

# **V6-FINAL**

(26/03/21)

## **(May 2021)**

### **Kingston Local Outbreak Control Plan V6**

### **(Local Outbreak Management Plan)**

### ***Breaking the Chains of Transmission***

Reviewed and approved by the  
Kingston Health Protection Forum

**GUIDANCE UPDATES, May 2021**

**Updates are shown in yellow highlight**









**KEEP KINGSTON SAFE**

**LOCAL OUTBREAK  
CONTROL PLAN**

**BREAKING THE CHAINS OF  
TRANSMISSION**

**24 MAY 2021**



**VERSION 6.0**



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## **Foreword from the Keep Kingston Safe Leadership**

*We all need to play our part to Keep Kingston Safe. As we are all aware, thanks to the efforts of our residents and people up and down the country in respecting the spring 2020 'lockdown' and following social distancing and other measures, cases of coronavirus have thankfully reduced. However, as I wrote in June 2020, we were by no means 'out of the woods' and we were in a critical situation where the virus was continuing to circulate. Unfortunately, case numbers started to rise in late August and the rise continued into September 2020 in Kingston and nationally. In June, we visualised the remaining cases of COVID-19 infections after lockdown as the 'glowing embers' remaining after a major blaze. In June we set out to help support local and national efforts prevent a major blaze restarting. Unfortunately, we did not manage to break the chains of transmission of disease and a blaze reignited. Our case rates rose from September, with an increasingly steep rise in November and into December. Over this period, outbreaks in school age children contributed to large parts of the increases. However, no sectors were immune from having cases. In December 2020 and January our care homes and other care locations were highly impacted with the virus and the borough sadly lost a number of residents in this time. The health sector bore a heavy burden, with case levels around twice that of the those at the peak in April 2020. It transpired that a mutation of the virus contributed to the very sharp rises of cases seen in that period due the virus becoming even more transmissible. A national lockdown was reimposed on the 5th January 2021, following several 'tiered restriction' arrangements through November and December 2020. We now have a national plan ('roadmap') which outlines steps to reopening the country. This plan sets out Kingston's approach to support the containment of the virus as the borough reopens and provides time for continued delivery of the incredible nationwide COVID-19 vaccination programme*

*Since this plan was last updated in November 2020 (with additional sub updates in January and February 2021), there have been several positive developments nationally and locally which will help us in our efforts to bring this situation under control. The global partnerships in developing vaccines have proved fruitful. Vaccination has been rolling out across the population since December 2020. Added to this, our national and local capacity for testing has rapidly been enhanced, with new 'rapid' ('Lateral Flow Tests') now available, new test sites for people with and without symptoms and Kingston Local Contract Tracing service - which supports NHS Test and Trace, launched on November 5th 2020. The most important tool, though that we have now in staying safe until the vaccine is widely available, is for all of our Kingston residents to continue to follow national guidance on preventing transmission between people: 'Hands, Face and Space, **Fresh Air**'. This way we will keep disease spread as low as possible and ensure that the capacity in our health system is not overwhelmed and that key activities, such as education and business, can operate safely. With the joint efforts of our residents and partner organisations, we can work together to Keep Kingston Safe. This Kingston Local Outbreak Control Plan, updated here for the fifth time, and reflecting the revised national Contain*



*Framework, sets out how we can and must support the local and national effort to prevent the embers turning into a blaze.*

*10 key activity areas are set out:*

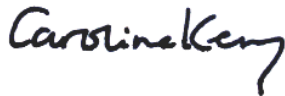
- 1. TESTING: supporting the national search for existing cases -** *Encouraging our residents to get tested if they have symptoms (and also targeted testing for people with no symptoms) - we must **find all cases and their contacts in Kingston - by facilitating local testing***
- 2. TRACING:** *We will support the national NHS Test and Trace programme to trace 'cases' and 'contacts' through our local contact tracing team and use tracing data to help inform our local outbreak response*
- 3. SELF ISOLATION: Supporting cases and contacts that need to self isolate -** *we must help our residents and workers do their civic duty by making sure that they are not penalised when they self-isolate*
- 4. SURVEILLANCE:** *We will use national and local data to inform our response and plans*
- 5. OUTBREAK MANAGEMENT and VARIANTS of CONCERN:** *Ongoing review and development of response approach: We will prepare and implement outbreak management plans, in partnership with local, regional and national partners as required.*
- 6. 'ENDURING TRANSMISSION':** *Measures to address enduring transmission locally/sub-regionally/regionally*
- 7. COMMUNICATING WITH RESIDENTS AND PARTNERS** *about key messages on how to avoid disease spread to help people stay safe, getting feedback from residents and partners on where further work is needed, using all our local levers to make sure that every resident understands how they can personally prevent the spread of disease and that all play their part in following guidance*
- 8. 'COVID-19 SAFE': We will endeavour to make the borough as 'COVID Secure' as possible:** *We will work across all sectors to implement the latest guidance on staying safe and preventing COVID-19 transmission.*
- 9. SUPPORTING THE ROLL OUT OF APPROVED VACCINES:** *we will support the national vaccination roll out and ensure no-one is left behind in terms of access to the vaccine*
- 10. RESOURCING:** *We outline here how we will use national funding<sup>1</sup> and local resources to support the work of this plan*

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<sup>1</sup> Grants specifically referenced in this document include: Test and Trace Grant, Contain 1-3, Annex A Grants, Grants to support those who are Clinically Extremely Vulnerable and Grants to support those who need to self-isolate). Other funding such as the Infection Control Fund is covered in more detail in specific documents but supports this work. Business grants distributed in Kingston are not covered in this document, but link to this work.



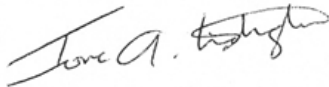
*I would like to thank the many partners who have contributed to the development of this plan. We all have a role in Keeping Kingston Safe and I would ask all of our partner organisations and residents to play their part.*



*Cllr Caroline Kerr, Leader of the Council, Royal Borough of Kingston*



*Ian Thomas CBE, Chief Executive, Royal Borough of Kingston*



*Iona Lidington, Director of Public Health, Royal Borough of Kingston*



## **Introduction**

To Keep Kingston Safe in this new phase of the COVID-19 pandemic, we need to ask all residents, businesses, partners and others to follow national guidance on preventing disease transmission to stay safe (for example, by following 'Hands, Face, Space, **Fresh Air**') and to take up testing and vaccination opportunities. Over the last few months, we have seen that the only way to keep transmission at bay (until vaccination has been rolled out and proved successful in keeping residents safe), is by this guidance being followed by all. We need to find all cases of COVID-19, ensure that these individuals and their contacts socially isolate according to nationally produced guidance, and that they are supported where needed, that we have outbreak management plans in place and enact plans where needed. This document is the 'Kingston Outbreak Control Plan'. It is a document that will be updated as new guidance is released, and as additional 'setting specific' outbreak management plans are added. This is the 5th whole version update since the original draft in June 2020, with additional smaller updates between versions.

