Local Outbreak (COVID-19) Control Plan

TO ACTIVATE THIS PLAN, GO TO SECTION 7.2

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# Issue & Review Register

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**Compiled by:** Logan Manikam and Valentina Vos  
(for the KRF COVID-19 Health & Social Care Cell)  

**Approved by:** KRF COVID-19 Strategic Coordinating Group  

**Date:** June 2020
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<tr>
<td>BAME</td>
<td>Black Asian &amp; Minority Ethnic Groups</td>
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<td>CAG</td>
<td>Confidentiality Advisory Group</td>
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<td>CEO</td>
<td>Chief Executive Officer</td>
</tr>
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<td>CTAS</td>
<td>Contact Tracing Advisory Service</td>
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<tr>
<td>DHSC</td>
<td>The Department of Health and Social Care</td>
</tr>
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<td>DPH</td>
<td>Directors of Public Health</td>
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<td>EHO</td>
<td>Environmental Health Officer</td>
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<td>Joint Biosecurity Centre</td>
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<td>KCC</td>
<td>Kent County Council</td>
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<td>Kent Resilience Forum</td>
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<td>Local Authority</td>
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<td>LOEB</td>
<td>Local Outbreak Engagement board (Joint Health and Wellbeing Board)</td>
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<td>Kent and Medway Local COVID-19 Outbreak Control Plan</td>
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<td>LRF</td>
<td>Local Resilience Forum</td>
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<td>Local Health Resilience Partnership</td>
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<td>Non-pharmaceutical interventions</td>
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<td>Public Health England South East - Kent and Medway Health Protection Team</td>
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<td>KRF SCG</td>
<td>Kent Resilience Forum - Strategic Coordinating Group</td>
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<tr>
<td>SITREP</td>
<td>Situation Report</td>
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<tr>
<td>SOP</td>
<td>Standard Operating Procedure</td>
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<tr>
<td>SPOC</td>
<td>Single Point of Contact</td>
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<td>TCG</td>
<td>Tactical Coordinating Group</td>
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<td>UTLA</td>
<td>Upper Tier Local Authority</td>
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<td>ULA</td>
<td>Unitary Local Authority</td>
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<td>VCS</td>
<td>Voluntary and Community Sector</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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Executive Summary

As part of the UK government’s COVID-19 recovery strategy, the NHS Test and Trace service was launched on 28th May 2020 with the primary objective to control the COVID-19 reproduction (R) rate, reduce the spread of infection, save lives, and help return life to as normal as possible for as many people as possible in a way that is safe, protects health and care systems, and restarts the economy.

Achieving these objectives requires a co-ordinated effort between local government, the National Health Service, Public Health England, police and other relevant organisations at the centre of outbreak response set out in a Local Outbreak Control Plan.

In Kent and Medway, the Kent Resilience Forum COVID-19 Local Outbreak Control Plan builds on existing health protection plans already in place between Kent County Council, Medway Council, Public Health England - South East, the 12 Kent District and Borough Council Environmental Health Teams, the Strategic Coordinating Group of the Kent Resilience Forum, Kent and Medway Clinical Commissioning Group and other key partners.

Summarised in 8 themes, the Kent Resilience Forum COVID-19 Local Outbreak Control Plan sets out how we aim to protect Kent and Medway’s population by:

- Preventing the spread of COVID-19
- Identifying early and proactively managing local outbreaks
- Coordinating capabilities across agencies and stakeholders and;
- Communicating with and assuring the public and partners that the plan is being effectively delivered

The themes are:

1. Governance structures that have been established and are led by the Kent and Medway COVID-19 Health Protection Board and supported by the Strategic Coordinating Group of the Kent Resilience Forum, Kent County Council & Medway Council through the Kent and Medway Joint Health and Wellbeing Board. In addition, both Kent County Council and Medway Council have specific oversight arrangements to take account of their public duties and responsibilities (Section 4)
2. Arrangements to manage care homes & education setting outbreaks including defining monitoring arrangements, identifying potential scenarios and planning required responses (Section 5)
3. Arrangements in place to manage outbreaks in other high-risk places, locations and communities of interest including sheltered housing, transport access points & detained settings including defining monitoring arrangements, identifying potential scenarios, and planning required responses (Section 5)
4. Managing the deployment and prioritisation of services available for local testing which allows for a population level swift response. This includes delivering tests to isolated
individuals, establishing local pop-up sites and hosting mobile testing units at high-risk locations (Section 6)
5. Monitoring local and regional contact tracing and infection control capability in complex settings and the need for mutual aid, including developing options to scale capacity if needed (Section 7)
6. Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (Section 8)
7. Supporting vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities (Section 9)
8. Communicating with the public and local partners in Kent and Medway; essential for managing outbreaks effectively (Section 10)

The Kent Resilience Forum COVID-19 Local Outbreak Control Plan, including its Appendices of setting specific action cards, should be read by the public alongside local decision makers, businesses, advisors and stakeholders most likely to be affected by COVID-19.

We are grateful to our teams and many colleagues from the Councils, Kent and Medway Clinical Commissioning Group, the Kent Resilience Forum, Public Health England and other organisations for their unwavering support and contributions in protecting Kent and Medway’s population from COVID-19.

James Williams
Director of Public Health
Medway Council

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Director of Public Health
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1. Introduction

On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of an unknown cause detected in Wuhan City, Hubei Province, China [1]. On 12 January 2020 it was announced that a novel coronavirus had been identified, this virus is referred to as SARS-CoV-2, and the associated disease as COVID-19 [2]. On 11th March 2020 the WHO declared the COVID-19 outbreak a pandemic [3]. As of 25 June 2020, over 9.1 million cases have been diagnosed globally, with more than 473,000 fatalities [4]. The total number of confirmed cases in the UK is published by the Department of Health and Social Care (DHSC) and local numbers by Public Health England (PHE) are available here [5]

The UK Government’s response strategy for managing the COVID-19 pandemic is now entering its next phase. Up to date information about the national response can be found here [6]. As places such as schools and shops start to open and as the NHS Test and Trace service [7] becomes more established, additional support is required to ensure this is delivered safely and effectively.

Under the Health and Social Care Act 2012 [8], Directors of Public Health (DPH) in upper tier (UTLA) and unitary (ULA) local authorities have a specific duty to protect the population’s health. They must ensure plans are in place to respond to and manage threats such as communicable disease outbreaks which present a public health risk. DPHs fulfil this duty through collaboration across a range of partners. These include local authority (LA) environmental and public health teams (including consultants in public health), Public Health England (PHE), National Health Service (NHS) organisations and other agencies.

As part of the UK Government’s COVID-19 recovery strategy, the DHSC has mandated the development of local COVID-19 Local Outbreak Control Plans by UTLA and ULAs. National government has provided LAs with £300 million additional funding to support delivery of these LOCPs.

1.1. Purpose & Scope

The Kent Resilience Forum COVID-19 Local Outbreak Control Plan (LOCP) will augment existing health protection arrangements in place within Kent and Medway. This plan will enable additional specific action to be taken to address COVID-19 outbreaks. Its aims and themes are set out in the Executive Summary (see page 6).

The LOCP is based on Public Health Outbreak Management Standards [9], and health protection functions for local government. These functions are outlined in "Health Protection in Local Government Guidance [10] placing primary health protection roles at both District/Borough and County Council level, with other functions sitting with PHE and the Guiding Principles for Effective Management of COVID-19 at a Local Level [11]
The LOCP includes;

- Kent County Council (KCC) and Medway Council’s (MC) resilience and recovery strategies including their work with key settings, communities, and populations to prevent, identify and control outbreaks, facilitate communication, and meet any additional needs.

- Specific roles, responsibilities, and individual arrangements for and between Kent Resilience Forum (KRF) partner organisations in preventing, identifying, and responding to COVID-19 outbreaks.

