools and colleges, and other mainstream boarding schools and residential FE colleges are usually considered as ‘households’ for the purposes of [the household self-isolation policy](#).
- Parents and other family members visiting children should refer to the [Coronavirus outbreak FAQs](#), where information is regularly updated.
- Social workers, other children’s social care staff and anyone else considering a visit to a residential setting where pupils are self-isolating should follow the [safe working in education guidance](#) when making any unavoidable visits.

Guidance

Residential educational setting resources are available at:

- <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings>
- <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/coronavirus-covid-19-guidance-for-local-authorities-on-childrens-social-care>
- For prison and detention settings refer to prisons specific guidance from HMPPS at <https://www.gov.uk/government/publications/covid-19-prisons-and-other-prescribed-places-of-detention-guidance/covid-19-prisons-and-other-prescribed-places-of-detention-guidance>

11. Key national guidance

Social distancing guidance

- Stay at home: guidance for households with possible coronavirus (COVID-19) infection: <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection#ending-isolation>
- Guidance on social distancing for everyone in the UK: <https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing>
- Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19: <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

Guidance for contacts

- Guidance for contacts of people with possible or confirmed COVID19: <https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>
- Guidance for contacts of people with confirmed coronavirus (COVID-19) infection who do not live with the person: <https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>

Specific guidance for settings / workplaces:

- Guidance to help employers maintain safe workplaces during the COVID-19 epidemic: <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>
- Guidance for the construction industry and those working outdoors: <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/construction-and-other-outdoor-work>
- Guidance for factories, plants and warehouses: <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/factories-plants-and-warehouses>
- Guidance for labs and research facilities: <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/labs-and-research-facilities>
- Guidance for offices and contact centres: <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres>
- Guidance for people working in, delivering to, or visiting other people's homes: <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/homes>
- Guidance for restaurants offering takeaway or delivery: <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/restaurants-offering-takeaway-or-delivery>
- Guidance for shops, branches and stores: <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/shops-and-branches>
- Guidance for people who work in or from vehicles: <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/vehicles>

- Guidance for transport operators:
<https://www.gov.uk/government/publications/coronavirus-covid-19-safer-transport-guidance-for-operators/coronavirus-covid-19-safer-transport-guidance-for-operators>
- Guidance for NHS employers about the health, safety and wellbeing of staff:
<https://www.nhsemployers.org/covid19/health-safety-and-wellbeing>
- Guidance for NHS leaders on workforce management:
<https://www.england.nhs.uk/coronavirus/workforce/>
- Guidance for the employers of staff in health and social care settings:
<https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings>
- Coronavirus (COVID-19) advice for accommodation providers:
<https://www.gov.uk/guidance/covid-19-advice-for-accommodation-providers>

Testing

- NHS: Testing for coronavirus: <https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/>

Infection Prevention and Control (IPC)

- IPC for healthcare settings: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>
- PPE: <https://www.gov.uk/government/collections/coronavirus-covid-19-personal-protective-equipment-ppe>
- COVID-19: putting on and removing PPE – a guide for care homes (video):
- COVID-19: management of exposed healthcare workers and patients in hospital settings:
- 5 moments for hand hygiene: with how to hand rub and how to handwash. Posters: <https://www.who.int/infection-prevention/campaigns/clean-hands/5moments/en/>
- Catch it. Bin it. Kill it. Poster: <https://campaignresources.phe.gov.uk/resources/campaigns/34/resources/2665>

Cleaning and waste management

- Safe management of healthcare waste:
<https://www.gov.uk/government/publications/guidance-on-the-safe-management-of-healthcare-wasteand-social-care>
- COVID-19: cleaning in non-healthcare settings:
<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>

Coronavirus Resource Centre posters

- <https://coronavirusresources.phe.gov.uk/>