The document covers the background to the COVID-19 pandemic and an explanation of contact tracing and outbreak management. It sets out ten key areas of work and the governance for this work. It links to the national 'contain' framework and the roles and responsibilities set out within that<sup>2</sup>. This document summarises the roles and responsibilities of the Local Authority, the London Coronavirus Response Cell ('LCRC') and other partners involved in outbreak management. The plan includes details of the Kingston Communication & Engagement Strategy, the Kingston Stronger Together Hub support offer, and other support available, arrangements for testing, surveillance, focussed work on preventing 'enduring transmission', outbreak management, 'COVID-secure' arrangements, and vaccination roll out to support local control of the virus. Detailed outbreak management plans, developed locally, are included. We would ask all RBK colleagues and partner organisations to familiarise themselves with this plan and play their part in supporting the areas of work set out in the plan that relates to their area of business.

*V5 added several new elements, bringing together work from a range of sectors, on how to break the chains of transmission and keep the borough safe as the lockdown restrictions are gradually lifted. The revision reflects national guidance for revision of plans, issued in March 2021, and also findings of a survey conducted with partners in December 2020 called 'Are we getting the basics right?'. V5 reflects some*

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<https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers#roles>



*suggestions from that survey, detailed in **Appendix 15**. V6 reflects guidance updates since March 2021, rather than a major change in strategy.*

## **Background**

The first cases of 'COVID-19' (coronavirus) were reported to WHO by China at the end of December 2019. National UK public health advice on prevention precautions and contact tracing (contacting contacts of cases) started in January 2020. The first cases officially recorded in the UK were on the 31st January 2020, although, it does seem likely that there was already wider spread circulation at this time that had not been recorded. WHO declared a pandemic situation on the 12th March 2020.

Throughout February 2020, the UK focussed on public advice related to handwashing, and having an intensive focus on any suspected or confirmed new cases. In addition, some 'self-isolation' measures for incoming travellers were put in place. PHE said on the 3rd March that widespread transmission of COVID-19 in the UK was highly likely at that time.

The first two weeks of March 2020 were a very uncertain time in terms of UK national strategy and subsequent approach. Data coming out from China published by WHO on March 6th 2020 showed that the virus was both very easily spread and also very dangerous (at the time, data from China<sup>3</sup> was showing that 1 in 5 affected needed hospitalisation and 1 in 20 were needing very intensive care). In the UK people with specific symptoms were asked to self isolate. While lockdowns were being introduced in some parts of the world (China, Korea and others) and case numbers were rising internationally, life continued largely as normal in the UK, in terms of local and international travel, and with business and large events taking place. It is likely that existing numbers of cases in the UK were added to in large ways by travellers to the UK from: Italy and Spain around the half term holiday in late February 2020; people's attendance major international events held in the UK (eg matches, shows); along with regular international travel that the UK (and particularly London) as a trading and internationally-connected nation. In March 2020, as UK case numbers increased dramatically, contact tracing on a large scale was put on hold and advice changed for people with symptoms to 'self isolate' (rather than seek testing and for contact tracing to take place). As case numbers increased there was also a rapid increase in hospitalisation of people with more severe symptoms. 'Lockdown' across the country started on March 23rd 2020, when people were asked to stay at home except in certain key/ urgent circumstances. The lockdown was an extraordinary, and unprecedented in the UK, measure to try and stop the virus spread. By locking down, the potential for disease spread between people was very rapidly reduced; although,

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<sup>3</sup> [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-covid-19.pdf?sfvrsn=96b04adf\\_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-covid-19.pdf?sfvrsn=96b04adf_2)  
(6th March 2020)



the disease could spread within households, and sadly, continued to spread into highly vulnerable groups, for example in care homes.

The 'lockdown' can be seen as the 'hammer', to bear down on the major routes of spread of the disease and 'put out the fire'. The lockdown was largely successful in reducing numbers of new cases (although, as above, transmission continued in some settings which were not fully 'locked down' or had to remain open). However, like a major fire, there remain residual smouldering embers - and also the potential for some embers to 'blow in' (eg through the existing travel and trade into the country). In June 2020 we were in a new phase, where we needed to extinguish and 'stamp out' the embers of the fire, i.e. for the few cases remaining, to stop the major fire reigniting by preventing their spread (by self-isolation measures). We said at that time that we may need to do this for some time to come, if embers come in internationally (through travel and trade). At the time, we noted that the lockdown (or hammer) was exerted at a huge financial and social cost for the country. To stop us needing to return to this, and for us to return to a more 'normal life', all efforts had to be on preventing the embers reigniting a major blaze. However, unfortunately we were not successful in tracing all the 'embers' within the country and follow up of people travelling was limited. The NHS Test and Trace system was highly challenged as cases rose in September following summer holidays and school and University reopenings, and also reopening of other locations associated with transmission. For some weeks there were laboratory issues which led to difficulties in obtaining tests and delays in results being provided. The success rate of contacting cases and contacts by NHS Test and Trace also started to decline around August and September and October. Concerns were also raised about a lack of financial support for those in low incomes being required to self isolate. Our capacity to identify asymptomatic cases was very limited up to December 2020. Estimates of the proportion of people with COVID-19 were unclear, ranging from around 2 in three cases thought to be asymptomatic to around one in three without symptoms. These many factors, and others, allowed the virus to once again spread. The 2nd November to 2nd December 2020 additional restrictions on London ('Tier 2') did not result in a drop in cases in the borough. In recent weeks over November and December 2020, the rate of increase has been very steep. On the 20th December, Kingston and London as a whole, entered a new phase of restrictions called 'Tier 4'. On the 5th January 2021, a new national 'lockdown' was reimposed.

Case numbers have now fallen, but we are still seeing over 70 cases per week in the borough (as at March 3 2020) and, after a reduction in April 2021, cases are again rising in Kingston (with around 70 cases again being found per week). The national 'roadmap' set out a series of timed lifting of restrictions. In May 2021, the country is at the third of the four 'stages' of restriction lifting. The opening of the country has also allowed additional international travel. New arrangements (which are updated as



the data changes) are in place. See **Appendix 25** for a summary of the current arrangements. We will need all the measures referenced above deployed to keep infection rates down, prevent the NHS being overwhelmed, and the need for another national lockdown.

***Shining a spotlight on disparities and addressing inequalities in our plan:***

Nationally, COVID-19 outcomes have replicated health inequalities in population groups often already experiencing higher rates of chronic illness, early ill health and death. Whilst age is the greatest mortality risk factor, poverty is key to poor COVID-19 health outcomes, in some cases, magnifying its impact<sup>4</sup>. Men, those living in more deprived areas, people in elementary work occupations, those with comorbidity conditions such as diabetes and obesity, and people from Black Asian and Minority Ethnic (BAME) groups<sup>5</sup>, have disproportionately experienced the pandemic. The local Kingston data for is showing higher case rates in the more deprived deciles of the Kingston population. There is a COVID-19 case rate higher in deciles 2-5 (more deprived) than in deciles 8-10 (least deprived).