- KRF-wide information and communication flow maps including key processes to be followed proactively day to day (e.g. infection control) and in the case of COVID-19 outbreaks.

- Trigger points for escalation and deployment of certain processes

- Existing national, regional, and local level plans (e.g. Action Cards & Standard Operating Procedures) for high risk locations & vulnerable populations

- Proactive and reactive communications and engagement plans including prepared / example materials and data usage to tailor messaging.

Please see Section 7.2 for instructions on how to activate this plan.

1.2. Linked plans

The LOCP builds on the following plans:

1. Kent and Medway, Surrey & Sussex PHE Centre Outbreak/Incident Control Plan
2. KCC – Major Emergency Plan
3. MC – Major Response Strategy
4. KCC – Emergency Recovery Plan
5. MC – Emergency Recovery Plan
6. KRF Pan Kent Strategic Emergency Response Framework
7. KRF COVID-19 Evacuation and Shelter Plan
8. KRF Media and Communications Plan
9. KRF Vulnerable People & Communities Framework
10. KRF Identifying & Supporting Vulnerable People Plan
11. KRF Pan Kent Strategic Recovery Framework
2. Kent and Medway in Context

An estimated 1.8 million people live in Kent and Medway [12]. KCC is an UTLA and is comprised of 12 borough & district councils inhabited by circa 1.5 million people [13]. MC is a ULA with circa 280,000 residents [14]. Together, they make up one of the most densely populated areas in England.

2.1 Health Needs of Residents

- Life expectancy at birth is similar to England’s national average [15] in Kent and lower than national average in Medway for men (79.9 in Kent, 79.0 in Medway) and women (83.4 in Kent, 82.6 in Medway) [16].
- Adult smoking (15% in Kent, 14.7% in Medway) and overweight or obesity prevalence (64.2% in Kent, 69.6% in Medway) are similar to England’s national average [16]. Obesity is known to be a COVID-19 risk-factor [17].
- Increasing age is known to be a COVID-19 risk factor [17] and 19.4% of Kent’s [18] and 15.9% of Medway’s residents [14] are aged 65+.
- Non-white ethnicity is also known to be a COVID-19 risk-factor [17]. In Kent, 6.6% of the population are of Black Asian and Minority Ethnic (BAME) origin with the largest single BAME group represented by Asian Indians at 1.2% of the total population [19]. In Medway, 10.4% of the total population identified as BAME with Asian Indians the largest proportion at 2.7% [20]
- A 2016 report found there to be significant inequalities in the health outcomes, health behaviours, risk factors and wider health determinants among Kent and Medway’s residents, with premature mortality from respiratory disease 3 times higher amongst the most deprived compared with the least deprived [21].
- The mortality gap between least and most deprived is widening suggesting increasing health inequalities [15].

2.2 Health & Social Care Landscape

The Kent and Medway Sustainability and Transformation Plan is aiming to establish an Integrated Care System by April 2021 [22]. Organisations involved in the delivery and/or support of Kent and Medway’s residents’ health and social care needs include:

- 220 + General Practice (GP) Surgeries
- 24 Hospitals
- 342 Pharmacies
- 429 Dentists
- 42 Primary Care Networks
- 4 Integrated Care Partnerships (Dartford, Gravesham & Swanley; East Kent; Medway & Swale; and West Kent)
- 4 Acute Trusts (including 3 Foundation Trusts)
- 1 UTLA (KCC)
• 1 ULA (MC)
• 1 Mental Health Trust
• 2 Community Health Trusts
• 1 Ambulance Service
• 1 Clinical Commissioning Group (CCG)

2.3 The Impact of COVID-19

Cases
There have been 5,974 lab-confirmed cases of COVID-19 in Kent and Medway reported to PHE as of 20th June 2020 [23]. This is a rate of 321 cases per 100,000 population.
3. Legal Context

The DPHs in UTLA and ULAs have a statutory duty to prepare for and lead the LA public health response to incidents that present a threat to the public’s health. As such, they are responsible for developing the LOCP and will work closely with local partners to control and manage the spread of COVID-19 outbreaks as part of a single public health system. Specific legislation to assist in outbreak control of COVID-19 in the UK is detailed below.

3.1. Coronavirus Act 2020

Under the Coronavirus Act [24], the Health Protection (Coronavirus Restriction) (England) Regulations 2020 as amended [25] sets out the current restrictions and regulations in place as well as the powers that DPHs from UTLAs and ULAs can draw on in order to respond to an outbreak and control the transmission of COVID-19 in its area. They will have the authority to close individual premises and public outdoor places as well as restrict events with immediate effect if they conclude it is necessary and proportionate to do so without making representations to a magistrate. The use of these powers should be an option of last resort where individuals or organisations are unable, unwilling, or opposed to taking actions that reduce the spread of this virus. The powers of the police to enforce restrictions, closures and lockdown measures also flow from these regulations.

Premises which form part of essential infrastructure will not be in scope of these powers and DPHs will therefore need to engage with the setting owner and the NHS Test and Trace Regional Support and Assurance team, who will work with the relevant government department to determine the best course of action.

In exercising any of these powers the UTLA/ULA must notify the Secretary of State as soon as reasonably practicable after the direction is given and review to ensure that the basis for the direction continues to be met, at least once every 7 days. UTLA/ULAs may also seek support from ministers to use powers under the Coronavirus Act 2020 to close schools or limit schools to set year groups attendance, to cancel or place restrictions on organised events or gatherings, or to close premises.

3.2. Health Protection Regulations 2010 (as amended)

The powers contained in the suite of Health Protection Regulations 2020 as amended [25], sit with district and borough council and ULA Environmental Health teams.

The Health Protection (Local Authority Powers) Regulations 2010 [26] allows a LA to serve notice on any person with a request to co-operate for health protection purposes to prevent, protect against, control or provide a public health response to the spread of infection which could present significant harm to human health.
The Health Protection (Part 2A Orders) Regulations 2010 [27] allow a LA to apply to a magistrates’ court for an order requiring a person to undertake specified health measures for a maximum period of 28 days. These Orders are a last resort, requiring specific criteria to be met and are labour intensive. These Orders were not designed for the purpose of ‘localised’ lockdowns, so it is possible that there may be a reluctance by the Courts to impose such restrictions and the potential for legal challenge.

3.3. Data Sharing

There will be a proactive approach to sharing information between local responders, in line with the instructions from the Secretary of State, the statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act 2004 [28]. Further details regarding data sharing and information governance can be found in Section 8.4.

4. Theme 1 - Governance Structure

The Guiding Principles for Effective Management of COVID-19 at a Local Level sets out that ULA and UTLA Chief Executives, in partnership with the Director of Public Health and Public Health England Health Protection Team, are responsible for signing off the Local Outbreak Control Plan [11].

Alongside the development of LOCPs, it recommends the formation of three critical local roles in outbreak planning alongside community leadership. Additional cells and groups will also directly feed into the LOCP which includes the KRF COVID-19 Care Home Cell, the KRF COVID-19 Health & Social Care Cell & the KRF COVID-19 Contact Tracing Workstream. A summary of the Kent and Medway governance structure is outlined in Figure 1

4.1. Kent and Medway Health Protection Board

In line with above, the Kent and Medway COVID-19 Health Protection Board (HPB) was formed and convened on 1st June 2020. Led by the Public Health Departments of KCC and MC, the HPB links together established governance structures across KCC, MC, Public Health England South East - Kent and Medway Health Protection Team (PHE HPT), the 12 district and borough council Environmental Health teams, Kent Resilience Forum - Strategic Coordinating Group, Kent and Medway CCG and other key partners.