In Kingston, breaking the chain of COVID-19 transmission using targeted approaches to address these disparities is key. In residential, nursing and domiciliary care settings, we continue to protect our older age cohorts, and those with additional needs. Local testing capacity expansion, and associated targeted messaging, ensure wider access for those in lower income retail, hospitality or home care sectors. Local contact tracing is sensitive to cultural and language barriers, and shift work patterns. Community Champions engagement learns from and utilises appropriate social isolation and vaccine hesitancy messaging with underserved BAME groups, including those who are clinically vulnerable, and health & social care staff.

Specific COVID-19 safety factors are needed in services caring for those experiencing mental health problems, our homeless population, and others with more complex and vulnerable lives. Rapid, tailored responses can maximise infection control, alongside social isolation support in community care and supported housing. Those from local Gypsy, Roma and Traveller (GRT) communities will benefit from outreach work with neighbouring Surrey. In the longer term, our partnership approach

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<sup>4</sup> Public Health England (August 2020) 'Disparities in the risk and outcomes of COVID-19' <https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes> ; Institute of Health Equity (2020) Build Back Fairer: The COVID-19 Marmot Review <http://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review>

<sup>5</sup> Office for National Statistics published data in October 2020 showing ethnic contrasts in death involving the coronavirus (COVID-19) <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/updatingethniccontrastsindeathsinvolvingthecoronaviruscovid19englandandwales/deathsoccurring2marchto28july2020>



to outbreak control will continue to actively tackle health inequalities and the disproportionate impact of COVID-19 within our borough.

This plan now looks at how we work together using the new measures that we have at our disposal to prevent a future rise in cases. In summary, we have divided the key tasks for Kingston into the following ten areas:

1. **TESTING: supporting the national search for existing cases -** *Encouraging our residents to get tested if they have symptoms (and also targeted testing for people with no symptoms) - we must **find all cases and their contacts in Kingston - and facilitating local testing***
2. **TRACING:** *We will support the national programme to trace 'cases' and 'contacts' through our local contact tracing team and use tracing data to help inform our local outbreak response*
3. **SELF ISOLATION: Supporting cases and contacts that need to self isolate -** *we must help our residents and workers doing their civic duty by making sure that they are not penalised when they self-isolate*
4. **SURVEILLANCE:** *We will use national and local data to inform our response and plans*
5. **OUTBREAK MANAGEMENT and VARIANTS of CONCERN:** *Ongoing review and development of response approach: We will prepare and implement outbreak management plans, in partnership with local, regional and national partners as required.*
6. **'ENDURING TRANSMISSION':** *Measures to address enduring transmission sectorally/locally regionally*
7. **COMMUNICATING WITH RESIDENTS AND PARTNERS** *about key messages on how to avoid disease spread to help people stay safe, getting feedback from residents and partners on where further work is needed, using all our local levers to make sure that every resident understands how they can personally prevent the spread of disease and that all play their part in following guidance*
8. **'COVID-19 SAFE': We will endeavour to make the borough as 'COVID Secure' as possible:** *We will work across all sectors to implement the latest guidance on staying safe and preventing COVID-19 transmission.*
9. **SUPPORTING THE ROLL OUT OF APPROVED VACCINES:** *we will support the national vaccination roll out and ensure no-one is left behind in terms of access to the vaccine*
10. **RESOURCING:** *We outline here how we will use national funding<sup>6</sup> and local resources to support the work of this plan*

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<sup>6</sup> Grants specifically referenced in this document include: Test and Trace Grant, Contain 1-3, [Contain 4-7](#), Community Testing Annex A Grants). Other funding such as the Infection Control Fund is covered in more detail in specific documents but supports this work. Business grants distributed in Kingston are not covered in this document, but link to this work.



This work is crucial to the success of Kingston opening up again, and for Kingston to support the national ambition of stopping the spread of this disease in the country. While COVID-19 exists globally, Kingston will need to undertake this vital role.

**Recovery:** In addition to the now ten 'key areas' to break chains of transmission, we have added a reference to the borough 'Recovery' work. This is covered in a summary section in the document (other documents cover this work in fuller detail).

RBK GOLD approved the 'Keep Kingston Safe' approach on the 11th June 2020 and Governance Structure (detailed later in this document) to oversee and take this work forward. The Kingston Health Protection Forum (COVID-19 Health Protection Board) was tasked by GOLD to develop the Kingston Local Outbreak Control Plan. This updated (for the fifth time) document brings together the work completed to date on local plans for outbreak management through the Kingston Health Protection Forum. It is envisaged that further detailed work will be undertaken to develop further specific outbreak management elements, and the approach itself may also develop, as learning grows through ongoing outbreak management. We envisage the detailed plans being updated as national guidance develops.

This Kingston **Local Outbreak Control Plan** is based around the roles set out in national and London documentation, see summary charts below and the LCRC/ LA agreement of the 5th June 2020 (See **Appendix 16**). Through our partnership with organisations and residents across the borough we will aim to ensure that all are aware of their role and can play their part in Keeping Kingston Safe.

## **Governance arrangements**

Councils were asked to set up a governance structure to support this new phase of work. The national and regional structures and processes have developed since the first draft of this plan in June 2020. Updated responsibilities for the local, regional and national levels were outlined in the 'COVID-19 contain framework: a guide for local decision makers (March 2021<sup>7</sup>). The updated local, regional and national roles from the March 2021 update are detailed below:

### ***Local responsibilities:***

Local Authorities and their DsPH, in Upper Tier Local Authorities (UTLAs), and wider teams are responsible for undertaking ongoing surveillance, community testing, local

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<https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers#oversight-and-assurance>



contact tracing, supporting self-isolation and working closely with PHE HPTs (LCRC) to control outbreaks. They work with local Health Protection Boards, supported with resource deployment by local 'Gold' incident management structures, led by Local Authority Chief Executives, and local arrangements are in place to communicate and engage with communities led by council leaders. LAs and DsPH will work with system partners, in particular local NHS providers, blue light responders and Integrated Care Systems.

Whilst local arrangements will reflect local systems, clear governance is essential to ensure that each area operates effectively. Local governance of COVID-19 builds on existing practice and structures:

- the COVID-19 Health Protection Board co-ordinates the response to COVID-19 at a place level, including on infection control - these boards (which include the local NHS, Local Authority Environmental Health and other key partners) have a range of reporting arrangements into key elected members and political meetings
- the Director of Public Health leads the Local Outbreak Management Plan ('LOMP' - this plan, known as the 'Kingston Local Outbreak Control Plan)
- the local 'Gold' structure provides resource coordination, and links to COVID-19 Regional Partnership Teams (that include PHE's Regional Director of Public Health) and other key Category 1 responders from the Local Resilience Forum (LRF)
- the Local Authority Chief Executive is accountable and responsible for the local response, providing strategic leadership and direction; ensuring delivery of the LOMPs, shaping local communications and engagement and deploying local government resources
- the Civil Contingencies Act provides that responders, through the LRF, have a collective responsibility to plan, prepare and communicate in a multi-agency environment - LRFs are being used for the local system COVID-19 response
- councillors, as local democratically elected representatives, are directly accountable to their local community for the local response, decisions and spend undertaken by the council
- chief executives and directors of public health are accountable to their local councillors, in particular the leader of the council/elected mayor and the council cabinet/executive, who will also agree the local COVID-19 response budget
- councillors are local systems leaders and local community leaders, and can facilitate systems relationships and community engagement
- Local Authorities have a number of powers to impose restrictions on settings and members of the public.



In Kingston, the following arrangements have been put in place, to meet the structure as set out nationally:

- **COVID-19 Health Protection Board (existing Kingston Health Protection Forum, 'operational BRONZE')** - *outbreak management plans development by DPH (GROUP 1) (agreed at GOLD and then agreed at HPF 18/06/2020)*
- **Covid-19 Strategic Coordinating Group (Gold Emergency Planning Group)** - *to support, co-ordinate and partner with broad local groups to support delivery of outbreak plans, deploy and direct resources (and oversee and direct workstreams as outlined above) (GROUP 2)*
- **Local Outbreak Control Engagement Board** - *provide political ownership and public-facing engagement and communication for outbreak response (Kingston Strategic Partnership) (GROUP 3) (update to this group discussed and agreed on the 09/10/2020)*

These groups will provide reports to the Response and Recovery Committee and the Kingston Health & Wellbeing Board. Terms of Reference for these groups have been drafted to reflect their roles in this outbreak control plan (See **Appendix 11** - we will review these Terms of Reference shortly to ensure that they align with the updated Contain guidance of March 2021). The local borough governance links to regional and national mutual aid and coordination as detailed in sections below.

The overall responsibilities of the regional and national levels are summarised below.

### ***Regional role and responsibilities<sup>8</sup>:***

The COVID-19 Regional Partnership Teams (RPTs) play a role in communicating and connecting the national and local response. RPTs work closely with national teams to ensure policy and operational coherence across the NHS Test and Trace and Community Testing programmes, NHS England and Improvement Regional teams, Department of Health and Social Care and other key government departments.

The COVID-19 Regional Partnerships, formed to support the COVID-19 response, consist of the Regional Convenor, PHE Regional Director, and the regional Joint Biosecurity Centre (JBC) lead, through a shared model, bringing their collective capability together to support local areas:

- **Contain, Regional Convenor:** this is a senior local government figure with experience in the commissioning and delivery of frontline services and in managing the interface of such operations with national and local political leaders - they ensure a coordinated approach in engagement activities

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<https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers#oversight-and-assurance>



- PHE, Regional Director and NHS Regional Director of Public Health: the Regional Director of Public Health is responsible for the work of the regional HPTs and provides professional Public Health leadership to the response to this pandemic, working in partnership with directors of public health, chief executives and local authority leaders/elected mayors, and wider system partners
- JBC, Regional Lead: provide links to other government departments regionally and nationally, escalating and resolving issues and acts as a Whitehall 'gatekeeper' to funnel communications

RPTs work closely with Local Authorities and wider local systems to support their response, ensuring they are able to implement their Local Outbreak Management Plans. They provide ongoing oversight and assurance, escalating risks and issues as needed via the national Local Action Committee command structure; providing additional support and escalating requests for surge assistance; as well as identifying good practice for spread and scale.

Each region also has a PHE 'local' Health Protection Teams (HPTs) (LCRC, for Kingston) which include specialist expertise in communicable disease control, epidemiology, outbreak management and related issues. They have strong professional working relationships with Directors of Public Health and, in partnership with their teams, are an integral part of the expert local response to COVID-19. They provide local directors of public health with access to highly specialised public health advice and support, and often lead on complex outbreak investigation and management. The regional DPH is responsible for feeding in local intelligence and providing professional public health advice into the bronze, silver and gold command structure.

***Mutual aid requests to neighbouring boroughs*** within the Local (SW London) Resilience Forum have been discussed at DPH level, and would be actioned if required. It has also been noted that outbreaks do not respect geographical boundaries and therefore joint work with neighbours / Surrey may be required to bring a local outbreak under control.

***Good practice and learning is being shared across London*** and nationally with the support of the Association of Directors of Public Health, and with the Local Government Association. The sharing of resources and templates to support actions to bring the virus under control is also taking place.

### ***London COVID-19 Outbreak Control Plan***

The updated (September 2020) London COVID-19 Outbreak Control Plan sets out how national and local partners will work with the public in London to prevent, contain and manage outbreaks. Its aim is to empower locality decision makers to act early to address local incidents and identify when swift pan-London or national support is needed. See Appendix 18 for further details.



### ***National role and responsibilities<sup>9</sup>:***

Ministers are accountable for setting the overall framework for the COVID-19 response, national communications strategy, enabling and supporting the local response, including through provision of funding, and for oversight and intervention where necessary. Ministers also work with the Devolved Administrations and international governments as required.

The Secretary of State for Health and Social Care takes day to day policy and operational decisions on the COVID-19 response, as appropriate. Oversight of the ongoing incident response takes place through the Government's Local Action Committee command structure (bronze, silver, gold) which can escalate concerns and issues for discussion and decision by ministers across government. Recommendations on escalation of issues or requests for significant surge support can be taken by the 'gold' incident management structures to ministers for final decision.

Ministers have powers to take action against specific premises, places and events, as well as to direct UTLAs to act, and to consider whether a Local Authority (LA) direction is unnecessary and should be revoked. To address more serious and widespread cases, ministers can use their existing powers (under the Public Health (Control of Disease) Act 1984) to implement more substantial restrictions (regulations would be produced and approved by parliament on a case-by-case basis) which could include:

- closing businesses and venues in whole sectors or geographies
- imposing general restrictions on people's movements and/or gatherings
- restricting and/or closing local or national transport systems
- mandating use of face coverings in public places

### **Keep Kingston Safe: 10 key elements**

We have divided our approach to local outbreak management into ten key elements (Elements 1-10 below), which bring together the roles for local authorities set out in the summary table of roles above and also bring together the six points set out in London '6 Point Plan for Local Authority Wider Response 08/06/2020 (SEE APPENDIX 17) <sup>10</sup>:

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<sup>9</sup>

<https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers#oversight-and-assurance>

<sup>10</sup> The 'impact' elements set out in the 6 point plan have not yet been detailed



## **ELEMENT 1: TESTING: *Supporting the national search for existing cases***

We need to ask ALL of our residents with symptoms - and now those without symptoms also - to get tested - and make it easy for them to know how and where they can get tested and ensure we have accessible testing opportunities. Since June 2020, we have worked in partnership with our voluntary, health and other sectors to reach all parts of our population and we will continue to adapt and develop our offer to make testing accessible to all. If we do not know where cases are in Kingston we cannot help prevent the spread of disease (without measures such as 'lockdowns'). Outbreak management, without measures that affect everyone (such as lockdowns), is dependent on cases being identified - and their contacts traced - and those contacts following isolation advice. Since this plan was first drafted in June 2020, national and opportunities for new local testing capacity has been rapidly expanded for symptomatic testing and now for testing for asymptomatic cases. Thus, this plan is updated with the new opportunities and sets out Kingston's approach. In summary, we welcome all opportunities for the expansion of testing and will work with national and regional and local partners to implement this as soon as we can. The testing outlined below links to the NHS Test and Trace system for advice to cases and follow up of contacts.