It meets weekly depending on operational requirements and serves to ensure effective system wide collaboration whilst providing strategic oversight for both the development and delivery of the KRF COVID-19 Local Outbreak Control Plan.

4.2. Kent Resilience Forum – Strategic Coordinating Group

The Kent Resilience Forum is the Local Resilience Forum for Kent and Medway and within this sits the Strategic Coordinating Group (KRF SCG). The HPB will work with the KRF SCG who will deliver the LOCP by working through pre-existing structures that are in place with local
stakeholders and organisations. The KRF SCG will support local health protection arrangements working through the Tactical Co-ordinating Group (TCG) and the following cells:

- KRF COVID-19 Testing Cell
- KRF COVID-19 Health and Social Care Cell (HSCC)
- KRF COVID-19 Multi Agency Information Cell (MAIC)
- KRF COVID-19 Vulnerable People and Communities Cell
- KRF COVID-19 Contact Tracing Workstream

4.3. Kent and Medway Local Outbreak Engagement Board

As stipulated by the DHSC, there is a need for a Local Outbreak Engagement Board (LOEB) to provide political ownership & facilitate public and stakeholder engagement for the COVID-19 Local Outbreak Control Plan. In Kent and Medway, the LOEB will be the Kent and Medway Joint Health and Wellbeing Board. Operationally there are additional layers of engagement and governance, that sit within the structures of KCC and MC. These structures serve to enable the LAs to discharge their specific public health responsibilities. They also serve to ensure oversight of other elements of LA specific responsibilities. For example, there will be regular member engagement through the Kent Leaders Forum comprising elected council leaders from all LAs across Kent and Medway.

*Figure 1 – Governance Structure of Local Boards*
5. Themes 2 & 3 - Identification of Complex Settings

This section delineates the settings, places and communities that are considered high-risk or complex. This could be because there is a risk of significant onward transmission, or there are clinically vulnerable individuals based at that setting (e.g. care homes and schools).

These settings have been identified as complex settings by PHE HPT. This means there are specific arrangements for the prevention, identification and management of cases, community clusters or outbreaks in these settings (see Section 7).

The list of identified complex settings in Kent and Medway can be found in Table 1. Each setting has a specific action card embedded within the Appendix which are signposted from Table 1.

These cards:
1. outline the triggers, process and required response for each setting, the resource capabilities and capacity implications and what current plans are in place to support these settings.
2. have been designed to be used by those who have responsibility for an individual setting, providing a single point of access to key information on how to minimize outbreak risks and guidance on what to do if someone reports symptoms of or tests positive for COVID-19.
3. provide a transparent and consistent approach when working with PHE HPT, KCC/MC and other local partners and are intended to complement existing systems and processes for managing infectious diseases.

Table 1 – List of Complex Settings and the Location of their COVID-19 Action Cards

<table>
<thead>
<tr>
<th>Complex Setting</th>
<th>Location of Action Card</th>
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<tr>
<td>Care Homes</td>
<td>Appendix 1</td>
</tr>
<tr>
<td>Schools &amp; Other Educational Settings</td>
<td>Appendix 2</td>
</tr>
<tr>
<td>Other Health and Social Care Settings</td>
<td>Appendix 3</td>
</tr>
<tr>
<td>Shelter Refuges and Hostels</td>
<td>Appendix 4</td>
</tr>
<tr>
<td>Prisons &amp; Detention Facilities</td>
<td>Under Review</td>
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<tr>
<td>Other Workplace Settings</td>
<td>Under Review</td>
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<td>Transport arriving at Ports and Borders</td>
<td>Under Review</td>
</tr>
<tr>
<td>Other Transport</td>
<td>Under Review</td>
</tr>
<tr>
<td>Outdoor Settings</td>
<td>Under Review</td>
</tr>
</tbody>
</table>
6. Theme 4 - Testing

Testing & Contact Tracing (see Section 7) are a fundamental part of COVID-19 outbreak control. By monitoring COVID-19 closely, it should be possible to isolate infectious persons, prevent & mitigate outbreaks, and detect early warning signs of COVID-19’s spread both locally and nationally. This section outlines the key steps of the local testing arrangements in place in Kent and Medway.

There are currently 2 types of test available for use, PCR antigen tests and antibody tests. For the purposes of the LOCP, we shall only discuss PCR antigen testing. This is the primary method used for testing, contact tracing and outbreak management in Kent and Medway.

6.1. Access to Tests

Depending on the situation and setting, there are different routes by which a person can access testing. The NHS Test & Trace (NHS T&T) system is the main route of public access to test for COVID-19 [29]. These includes home test kits, drive through regional test sites, satellite test sites, mobile testing units and dedicated local testing centres. In addition to these, there are testing systems set up by NHS hospitals and other commercial testing facilities. A summary diagram of testing is delineated in Figure 2

The NHS T&T locations for Kent and Medway are demand responsive. As of 24th June 2020, there were;
- Regional Test Sites in Ashford & Manston
- Satellite Testing Sites on the Hoo Peninsula and at Medway Maritime Hospital NHS Foundation Trust and;
- Mobile Testing Units available for deployment in Maidstone, Swale, Canterbury, Ashford, Dover, Folkestone and Medway. Work is ongoing to establish a site in Margate.

These will be updated, should additional testing capacity be brought online, or future models of testing emerge. Details of current locations of the Kent and Medway NHS T&T sites are available from hssc@medway.gov.uk.

In most cases, a person will only be eligible for testing if they are showing symptoms of COVID-19. However, in light of new evidence showing that people infected with COVID-19 who are either pre-symptomatic or have very mild or no respiratory symptoms (asymptomatic) can transmit the virus to others without knowing, there are instances where certain people/groups in Kent and Medway will be eligible for asymptomatic testing. This includes:
- Emergency admissions
- Elective patients tested prior to admission and, if negative, then re-tested upon onset of symptoms or after 5-7 days
- Elective patients tested prior to admission to the independent sector, by local agreement, for NHS patients and, if negative, then re-tested upon onset of symptoms or after 5-7 days
• Upon discharge to other care settings including care homes/hospices
• Untoward Incidents - Any untoward incident in terms of probable healthcare associated COVID-19.
• Outbreaks and Clusters - An outbreak, classed as two or more cases in a single setting. For example, if two patients in a ward test positive the whole ward (patients and staff) should be tested.
• If a healthcare worker tests positive the colleagues who they’ve been in contact with should be identified and tested (as part of Track and Trace).
• Periodic health and social care staff testing as part of PHE’s SIREN study.
• Periodic testing of all eligible care home staff (including agency staff and volunteers) every 7 days and residents every 28 days. Eligible care homes are those with residents aged 65+ and/or with dementia.

Spare capacity for asymptomatic staff testing is not to be used outside of the above guidance. Further details on ensuring adequate testing access for Kent and Medway’s workforce can be found in Section 6.3 with Figure 3 outlining testing routes.

6.2. Testing Results and Outcomes

National guidance for the public concerning test results can be found here [30]. In the event of a negative result, no further action is needed from the NHS T&T service. However, those who have been notified to have been in contact with a person with COVID-19 should continue to isolate for the full 14 day period [31]. In the event of a positive test result, contact tracing services will be initiated. Whilst cases identified through the NHS T&T testing services will automatically be referred onto the PHE Contact Tracing and Advisory Service (CTAS), some testing facilities, such as those at NHS trusts, may need to manually notify PHE HPT (HPU-kent@phe.gov.uk or 0344 225 3861) to ensure timely notification. Support for those that need to self-isolate can be found in Appendix 11.

6.3. Assuring Local Testing Capacity

An assessment of the current use of mobile, satellite and drive through testing units, levels of need and COVID-19 infection rates in Kent and Medway, will enable risk and interventions to be aligned to support outbreak management. Testing data will be reviewed by the KRF COVID-19 Testing Cell who have oversight of arrangements for testing of:
• Essential workers (including staff from Kent and Medway’s local public sector agencies, national public agencies based in or assigned to Kent and Medway, suppliers of essential services/contractors, agency workers, interims or consultancies directly engaged by Kent and Medway’s public agencies, and other organisations or businesses who are directly assigned to support the response). A list of essential workers can be found here [32]
- Wider resident testing as per government guidance (including care home residents and those in group living settings such as extra care, supported living and prisons in Kent and Medway)

The KRF COVID-19 Testing Cell reports to the HSCC & the HPB. See Section 4 for further details of Kent and Medway’s governance arrangements.

KCC and MC will be required to support Pillar 1 of the national testing strategy [33]; to scale up NHS swab testing for those with a medical need and, where possible, the most critical key workers and also for outbreak management. If enhanced support and testing capacity is required, DPHs can escalate to the national government command structure.

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**Figure 2 – Testing Delivery**
Figure 3 – Testing Access Routes

There are different routes by which a person may be able to obtain a test depending on their circumstances. **BLUE boxes = testing facilities that are part of NHS Test and Trace system and results are therefore automatically fed directly through to PHE CTAS.** **GREEN boxes = testing facilities that need to manually notify PHE HPT of a positive test result to ensure timeliness of notification.**
7. Theme 5 - Contact Tracing & Outbreak Management

7.1. Contact Tracing

The Trace component of NHS T&T is an integrated service to identify, alert and support those who need to self-isolate. It is run by the Contact Tracing and Advisory Service (CTAS) which is jointly led by NHS England and PHE and is made up of three tiers of contact tracers. The roles of each CTAS tier is outlined in Figure 4

All positive cases are initially referred to Tier 3 CTAS from a range of NHS T&T testing sources who will then obtain further information on details of places they have visited, and people they have been in contact with. These contacts are risk-assessed according to the type and duration of that contact. Those who are classed as ‘close contacts’ are contacted and provided with advice on what they should do e.g. self-isolate. Depending on the case or setting complexity, contact tracing and other health protection functions may be escalated to be handled by one of the higher CTAS tiers.

- **Tier 3** – Around 20,000 call handlers have been recruited by external providers under contract to DHSC to provide advice to contacts using national standard operating procedures (SOPs) and scripts as appropriate.

- **Tier 2** – Around 3,000 dedicated professional contact tracing staff have been recruited by NHS providers to interview cases to determine who they have been in close contact with in the two days before they became ill and since they have had symptoms. They will also handle issues escalated from Tier 3. Appropriate advice following national guidance is given to cases and their close contacts.
• **Tier 1** – PHE HPT will investigate cases escalated from Tier 2. This will include those unwilling to provide information, healthcare and emergency services, complex and/or high-risk settings such as care homes, schools, prisons/places of detention, workplaces, health care facilities and transport where it hasn’t been possible to identify contacts. Advice following national guidance will be given to cases, their close contacts and settings/communities as appropriate.

For the Kent and Medway localities, Tier 1 contact tracers are the PHE HPT available at HPU-kent@phe.gov.uk or 0344 225 3861. As outlined in **Section 7** and **Figure 5**, complex cases can be referred to PHE HPT contact tracers via several routes:

1. A positive case is identified by Tier 2 & 3 of NHS T&T to be complex or within a complex setting.
2. Through direct notification from a complex setting to the PHE HPT regarding either a symptomatic or confirmed positive case.

### 7.2. Outbreak Definition & Plan Activation

An outbreak is defined as two or more cases (suspected and/or confirmed) linked in place/time [34]. The LOCP may be triggered when there are suspected or confirmed COVID-19 outbreaks in any setting type. It should be noted that most incidents/outbreaks will be managed through business as usual measures. This plan and the relevant mechanisms will only be activated following appropriate risk assessment and discussion by the HPB. In addition, should the DPHs determine there is an urgent need, they will use appropriate measures to activate this plan. Plan initiation may also be informed by other factors, for example, national government direction in the form of information received through the JBC. Final guidance is still awaited on specific JBC trigger factors, however **Table 3** provides an overview of the initial high level JBC triggers.

### 7.3. Outbreak Response

In accordance with the PHE-LA Joint Management of COVID-19 Outbreaks the PHE HPT will collaborate with KCC, MC, the 12 district and borough council Environmental Health teams, the KRF SCG, Kent and Medway CCG and other key partners to deliver this response. The outbreak response will be tailored to the nuances of each setting drawing on local intelligence (see **Section 8**). In the event of an outbreak the steps (varies by setting) listed in **Table 2** will be taken with a summary overview of the initial outbreak response to be found in **Figure 5**. This is in line with the LA PHE Joint Action Plan SOP and the National Government’s **Contain Framework** [35].
### Table 2 – Steps to be Taken in Response to an Outbreak

<table>
<thead>
<tr>
<th>STEP 1 – Initial Risk Assessment &amp; Contact KCC/MC Single Point of Contact (SPOC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>After being alerted of new cases, community clusters or outbreaks, the PHE HPT will contact the relevant setting, and give infection control advice either by email or verbally. If it is decided that the setting is complex, the PHE HPT will then inform the KCC/MC SPOC by email or phone via the existing emergency planning route, depending on urgency, &amp; have a joint discussion to develop a deeper understanding of what caused the issue, identify possible solutions and the next steps to be taken to as per below. KCC/MC and PHE HPT will also decide whether it is necessary to convene an Outbreak Control Team (OCT). This will depend on the complexity of the situation which is based on the expert risk assessment conducted by PHE HPT upon initial notification.</td>
</tr>
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<table>
<thead>
<tr>
<th>STEP 2 – Infection Control &amp; Response to Enquires</th>
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<tbody>
<tr>
<td>If it is decided that an OCT should be convened, key members of the OCT and the resources required will depend on the nature of the setting and situation. The OCT will be responsible for coming up with the infection control plan moving forward including deciding the roles of the multi-agency response, the measures they will take and what resources will be required to deliver the response. The KCC/MC SPOC will also follow up with the setting’s occupational health departments or other points of contact and support the affected setting on operational issues (e.g. sourcing PPE, staff capacity, removal of dead bodies &amp; care provision). Any situation updates are fed back to PHE HPT and/or OCT.</td>
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</table>

<table>
<thead>
<tr>
<th>STEP 3 - Perform Enhanced Testing &amp; Contact Tracing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing of people within complex settings may be advised by the OCT. Testing will be done in collaboration between PHE and partners including mobilising existing Mobile Testing Units where necessary. Depending on the prevalence of cases within that LA and if it is identified as an Area of Concern on the Contain Framework Local Authority Watchlist, people in the community may also be encouraged to get tested. KCC and MC may need to supplement testing and contact tracing efforts though NHS mutual aid, mutual aid from environmental and public health teams at district and borough councils, external partners who have undergone training (see Section 6.3). National government support may also be available if the LA goes on to be identified as an Area of Enhanced Support on the Contain Framework Local Authority Watchlist.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STEP 4 – Continue to Monitor Intelligence</th>
</tr>
</thead>
<tbody>
<tr>
<td>The setting &amp; LA area will continue to be monitored closely using regular intelligence updates as detailed in Section 8.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STEP 5 – Facilitate Closures and/or Targeted Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the virus continues to spread, activities at certain locations may be restricted or individual workplaces or buildings that have been the source of an outbreak will be required to close (see Section 3.1). If a tactical response is required at this point, the DPH will escalate to the KRF SCG (see Section 10). DPHs are required to notify the Secretary of State as soon as reasonably practicable after the direction is given and review to ensure that the basis for the direction continues to be met, at least once every 7 days.</td>
</tr>
</tbody>
</table>

| STEP 6 – Escalate Concerns & Local Lockdown |
If all previous measures taken are unable to stop the spread of the virus within the community or the scale/type of outbreak calls for the use of wider or more intrusive powers, then decision-making will be escalated to the national level. Escalation to this point will be based on LAs identified as Area of Intervention on the Contain Framework Local Authority Watchlist as well as other local intelligence. In this instance more severe lockdown restrictions will be put in place locally that diverge from the measures throughout the rest of England. Depending on the nature of the outbreak, this may include the closure of all non-essential services and businesses across local areas, with travel in and out of the area will be restricted, bespoke measures implemented for people who are shielding and people will be encouraged to stay home. If this is required then, the KRF SCG will be activated (see Section 10) and additional multi-agency national incident resource will be deployed to bolster local resources to respond to the incident.