### ***Expansion of local testing opportunities<sup>11</sup>:***

- **New test sites (symptomatic testing):** We have worked with national government (DHSC) to get three new 'walk in' local test sites in Kingston. These are located at Milner Rd, near the University (opened September 2020), and Cock's Crescent, in New Malden (opened December 2020) and the Hawker Centre (opened February 2021). These sites are in addition to the Cattle Market site (specific dates only). These sites currently offer 'PCR testing' (sent off to a lab). Test sites are accessed through calling 119 or the national online test site: Coronavirus (Covid-19) test. **With the current reduction in symptomatic cases, these sites are also offering Community Collect where people can collect rapid home test kits.** If cases rise again, and as other home testing collection sites open, these sites may revert to full time symptomatic testing sites again.
- **Rapid Lateral Flow Testing (LFT) for people without symptoms (asymptomatic testing):** **Lateral flow** testing became available in November

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<sup>11</sup> Other work, now completed, towards this goal included: **One off PCR test kits sent to all school staff:** As a one off exercise, in the face of increasing rates of COVID-19 in the school age population, the SWL boroughs worked with DHSC to provide PCR home test kits (to be sent to a lab for analysis) for all school staff in Kingston and other SWL boroughs. The kits were distributed in December 2020. **Special test site access for secondary schools in December 2020:** As a one off exercise, in the face of increasing rates of COVID-19 in the school age population, the council worked with schools to alert them to some additional asymptomatic testing opportunities for the school aged population, school staff and families for December 2020.



2020. Kingston submitted an early bid to bring this technology to the borough for people who do not have COVID-19 symptoms. We know 1 in 3 people who test positive for COVID-19 do not have symptoms so lateral flow testing can help identify people with the virus who may be unwittingly spreading the infection to others. Thus, this type of testing can play an important role in 'breaking the chains of transmission' from the currently hidden cases. This type of testing, slightly less sensitive than PCR testing, does not require samples to be sent to a lab. Results are available within 30 minutes at the test site. Following a successful pilot test use of this technology in November/December 2020, Kingston has supported local schools with the rollout of this testing since January 2021. Asymptomatic community testing is available in a number of locations across the borough and includes a mobile testing team that can get into the heart of the community where testing is low, there is ongoing transmission, an outbreak or targeted or surge testing is required. In addition everyone can access home test kits. Further details and a link to book a test or order or collect home test kits are available on the RB Kingston website: <https://www.kingston.gov.uk/testandtrace>. A national interactive map for other asymptomatic test sites across the country is available [here](#).

***Expansion of national testing at the local level in Kingston:***

- **Care sector:** Testing has been significantly expanded in the care sector since September 2020. All adult CQC registered care homes can access routine weekly testing for staff and monthly testing for residents. In December 2020 this was expanded to domiciliary care and other forms of CQC registered provision. For non-CQC registered locations, regular rapid (LFT) testing is available through the 'community testing' sites in the borough (See: <https://www.kingston.gov.uk/testandtrace>). In addition, the council is offering training for larger sites to run this testing at specific workplaces.
- **Schools:** All primary school staff are offered rapid lateral flow test kits for twice weekly testing at home. Primary pupils are not offered testing in the school setting but home test kits are available for families to collect from some Primary Schools made available by Kingston Council and other [sites if they wish to test at home](#). Secondary School staff and pupils are offered rapid test kits for regular twice weekly testing at home following three supervised tests onsite at school. A confirmatory PCR test is required following a positive LFD test result. Secondary Schools are advised to keep a small on site testing capacity for staff and pupils who are unable to test at home. (See [Guidance for Schools](#))<sup>12</sup>

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<sup>12</sup>

<https://www.gov.uk/government/publications/coronavirus-covid-19-asymptomatic-testing-in-schools-and-colleges>



- Early Years: All staff working in maintained and school nurseries and independent nurseries are offered rapid test kits for regular twice weekly home testing. A confirmatory PCR test is required following a positive result from a test taken at home. Childminders will continue to be offered regular twice weekly testing through [community rapid test sites or are able to obtain home test kits](#). (See [Early Years guidance](#))<sup>13</sup>
- Colleges of Further Education: All staff and students are offered rapid test kits for twice weekly home testing. Confirmatory PCR tests will be required after all positive LFD tests taken at home. (See [Further Education guidance](#) [Further Education testing guidance](#))<sup>14</sup>
- Higher Education: On arrival at university, students should take three tests at an on-site testing facility (3-4 days apart). Staff and students will continue to be advised to test twice weekly at home or on site.. Students or staff who have had a confirmed COVID infection in the last 90 days do not need to take a test unless they develop new symptoms. They are still required to self-isolate if they are identified as a close contact of a positive case, even if this is within the 90 day window. HE establishments are strongly encouraged to maintain facilities for supervised on-site testing so that students who are unable or do not wish to test at home can participate in regular testing. For placements, students will be advised to access an asymptomatic test site or home test prior to attending the placement if no other arrangements are available at their placement. (See [Higher Education guidance](#))<sup>15</sup>
- Pupil and Students household/support/care 'bubbles': All household and support bubbles of pupils in primary and secondary schools and FE colleges are encouraged to test and can access home rapid test kits to be collected from a local site or ordered for home delivery. Regular testing can also be accessed at a community rapid test site or through workplace testing schemes.
- Workplaces: Anyone working in Kingston can access rapid lateral flow COVID-19 testing at one of Kingston's community testing sites, a mobile test site or collect or order home test kits. Booking can be accessed via the [Kingston Council website](#). Additionally, the government is offering workplaces access to the 'workplace testing programme' which some businesses have already signed up to. Kingston Council is also able to support businesses with resources and training to assist in the set up of rapid testing on site, at the workplace. Workplaces should [register for the scheme online](#) to take part.

<sup>13</sup>

<https://www.gov.uk/government/publications/asymptomatic-testing-early-years-staff-in-different-settings/rapid-asymptomatic-coronavirus-covid-19-testing-in-early-years-settings>

<sup>14</sup>

<https://www.gov.uk/government/publications/coronavirus-covid-19-asymptomatic-testing-in-schools-and-college>

<sup>15</sup> <https://www.gov.uk/government/publications/higher-education-reopening-buildings-and-campuses>



- ***Everyone is eligible*** We continue to support access testing for everyone at local level through Community Collect, our test sites and our mobile testing team.