7.4. Infection Control

There are additional measures and support mechanisms in place through KCC and MC to help complex settings in the region prevent COVID-19’s spread. National guidance on preventing the spread of infection in specific settings can be found in setting specific action cards located in the Appendix and covers social distancing, hand hygiene, PPE, isolation and enhanced cleaning measures.

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**Figure 5 – Referral Routes of Cases in Complex Settings to the PHE HPT and the Required Responses.** The different routes by which a positive or suspected case of COVID-19 in a complex setting can be referred to the PHE HPT. BLUE boxes = testing facilities that are part of NHS T&T system and results are therefore automatically fed through to PHE CTAS. GREEN boxes = testing
facilities that may need to manually notify PHE HPT of a positive test result to ensure timeliness of notification.
8. Theme 6 - Data Integration & Analytics

This section should be read in conjunction with Sections 4.1 & 7.3. There are a number of local, regional and national data sources available to the HPB’s members and its partners in establishing and mitigating COVID-19’s spread in Kent and Medway. This section details the; (1) objectives of data integration & analytics, (2) data sources & arrangements, (3) data integration & (4) information governance.

8.1. Objectives

The available data will be used to:

- Review daily data on testing and tracing;
- Identify complex outbreaks so that appropriate action can be taken in deciding whether to convene an outbreak control team (see Section 7.3);
- Track relevant actions (e.g. care home closure) if an outbreak control team is convened;
- Identify epidemiological patterns in Kent and Medway to refine our understanding of high-risk places, locations and communities;
- Ensure that those who require legitimate access to the intelligence for different purposes can do so, regardless of organisational affiliation, whilst ensuring information governance and confidentiality requirements are met.

8.2. Data Sources & Arrangements

The PHE HPT, PHE – Epidemiology Cell, JBC, MAIC, and Kent and Medway CCG – Modelling Group are all responsible for providing and overseeing two or more types of data reports. In addition, details on the sources of information regarding vulnerable people can be found in the KRF Identifying & Supporting Vulnerable People Plan which is available from Resilience Direct.

8.3. Data Integration

One of the key themes of local government planning is integrating national and local data and scenario planning through the JBC Playbook (e.g. data management planning including data security & data requirements including NHS linkages). This requires cross-party and cross-sector working via the KRF, NHS Integrated Care Systems and Mayoral Combined Authorities. All enquiries regarding this should go to england.riskstratassurance@nhs.net.

The JBC COVID-19 Outbreak Management Toolkit for England states that according to the risk level within an area based on key metrics, there will be different guidance on how to provide Non-Pharmaceutical Interventions. To determine the risk level, both quantitative and qualitative data will be utilised with Table 3 stating the threshold of each risk level.

This data is however not granular or timely enough to inform a system management approach to COVID-19 outbreak management. Therefore, as part of the delivery of the LOCP, the HPB are currently developing a regular situation report (SITREP) that will involve the amalgamation of several data sources. This will assist in;
1. **Early warning and surveillance** – to identify potential outbreaks / clusters that may be discernible by time, place (i.e. workplace setting, residence), location

2. **Scenario forecasting and simulation modelling** – to inform us how these outbreaks may have an impact on Kent and Medway’s wider health and care systems (e.g. hospital admissions and deaths management)

### 8.4. Information Governance

Ordinarily, due to the sensitive nature of the health information being shared across local organisations, Kent and Medway LAs would set up data recording and sharing agreements in line with General Data Protection Regulation (GDPR). These arrangements allow for collaborative data sharing between NHS colleagues, PHE partners and Kent and Medway LAs. Applications would also be made for ‘Section 251 support’ from the Confidentiality Advisory Group for the sharing of information without consent for research and non-research activities.

However, in emergency response situations, permissions under the Civil Contingencies Act 2004 [28] requires Category 1 & 2 responders to share information with each other as they work together to perform their duties under the Act. Further guidance was provided by the *Data Protection and Sharing – Guidance for Emergency Planners and Responders (2007)*, published by the Cabinet Office. Its purpose was to inform organisations involved in the preparation for, response to, and recovery from emergencies on when they can lawfully share personal data under data protection legislation. This has subsequently been replaced by the *Data Sharing in Emergency Preparedness, Response and Recovery* guidance which, as of June 2020, is out for consultation.

In addition, the Secretary of State for Health and Social Care has issued a general notice under the Health Service Control of Patient Information Regulations 2002 [35] to support the response to COVID-19. This allows NHS Trusts, LAs, and others to process confidential patient information without consent for COVID-19 public health, surveillance, and research purposes. The notice is currently in force until 30th September 2020 and provides a temporary legal basis to allow a breach of confidentiality for COVID-19 purposes. Agencies should therefore assume they are able to adopt a proactive approach to sharing the data they need to respond to COVID-19.

This approval applies to the use of GP and Secondary Care data but does not cover disclosure of social care data for risk stratification. Where social care data are to be used, then the relevant parties will need to assure themselves of a legal basis for the disclosure and linkage of data for this purpose. This will be achieved either by using third party and pseudonymised data, or with consent.

Finally, the *Kent and Medway Information Sharing Agreement* is an agreed inter-agency information sharing protocol that is available for all organisations within Kent and Medway and includes sharing information during incident response.
Table 3 – Joint Biosecurity Centre Risk Level Thresholds

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Quantitative</th>
<th>Qualitative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Average (seven day) daily new positive confirmed cases of COVID-19 is &lt;1 per 100,000 resident population</td>
<td>There is no data or intelligence reports suggesting an outbreak in the area.</td>
</tr>
<tr>
<td></td>
<td>Average (seven day) daily new hospital admissions of COVID-19 is &lt;0.1 per 100,000 resident population</td>
<td>There are no identified additional concerns about socially vulnerable populations, clinically vulnerable populations, or hard to reach groups.</td>
</tr>
<tr>
<td></td>
<td>Contact tracing teams are tracing &amp; advising to isolate 80% or more contacts within 48 hours.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Continuous monitoring of trends in local measures show low-risk</td>
<td></td>
</tr>
<tr>
<td>Medium</td>
<td>Average (seven day) daily new positive confirmed cases of COVID-19 is 1 to 10 per 100,000 resident population</td>
<td>Multiple outbreaks (5 to 10) are identified in low to medium risk settings, which are contained to those settings and a small geographic area.</td>
</tr>
<tr>
<td></td>
<td>Average (seven day) daily new hospital admissions of COVID-19 is 0.1 to 1 per 100,000 resident population</td>
<td>There are very small concerns or outbreaks in socially vulnerable populations, clinically vulnerable populations, or hard to reach groups.</td>
</tr>
<tr>
<td></td>
<td>Contact tracing teams are tracing &amp; advising to isolate 70% or more contacts within 48 hours.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Continuous monitoring of trends in local measures show medium risk</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>Average (seven day) daily new positive confirmed cases of COVID-19 is &gt;10 per 100,000 resident population</td>
<td>Multiple outbreaks (5 to 10) are identified in medium to high risk settings and multiple geographic areas. Local teams are unable to effectively respond to the outbreak.</td>
</tr>
<tr>
<td></td>
<td>Average (seven day) daily new hospital admissions of COVID-19 is &gt;1 per 100,000 resident population</td>
<td>There are outbreaks in socially vulnerable populations, clinically vulnerable populations, or hard to reach groups; which requires local teams to gain further resources to contain the outbreak.</td>
</tr>
<tr>
<td></td>
<td>Contact tracing teams are tracing &amp; advising to isolate 70% or less contacts within 48 hours.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Continuous monitoring of trends in local measures show high-risk</td>
<td></td>
</tr>
</tbody>
</table>
9. Theme 7 - Supporting Vulnerable Populations

This section details the support provided to Kent and Medway residents at risk of COVID-19 and/or their impacts. In Kent and Medway, the KRF COVID-19 Vulnerable People and Communities Cell has oversight of the arrangements in place to support vulnerable populations.

These populations may have increased vulnerability due to any combination of the following factors:
1. Socially vulnerable and impacted by restrictions including the requirement to self-isolate
2. Those at higher risk of transmission
3. Those at higher risk of death from COVID-19

Their needs may be far reaching and include:
1. enhanced communication of transmission risks and public health advice,
2. help accessing testing,
3. financial, food and/or housing support &
4. support with mental and physical healthcare.

The current list of identified vulnerable populations in Kent and Medway can be found in Table 4. A list of population specific action cards within the Appendix which are signposted via Table 4. These cards:
- outline the available support structures, services, and organisations, both locally and nationally, specific to population needs
- identify areas where arrangements may still need to be made.

In addition, details on the sources of information regarding vulnerable people can be found in the KRF Identifying & Supporting Vulnerable People Plan which is available from the Resilience Direct. This may need to reactivated in the event of a local lockdown (see Section 7.3). Please refer to Section 8 and 10 that describe the data analytics and communications strategies specific to these populations.
Table 4 – List of Vulnerable Populations and the Location of their COVID-19 Action Cards

<table>
<thead>
<tr>
<th>Vulnerable Population</th>
<th>Location of Action Card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinically Extremely Vulnerable People (Shielders)</td>
<td>Under Review</td>
</tr>
<tr>
<td>Those who are Self Isolating</td>
<td>Under Review</td>
</tr>
<tr>
<td>Black, Asian and Minority Ethnic (BAME) Communities</td>
<td>Under Review</td>
</tr>
<tr>
<td>Homeless</td>
<td>Under Review</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>Under Review</td>
</tr>
<tr>
<td>Travelling and Migrating Communities</td>
<td>Under Review</td>
</tr>
<tr>
<td>Asylum Seekers</td>
<td>Under Review</td>
</tr>
</tbody>
</table>
10. Theme 8 - Communication & Engagement Strategy

To ensure the impact of COVID-19 in Kent and Medway is minimised, it is crucial that there are clear communication lines between key stakeholders and the general public. This section outlines the Kent and Medway multi-agency communications and engagement strategy.

There are already several well-established internal communication channels between working groups and committees involved in Kent and Medway’s COVID-19 planning and response. If closures, targeted restrictions or local lockdowns (see Section 7.3) are required:

1. PHE HPT will initiate a joint discussion with the KCC/MC SPOC, as described in Section 7.3
2. Together they will decide what response is required and communicate this to the KRF SCG.
3. If the KRF SCG is sitting, then the KCC/MC SPOC and/or the PHE HPT will contact the Chair of the KRF SCG to advise them that they are activating this plan. If the KRF SCG isn’t sitting, then the KCC/MC SPOC and/or the PHE HPT will contact the KCC Duty Emergency Planning Officer (DEPO) who will activate the KRF SCG via the procedures outlined in the KRF Pan Kent Strategic Emergency Response Framework.
4. Other KRF cells, such as the KRF COVID-19 Vulnerable People and Communities Cell, may also need to be activated by the KRF SCG.
5. The KRF SCG will ensure all activities, including COVID-19 response updates, are then communicated to local, regional and national partners as well as other key stakeholders via the KRF - Media & Communications Cell.
6. If the DPHs and LA CEOs decide an operational response is required, the KRF SCG will communicate this to the KRF TCG who will coordinate the response as detailed in the KRF Pan Kent Strategic Emergency Response Framework. Communication to the KRF TCG may relate to LOCP activities including; (1) implementation of local outbreak control measures such as a local lockdown, (2) facilitation of closures & (3) quarantine.

Outlined below are specific communications components for the; (1) general public. (2) complex settings (read in conjunction with Section 5 & 7) & (3) voluntary organisations (read in conjunction with Section 9)

10.1. The Public

Communication and engagement with the public during a major incident will generally be coordinated by the KRF SCG in a manner that is consistent with the KRF Media & Communications Plan.

This comprises;
1. Wider public warning and informing messaging including:
   • Scam or fake news and messaging relating to COVID-19
   • Identified outbreaks in their local area
   • Implementation of local outbreak control measures
2. Communications campaigns pertaining to the latest government advice & guidance including:
   - Understanding where to access information regarding COVID-19
   - Understanding the importance of testing and where to get tested
   - Understanding the requirements and rationale for self-isolation of asymptomatic contacts
   - Data privacy assurance that their personal information will be held in the strictest confidence & will not affect matters such as immigration status or reveal illegal activities.
   - Awareness of local and national support that is available
   - Correct usage of facemasks and handwashing

The KRF SCG will especially consider how this information is communicated to vulnerable populations such as high-risk groups (BAME, shielders), marginalised groups (homeless, gypsy roma and traveller communities) or those that may experience barriers to accessing updates (learning disabilities) to ensure they are reached alongside communicating any population specific guidance.

The KRF SCG will use a range of methods to ensure information is distributed in a timely manner. They will work together with the KRF COVID-19 Vulnerable People and Communities Cell to ensure they reach vulnerable populations. They will also leverage existing relationships with community and faith leaders alongside digital engagement tactics such as targeted advertisement for areas with high infection rates using social media.

In addition, the LOEB will play an essential role in ensuring a two-way process of communication. They will empower the public and businesses to share the challenges and opportunities they have experienced through implementing COVID-19 measures, allowing for learning.

It is also critical that media and news outlets are provided with timely and accurate advice, information, and formal statements. The media team will be responsible for monitoring and managing all information obtained from and provided to the media by KCC & MC.

10.2. Complex Settings

KCC & MC already have strong well established communications with complex settings identified in Section 5

10.3. Voluntary and Community Sectors

Kent and Medway’s voluntary and community sector organisations are delivering a wide offer to advocate for and meet the needs of Kent and Medway’s residents via the KRF COVID-19 Vulnerable People and Communities Cell who will build on existing relationships with these organisations to communicate how to;
1. Identify the needs and provisions of the local population
2. Build support and workforce capacity to respond to increases in need
References


**Appendix 1 – Care Homes**

**Including**
Residential Homes, Nursing Homes, Supported Living Settings, Extra Care Settings, Domiciliary Care, Learning Disabilities Settings (homes and day care units), Physical Disabilities Settings and Mental Health Settings (for NHS settings, please also see Appendix 3).

**Objective**
The objective is to identify new cases of COVID-19 early, control the spread of the virus and reduce deaths from COVID-19 in care homes in Kent and Medway.