***Communications - key to our testing strategy and search for cases:***

A Communications and Engagement Strategy has been developed for Kingston (see **Appendix 12** for further detail, summary below) which gives support to this goal. We ask that all partner organisations in Kingston give support to this strategy through their own Communications and Engagement resources.

***The strategy sets out the following objectives in support of testing and tracing:***

- To raise awareness across all communities in the borough that everyone with symptoms of COVID-19 is now eligible for testing.
- To encourage anyone with symptoms to self isolate along with members of their household and book a test as soon as possible
- To encourage everyone to access rapid testing for people with no symptoms - to help detect 'asymptomatic' cases and reduce transmission in the borough and keep workplaces safe
- To build trust in and understanding of the NHS contact tracing system.
- To emphasise the importance of following the advice and guidance of NHS contact tracers if they get in touch.
- To highlight that all of us have a vital role to play in containing the spread of the virus and keeping our communities safe.

***Testing post-vaccination:***

Testing should continue even for those who have been vaccinated. The impact of the vaccine on preventing transmission remains unknown. We advise anyone who has been vaccinated to continue to observe national lockdown restrictions and get tested.

**ELEMENT 2: TRACING:**

*We will support the national programme to trace 'cases' and 'contacts' through our local contact tracing team and use tracing data to help inform our local outbreak response*

***What is contact tracing?*** Contact tracing is one of the ways to protect the public from infectious diseases like novel coronavirus (COVID-19). If a person tests positive for COVID-19, they are contacted to give advice on actions they must take, eg. self isolation, and to identify anyone who has had close contact with them during their infectious period. Once contact has been made, any 'contacts' identified by the case are subsequently called by the NHS Test and Trace team and given advice to self-isolate.



**NHS Test and Trace:** COVID-19 contact tracing is led nationally by NHS Test and Trace. The NHS Test and Trace teams attempt to contact positive 'cases' for COVID-19 as well as 'contacts' of those who test positive. There is more information about how NHS Test and Trace works, for positive cases and contacts at [GOV.UK](https://www.gov.uk).

***The deployment of Local Contact Tracing in Kingston:***

In November 2020, Kingston joined many other local authorities in setting up a local contact tracing service that supports NHS Test and Trace in contacting positive cases in Kingston. The purpose of the local service is to increase the success rate of contacting cases and contacts - and provide advice and support for those who must self-isolate. This will help break chains of transmission.

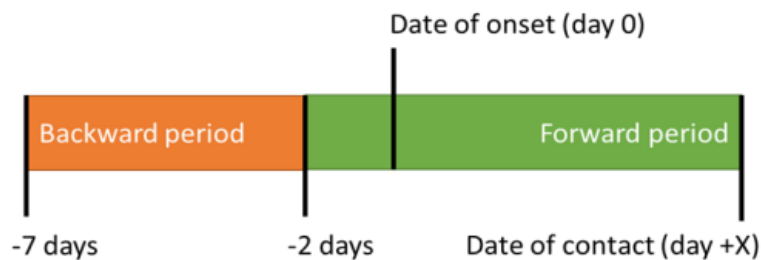
To date, it has meant that between 90-95% of people that test positive in Kingston are completing contact tracing. The team can also provide advice to residents on local support available, and where necessary, links residents into the Kingston Stronger Together Hub for practical support such as shopping and medicine delivery, and links to available financial support, including the [self isolation fund support payments](#). From mid March 2021, Kingston has become part of the Local Contact Tracing 'Local Zero' pilot, taking on the tracing of all 'cases' in Kingston. This has immediately allowed us to ensure that full details of cases are collected - eg employment details and to ensure that travel details to locations visited are also collected. In February 2021, the DHSC also agreed for Kingston to be an innovation pilot site to increase success in reaching cases, by providing funding for new pilot tracing within Kingston Hospital for the next 10 months.

***Local contact tracing by workplaces and schools:*** While NHS Test and Trace leads the national contact tracing programme, in some circumstances particular locations have been asked to do their own local contact tracing and to advise people to self isolate directly. These locations include schools (see Appendix 1) and workplaces (see Appendix 4).

***Enhanced Contact Tracing: The deployment of Outbreak Identification Rapid Response (OIRR) and risky venue alerts***

During contact tracing, positive cases are asked questions about locations they may have been to whilst infectious, where they could have transmitted the virus ('forward period' tracing), as well as locations that they had been 7 to 2 days prior to infection, where they could have contracted the virus ('backwards period' tracing).





The 'forward period tracing' data is captured in 'postcode coincidence' reports, and 'backward period tracing' data in 'exposure' reports. Both common exposures and postcode coincidences are used to guide outbreak management planning and action in Kingston by identifying locations where virus transmission may be taking place. Working in partnership with Public Health use of this data, the Kingston Regulatory Services team are able to do further investigations when this increased risk (such as for particular venues) is identified. The 'exposures' data has been used in this way in Kingston since November 2020. The new 'postcode coincidence data' has been available for local use since February 2021. Both sources of data are reviewed daily, Monday-Friday (see Element 4: Surveillance).

As new data becomes available, we are incorporating this into our data review and using where possible for local action. This includes now the 'i-CERT' data (bring together the 'forward' and 'backward' location data above) and the CNAP (case linkage mapping) and other new elements.

### **ELEMENT 3: SELF-ISOLATION: *Supporting cases and contacts that need to self isolate***

We must help our residents and workers in Kingston in doing their civic duty by making sure that they are not penalised when they self-isolate. In Kingston, we will offer support to any residents who are helping their fellow residents by self isolating. Our main route to provide this support will be through the 'Kingston Stronger Together' partnership between the council and the voluntary sector. Kingston Stronger Together can provide shopping and medicine delivery, advice about any financial assistance available if eligible in addition to telephone support and advice on ways to keep well while isolating<sup>16</sup>.

The national 'NHS Test and Trace' service is supposed to signpost anyone in Kingston to this local offer. We will also work at the local level to ensure that

<sup>16</sup> As part of this support offer, we have in place a protocol in place that sets out the process for establishing alcohol provision for shielding/self-isolating residents. This is in line with PHE guidance, and will be supported by Kingston Wellbeing Service who will consider whether an individual should be enabled to obtain alcohol to prevent them from significant harm to themselves and to support the individuals self isolation.



residents receive information about this local offer through local communications as outlined in the Communications and Engagement Strategy outlined above.