**Context:**
There are 613 CQC registered adult care homes in Kent and Medway.
The ownership types include:
- 496 privately owned
- 104 voluntary/non-for-profit
- 1 NHS service
- 12 local authority owned

The type of care homes includes:
- 489 Residential homes (care only)
- 124 Nursing homes (care home with nursing)

**What’s already in place:**
All partners within the HSCC have worked closely with several partner organisations to implement a package of measures to support care homes in Kent and Medway to prevent and respond to outbreaks, including:
- PHE has an outbreak management plan for use in care homes to support in identifying and escalating new suspected cases of COVID-19
- British Geriatrics Society has released a good practice guide for COVID-19: Managing the COVID-19 pandemic in care homes for older people
- The NHS has offered training in infection control for care home staff
- The NHS has committed that all care homes will be supported via primary care and community support
- The UK Government is offering all care homes a support package
- Care homes with residents who have a certain degree of frailty have access to ‘extra-care schemes’ support
- Care home outbreaks are to be managed through Pillar 1 testing.
- Eligible care homes staff and residents will also receive [regular asymptomatic testing](https://www.gov.uk) including agency staff and volunteers (staff every 7 days and residents every 28 days) via Pillar 2 testing. Care homes can register for this via the [government digital portal](https://gov.uk)

As of 22\textsuperscript{nd} July 2020, DPHs in at KCC and MC will assess the level of community transmission in their area and announce whether care homes locally are able to consider allowing visitors. The decision of whether to permit visitation, to what extent and in what circumstances, is then for the provider and managers of each individual care home to make.
Each care home is responsible for developing a visitation policy, and undertaking a dynamic risk assessment following the guidance set out here. They should consider the significant vulnerability of their residents, their outbreak status, their readiness as an organisation and ensure strict infection control measures are in place, including face coverings for all visitors.

If a care home suspects a case or in the event of an outbreak, the home should rapidly impose visiting restrictions and follow the outbreak process outlined below. If there is evidence of further spread of the virus in the local community, DPHs will inform the relevant care homes and visitation will also be stopped.

**What else will need to be put in place:**
- Antibody testing is soon to be rolled out to care homes, booking system to be set up.
- Asymptomatic testing in domiciliary care settings is contingent on the results of the PHE prevalence study which is due shortly
- Asymptomatic testing for extra care and supported living settings is still to be decided
- Testing arrangements for individuals prior to a new care home admission or transfer to another care setting (excluding hospital) still need to be put in place.
- A children homes SOP is currently in development which incorporates established processes and procedures to ensure staff are aware of how to access testing for symptomatic children and how to respond to an outbreak.

**Local outbreak triggers & process:**
This is considered a complex setting under the remit of Tier 1 PHE HPT contact tracers. Therefore, in the event that one of their staff or residents has received a positive test result or if the care home has reason to believe there is an outbreak, all visitation should be stopped and the PHE HPT should be contacted immediately.

An outbreak in a care home is suspected if there is either:
- A single new clinically suspected or confirmed COVID-19 positive case

PHE HPT will then:
- Conduct a situation assessment. Investigations should include testing as per the request or advice of the PHE HPT, clinicians or GP that has attended and reviewed the case.
- If there is a suspected outbreak after conducting investigations, PHE HPT will provide advice on infection prevention and control. Care homes should also complete the Immediate Infection Control Checklist
- The HPT will then order a batch of tests for rapid testing of the whole care home (residents and staff) through the local Pillar 1 testing capacity. This should then be repeated on day 4-7 for all staff and residents who initially tested negative to reduce the false negative risk
- PHE HPT will consider the outbreak’s spread and severity, current control measures, the wider context and will jointly consider with KCC/MC the need for an OCT. Together they will continue to engage with the care home throughout the course of the outbreak.
- Re-testing after 28 days from the last suspected case will be provided through Pillar 2 to confirm the outbreak has ended.
Once the outbreak is confirmed over, if an area is closed to admissions, the criteria for reopening as a minimum should be; (1) no new symptomatic cases for a period of 14 days, (2) existing cases to be isolated/cohorted and symptoms should be resolving, and (3) there should be sufficient staff to enable the facility to operate safely.

**Resource capabilities and capacity implications:**

**Staffing**
- Additional infection prevention and control training and support for care homes with outbreaks

**PPE**
- Ongoing provision of PPE until care homes can source PPE through normal supply routes or the PPE portal for small care homes (less than 24 beds)

**Links to additional information:**
- [Coronavirus (COVID-19): Adult Social Care Guidance](#)
- [Apply for Coronavirus Tests for a Care Home](#)
- [BGS COVID-19: Managing the COVID-19 pandemic in care homes for older people](#)
- [Update on policies for visiting arrangements in care homes](#)
Appendix 2 – Schools, Early Years & Other Educational Settings

**Including:** Primary and secondary, early years, SEND, day cares, nurseries, alternative provisions for schools, school transportation, boarding schools, further education, foster homes

**Objective:** To identify new cases of COVID-19 early, control the spread of the virus and enable all educational and early years settings in Kent and Medway to fully reopen.

<table>
<thead>
<tr>
<th>Context:</th>
<th>In Kent and Medway, there are:</th>
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<tbody>
<tr>
<td></td>
<td>• 829 Childminders</td>
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<tr>
<td></td>
<td>• 31 Academy Nursery</td>
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<td></td>
<td>• 10 Creche</td>
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<td></td>
<td>• 273 Day Nursery</td>
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<td></td>
<td>• 49 Holiday Club</td>
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<td></td>
<td>• 54 Home Childcare- Registered Nanny</td>
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<td></td>
<td>• 35 Maintained Nurseries</td>
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<tr>
<td></td>
<td>• 43 School Nurseries</td>
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<td></td>
<td>• 34 Nursery Units of Independent Schools</td>
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<tr>
<td></td>
<td>• 93 Out of School Club</td>
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<tr>
<td></td>
<td>• 301 Parent and Toddler Group and preschools</td>
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<tr>
<td></td>
<td>• 41 Private Nursery School</td>
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<td></td>
<td>• 2 Tuition</td>
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<td></td>
<td>• 662 Primary Schools</td>
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<td>• 221 Secondary Schools</td>
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<td>• 190 16 to 18 schools/colleges</td>
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<td>• 22 Special schools</td>
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<td>• 58 Independent schools</td>
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<td></td>
<td>• 4 Universities</td>
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<tr>
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<td>• 20 Ofsted registered children homes</td>
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**What’s already in place:**

As schools start to partially reopen, procedures have been put in place to implement national guidance on effective protective measures to reduce risks to staff and pupils including:

- From week commencing 1 June, primary schools have welcomed back children in nursery, reception, year 1 and year 6, alongside priority groups. From 15th June, secondary schools, sixth form and further education colleges will offer some face-to-face support to supplement remote education of year 10, year 12, and 16 to 19 students who are due to take key exams next year, alongside full time provision they are offering to priority groups.
- Nurseries and other early years providers, including childminders, have begun welcoming back all children.
- Special schools, special post-16 institutions and hospital schools will work towards a phased return of more children and young people without a focus on specific year groups.
- PHE has an outbreak management plan for use in schools to support in identifying and escalating new suspected cases of COVID-19.
- Priority access to testing is available to all essential workers and their households. This includes anyone involved in education, childcare or social work - including both public and voluntary sector workers, as well as foster carers. Essential workers, and those who live with them, can book tests directly online.
- In Medway, Public Health support around COVID-19 related issues is given to schools via the weekly Head Teachers reference group.

**What else will need to be put in place:**


- PHE are currently finalising several draft SOPs for test and trace of single cases and outbreaks in educational settings including childminders, nurseries & special schools
- KCC and MC are developing a SOP which will incorporate established processes and procedures to ensure schools, parents, county councils, and healthcare colleagues are aware of how to access testing for symptomatic people and how to respond to an outbreak.

**Local outbreak triggers & process:**
This is considered a complex setting under the remit of Tier 1 PHE HPT contact tracers. Therefore, in the event that one of their staff or students has received a positive test result or if the school has reason to believe there is an outbreak, the PHE HPT should be contacted immediately.