The contact details to access Kingston Stronger Together support are as follows:

- [https://www.kingston.gov.uk/COVID-19\\_NeedHelp](https://www.kingston.gov.uk/COVID-19_NeedHelp)
- If you or someone you know needs support, please fill in this [support form](#) and we will contact you.
- If you do not have online access you can phone 020 8547 5000

We would ask schools and other educational institutions to support our residents who are in education and need to self isolate. Schools are asked to ensure that any child who attends their institution and must isolate has access to adequate computer equipment/ internet/ and any other educational support as needed to be able to continue their education on a remote basis. We cannot let any children or families be penalised educationally if they do their civic duty by isolating if advised. Likewise, workplaces are asked to make sure that staff are supported, and not penalised, if their workers need to self isolate.

From the 28th of September 2020, there was a new legal duty on individuals to self isolate if someone tests positive for COVID-19 or are identified as a close contact by NHS Test and Trace. People who breach self isolation rules or prevent others from self isolating face significant fines.

#### ***Test and Trace Support Payments:***

Alongside this requirement to self isolate, the government introduced a new Test and Trace Support payment for people on low incomes who meet the eligibility criteria and are unable to work while they are self-isolating. Details on the new financial support available can be found on the RB Kingston webpage here: [Test and Trace Support Payments](#) The Test and Trace Support Payment Scheme is continuing into the summer 2021, and has been expanded to cover parents who are unable to work because they are caring for a child who is self-isolating. RBK has also approved a PILOT voucher scheme to help some people, who would otherwise be ineligible for the national payment scheme. This will be introduced around May 2021.

## **ELEMENT 4: SURVEILLANCE**

Data is fundamental to our understanding of the local outbreak picture - to inform our response to outbreaks, to guide our communications with residents, to update partners who we are joining with in the local response. and to prepare plans for further action. We are utilising data provided through the 'Power BI' and PHE



systems, which includes case rates, testing uptake, situations, schools data, exposures and postcode coincidence regarding clusters data. We will be monitoring new wastewater data and NHS COVID-19 app information. We are also reviewing care sector data through Capacity Tracker and local daily contacts with commissioned care locations not captured on Capacity Tracker. We are monitoring national household surveys as the data is produced. We will shortly have daily data on cases within the homeless population. We have daily caseload summaries from the healthcare sector.

As new data becomes available, we are incorporating this into our daily data review (see below) and using this information, where possible, for local action. This includes now the 'i-CERT' data (bring together the 'forward' and 'backward' location data above) and the CNAP (case linkage mapping), variant data and other new elements.

Since July 2020, we have had a 'Daily Case Data Meeting' (DCDM). This now brings together representatives from Public Health, Regulatory Services, Achieving for Children - Early Years and Schools, Adult Social Care, and the CCG. Data is reviewed and actions determined (eg requests for advice from LCRC, outbreak testing, workplace investigations, leafleting, targeted communications, training, checking that plans have been followed if cases have occurred etc - see specific situation plans to which actions link) based on this data.

We are also liaising with voluntary sector groups and statutory partners on a weekly basis to get qualitative feedback on issues related to the response.

We are also using high level summary data to share with partners to inform the wider borough response. Since July 2020, we have given regular data updates, combined with targeted messaging, to the Health Protection Forum, Strategic Coordinating Group, Kingston Strategic Partnership, Borough Resilience Forum and the voluntary sector.

## **ELEMENT 5: OUTBREAK MANAGEMENT and VARIANTS of CONCERN:**

The broad roles for the LCRC and Local Authorities were set out in the 'Joint Agreement between the PHE London Coronavirus Response Centre and London Local Authorities for supporting the management of COVID-19 outbreaks and complex settings' (see **Appendix 16**). These are summarised in the 'Summarised roles by setting' table below. Kingston will provide support to local outbreaks in accordance with this model. The model focussed on a number of key areas, and accordingly we have worked with partners to agree our more detailed plans using the roles set out for: care settings, education settings, the workplace and homeless/hostels, 'primary care/ healthcare settings', universities and colleges, police custody suites, 'community clusters' and Domiciliary Care and Early Years using the



framework in the table. These have been added in the Appendices (Plans 1-10) and are updated on a regular basis. It is important that, if the case of an outbreak, the government sites are also reviewed in case national guidance has been updated.

Our local plans have brought together the local and LCRC responsibilities using the framework for outbreak management, set out in 'Communicable Disease Outbreak Management Operational guidance'<sup>17</sup>. Partners who were to be consulted on the development of these plans were agreed at the Kingston Health Protection Forum (COVID-19 Health Protection Board) on the 18/06/2020. These partners have kindly given their input into these plans and have agreed the various roles set out. A wide range of partners also contributed to the new plans set out in Appendices 5-10 (which were approved by the Kingston Health Protection Forum).

The detailed plans that have been developed are attached in **Appendices 1-10**. These plans may be updated as the situation develops. Thus, in addition to this document, we may share more updated plans with partners if further changes are needed.

*Additional local testing:* The Director of Public Health may now request that the 'Mobile Testing Units' (MTUs) support targeted additional testing required at the borough level (PCR). This additional testing capacity for local level is detailed in **Appendix 13**. We also now have local capacity for testing of people who do not have symptoms (asymptomatic testing) for outbreak locations and regular twice weekly testing for all frontline workers. The mobile 'rapid' (LFT) testing units (which we are now also using for PCR testing) is now available on request via email to [covid-19ph@kingston.gov.uk](mailto:covid-19ph@kingston.gov.uk). The team can attend a location to undertake asymptomatic testing when required. The LFT outbreak control procedure outlines how the testing team is activated once requested. In addition, the council has some capacity to request asymptomatic testing through the national NHS Test and Trace booking system.

### **Variants of Concern:**

A percentage of positive COVID-19 samples are routinely sent for genomic sequencing in order to detect mutations in the circulating virus and to detect any known or new 'variants of concern' (VoC). These VoCs may enhance transmissibility of the virus or affect the efficacy of the vaccine against them so early detection is important in order to break the chains of transmission.

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<sup>17</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/343723/12\\_8\\_2014\\_CD\\_Outbreak\\_Guidance\\_REandCT\\_2\\_2\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/343723/12_8_2014_CD_Outbreak_Guidance_REandCT_2_2_.pdf)



PHE will notify the DPH that a VoC has been detected through genomic sequencing with a link to the area picked up through enhanced contact tracing information. A decision based on evidence and local public health intelligence following discussions with colleagues, will inform who and which locations will be offered 'surge testing' (additional testing in the community). The model to be used e.g. door to door kit drop off and collection, versus mobile test units (MTU), or a combination of the two, will be determined by the area and population to be offered testing. To complete surge testing, the Local Authority will access the VoC surge testing Plan

Notifications can be sent to [covid-19ph@kingston.gov.uk](mailto:covid-19ph@kingston.gov.uk) (Monday to Friday) or out of hours, by contacting: (020 8547 5800) - and ask for the 'Public Health Single Point of Contact')

Roles for Local Authorities and PHE (LCRC) were set out in June 2020 for different settings (see Appendix 16). These roles have been reflected in the situation specific plans in the Appendices of this document.