An outbreak in an educational setting is suspected if there is either:
- Two or more confirmed cases of COVID-19 among pupils or staff in a setting within 14 days or;
- An increase in pupil absence rates, in a setting, due to suspected or confirmed cases of COVID-19

The PHE HPT will undertake a risk assessment and conduct a rapid investigation and advise on the most appropriate action to take.

Depending on the risk assessment outcome, the PHE HPT and KCC/MC may establish an OCT to help manage the situation. The OCT will lead the Public Health response and investigations and put appropriate interventions in place. This may include;
- Cleaning in the workplace for cleaning and waste management;
- Ensure parents and staff are aware of what has happened, and the actions being taken;
- Closure: this is rarely needed to control an outbreak and should only be done following advice from the PHE HPT and discussion with KCC/MC and Regional Department of Education REACT team

When a child, young person or staff member develops symptoms compatible with COVID-19, they should be sent home and advised to self-isolate for 7 days and arranged to be tested. Schools are to obtain PPE from procurement lines and refer to Education Department for government PPE support prior to requesting KRF support. Where the child, young person or staff member tests negative, they can return to their setting and their household members can end their self-isolation.

**Resource capabilities and capacity implications:**
- A KCC/MC SOP on supporting when an outbreak among staff has been identified and control measures need to be implemented

**Links to additional information:**
- [Coronavirus (COVID-19): guidance for schools and other educational settings](#)
- [Actions for education and childcare settings to prepare for wider opening from 1 June 2020](#)
- [Coronavirus (COVID-19): implementing protective measures in education and childcare settings](#)
• **Safe working in education, childcare and children’s social care settings, including the use of personal protective equipment (PPE)**

• **COVID-19: cleaning in non-healthcare settings**

• **Coronavirus: travel guidance for educational settings**

• **Supporting children and young people with SEND as schools and colleges prepare for wider opening**

• **Planning guide for early years and childcare settings**

• **Actions for early years and childcare providers during the coronavirus outbreak**
Appendix 3 – Health and Social Care Settings

**Including:** GPs, Birthing centres, Mental health Trusts, Acute trusts, Community Health Trusts, Dentists, Child health Services, Ambulance, Social Work & Home visits (for care homes see Appendix 1)

**Objective:** The objective is to closely monitor any cases of COVID-19 linked to exposure within Primary Care settings, Mental Health and Community Trusts ensuring that any outbreaks are managed quickly and efficiently.

**Context:**
In Kent and Medway, there are:
- 382 GPs
- 342 Pharmacies
- 429 Dentists
- 24 Hospitals
- 1 Mental Health Trust
- 2 Community Health Trusts
- 4 Acute Trusts (including 3 Foundation Trusts)
- 1 Ambulance Service

There are also local social work, home visit & child health services available for residents.

**What’s already in place:**
- PHE has an outbreak management plan for use in community and primary care for identifying and escalating new suspected cases of COVID-19
- All NHS Trusts have outbreak management plans to support in identifying and escalating new suspected cases of COVID-19
- **SOP for GP surgery** is released by the NHS and Royal College of General Practitioners guidance for GPs are provided on their website.
- **SOP for Community Pharmacy** is released by the NHS.
- **SOP for dental practice** on urgent dental care and **phased transition** are released by the NHS.
- **SOP for community health services** is released by the NHS.
- **Legal guidance for mental health, learning disabilities and specialised commissioned mental health services** is released by the NHS.
- Information for ambulance services can be found on the designated page of the NHS website.
- Infection control, PPE, clinical waste and environmental decontamination guidance are available on the designated page of the NHS website.

**What else will need to be put in place:**

**General Practices and Walk-in Centres**
- Antibody testing for staff and patients

**Community Pharmacy**
- Funding to support a locally commissioned service for delivery of medicines (in the event of the national pandemic pharmacy delivery service having ended)
- Consider prioritisation of pharmacy staff within key services e.g. school places, access to other essential services

**Mental Health and Community Trusts**
- A KCC/MC SOP on supporting the Mental Health and Community Trusts when an outbreak in the workplace or homes that they care for has been identified and control measures need to be implemented

**Ambulance Services**
- A KCC/MC SOP on supporting the ambulance services when an outbreak among staff has been identified and control measures need to be implemented

**Local outbreak triggers & process:**
- If multiple cases of COVID-19 (suspected or confirmed) are linked to exposure within a care setting, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the NHS and LA the need for an OCT.

**Resource capabilities and capacity implications:**
- Vehicles with aerosol generating procedures need to follow a thorough decontamination procedure. An appropriate auditing procedure should be in place to ensure decontamination is being conducted accurately in ambulances.

**Links to additional information:**
- Primary Care COVID19 guidance
- SOP for GP surgery
- RCGP’s website.
- SOP for Community Pharmacy
- SOP for urgent dental care & phased transition for dental services
- SOP for community health services
- Legal guidance for mental health, learning disabilities and specialised commissioned mental health services
## Appendix 4 – Shelters, Refuges, Hostels & Other Temporary Accommodation

**Including:** Homeless shelters, domestic abuse refuges, caravan parks, hotels, and any other facilities providing temporary accommodation

**Objective:** To closely monitor cases of COVID-19 amongst homeless, vulnerable populations, survivors of domestic abuse/their children and any others living in temporary accommodation, ensuring any outbreaks are managed quickly and efficiently.

**Context:**
- The homeless shelters/accommodation sector include temporary accommodation hostels, B&B, housing association, local authority, private sector properties leased by LAs or Housing Associations and “other” types including private landlords.
- The domestic abuse refuges in Kent and Medway are offered by Domestic Abuse Support Services which includes emergency safe accommodation, where survivors of domestic abuse and their children are housed.

**What’s already in place:**
- Hostel, shelters & other temporary accommodation settings should continue to follow guidance for hostels or day centres for people rough sleeping, for domestic abuse safe accommodation or advice for other accommodation providers in order to reduce risk.

**What else will need to be put in place:**
- As we start to prepare for recovery and transition those in temporary safe accommodations into longer term housing, there is a need for testing to be extended to those who are asymptomatic. There may resistance on the part of landlords/ladies to house vulnerable populations without a negative COVID-19 test. An SOP must be developed by KCC and MC to inform housing managers of alternative solutions to finding appropriate accommodation for this population in case challenges are encountered.
- An OCT may be required for current emergency accommodation sites. Issues may arise regarding sharing confidential health information with housing managers.

**Local outbreak triggers & process:**
- If one of the staff or residents in this setting has received a positive test result or if an outbreak is suspected, PHE HPT should be contacted immediately.
- PHE HPT and KCC/MC will undertake a risk assessment and conduct a rapid investigation and advise on the most appropriate action to take. Depending on the risk assessment outcome, the PHE HPT and KCC/MC may establish an OCT to help manage the situation. The OCT will lead the Public Health response and investigations and put appropriate interventions in place. This may include;
  - PPE and face coverings;
  - Handwashing and respiratory hygiene or hand sanitisers
  - Social distancing;
  - Cleaning and waste management to maintain hygiene;
  - Workforce management;
- In the case of cramped temporary housing accommodation which does not have space for social distancing and hand washing facilities may be shared, other measures may have to be taken as specified by the OCT

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<thead>
<tr>
<th>Resource capabilities and capacity implications:</th>
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<table>
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<tr>
<th>Links to additional information:</th>
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<tbody>
<tr>
<td>Working safely during coronavirus</td>
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<tr>
<td>COVID-19: guidance for domestic abuse safe accommodation provision</td>
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<tr>
<td>COVID-19: cleaning in non-healthcare settings</td>
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<tr>
<td>NHS test and trace: workplace guidance</td>
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<td>COVID-19 Advice for Accommodation Providers</td>
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<tr>
<td>Staying alert and safe (social distancing)</td>
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<tr>
<td>COVID-19: guidance for hostel or day centre providers of services for people experiencing rough sleeping</td>
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