#### ***Local controls in the event of an outbreak:***

On 18 July 2020, legislation took effect to grant local authorities new powers to respond to local outbreaks of COVID-19. This gives local authorities powers to:

- restrict access to, or close, individual premises
- prohibit certain events (or types of event) from taking place
- restrict access to, or close, public outdoor places (or types of outdoor public places)

Provided three pre-conditions are met in that there is a serious or imminent threat to public health, that the measures are necessary and proportionate

This means that local authorities will no longer have to make representations to a magistrate in order to close a premises. Premises which form part of essential infrastructure will not be in scope of these powers. Local authorities must follow the [government guidance on how to implement the Regulations](https://www.gov.uk/government/publications/local-authority-powers-to-impose-restrictions-under-coronaviruses-regulations/local-authority-powers-to-impose-restrictions-health-protection-coronavirus-restrictions-england-no3-regulations-2020) and support those impacted by any intervention made under them<sup>18</sup>.

Locally, Directors of Public Health (DPH) are accountable for controlling local outbreaks, working with Public Health England (PHE) and local health protection boards, supported with resource deployment by local 'gold' structures led by council

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<sup>18</sup>

<https://www.gov.uk/government/publications/local-authority-powers-to-impose-restrictions-under-coronaviruses-regulations/local-authority-powers-to-impose-restrictions-health-protection-coronavirus-restrictions-england-no3-regulations-2020>



chief executives, and local boards to communicate and engage with communities led by council leaders.

The local authority should ensure that the Direction notice is made available on the council website and that all interested parties are notified in good time. They must also notify the Secretary of State as soon as possible after making a direction, and it is advised this should be done no longer than 24 hours after issuing. This should be done via NHS Test and Trace, with notifications emailed to [directionnotification@dhsc.gov.uk](mailto:directionnotification@dhsc.gov.uk), marked for the attention of the appropriate regional team. A review of the Directions should be made at least every 7 days.

Designated officers within the council, and the police will have powers to issue a Fixed Penalty Notice, Prohibition Notice or take a prosecution against those that breach the regulations.

Ministers are accountable nationally, and have similar powers to take action against specific premises, places and events, as well as a power to direct the local authority to act and to consider whether a direction is unnecessary and should be revoked (including in response to representations from those affected by it). The [government guidance sets out how ministers could use existing powers to control an outbreak](#) to support local action if necessary<sup>19</sup>.

To address more serious and wider-spread cases, ministers will be able to use their existing powers (under the Public Health (Control of Disease) Act 1984) to implement more substantial restrictions (regulations would be produced – and approved by Parliament – on a case-by-case basis) which could include:

- closing businesses and venues in whole sectors (such as food production or non-essential retail), or within a defined geographical areas (such as towns or counties)
- imposing general restrictions on movement of people (including requirements to ‘stay at home’, or to prevent people staying away from home overnight stays, or restrictions on entering or leaving a defined area)
- imposing restrictions on gatherings – limiting how many people can meet and whether they can travel in and out of an area to do so
- restricting local or national transport systems – closing them entirely, or introducing capacity limits or geographical restrictions
- mandating use of face coverings in a wider range of public places

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[https://www.gov.uk/government/publications/draft-options-for-regional-or-local-coronavirus-interventions?utm\\_source=9d1a9a98-7c07-4a40-959d-37130696d424&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_content=immediate](https://www.gov.uk/government/publications/draft-options-for-regional-or-local-coronavirus-interventions?utm_source=9d1a9a98-7c07-4a40-959d-37130696d424&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)



The government will ensure that the requisite local support is in place, to better assess high-risk settings and ensure that outbreak containment measures can be rapidly implemented and enforced when identified.

See **Appendix 14** for the steps of this process and a flow chart (updated).

Additional new powers were also introduced at the end of November 2020. On the new enforcement powers, until now, local authorities have been able to issue fines to businesses who have failed to comply with their legal obligations to be covid secure.

The new powers will allow them to formally request rapid improvement or close these premises where appropriate, through the issuing of notices. These will include:

i) A Coronavirus Improvement Notice - which will give premises 48 to rapidly implement Covid-Secure measures. ii) A Coronavirus Immediate Restriction Notice - to allow closure of premises that pose a public health risk after the initial 48 hours iii) A Coronavirus Restriction Notice, which will close premises for a limited period.

The local authority powers can be used as appropriate and more than one action may be required depending on:

- the speed with which the response is required
- the duration of the planned response
- the nature of the offence/observed contraventions (for example, signage is not displayed)
- the breadth of consultation with local authority representatives that is required to ensure a proportionate response
- concerns regarding an event
- concern regarding some elements of the business/event but not all (for example, premises may open but for restricted capacity or service provision)
- concern regarding the risk to public health of gatherings or large numbers of people at events or in public places

### **Communications:**

The RBK will provide support on any Communications needed for local outbreaks and any situations regarding 'Variants of Concern' or other 'outbreak testing'. The role has been set out in the detailed plans in **the appendices and set out as a whole in Appendix 12** and would be available for any other such outbreaks in the borough. The RBK Communications team would work closely with PHE/ any other partner organisations to ensure that messaging is aligned for any outbreaks to ensure that residents get a clear and consistent message.



***Training/related support:***

It is the duty of partner organisations/ institutions/ others (workplaces etc) to access and follow available national guidance on how to prevent an outbreak (ie guidance on measures to prevent spread, hygiene, cleaning, PPE use, reporting cases etc).

RBK is also providing additional infection control training and will make this available where possible. To request infection control training, please email: [covid-19ph@kingston.gov.uk](mailto:covid-19ph@kingston.gov.uk)

**ELEMENT 6: ‘Enduring Transmission’: Measures to address enduring transmission sectorally/locally/regionally.**

Our plan focuses on measures to break chains of transmission. Within this work, we will support additional targeted work with groups in Kingston where transmission has been found to be highest and the impact more severe and where there is a risk of enduring transmission. Our current case data is showing a higher case rate in deciles 2-5 (more deprived) than in deciles 8-10 (least deprived). We will focus some targeted work on populations within Kingston shown to have higher case rates to try and reduce ‘enduring transmission’. This work will combine measures to break chains of transmission and also reduce risk factors for transmission and also reduce risk factors for increased impact, where transmission occurs. This work will be funded from the Contain 1 & 2 grants, using funds originally allocated to community testing (which is now largely covered by the ‘Annex A’ community testing grant). Additional funds will be used from Contain Grants 4-7 (approved by RBK GOLD in April 2021). We will work with SW London partners on this enhanced work, particularly in relation to groups with ‘Long Term Conditions’ (eg diabetes, heart disease). Resourcing for this work can come from Contain 1&2 grants (See **Appendix 23**).

**ELEMENT 7: Communicating with residents and partners about key messages**

*on how to avoid disease spread to help people stay safe, getting feedback from residents and partners on where further work is needed, using all our local levers to make sure that every resident understands how they can personally prevent the spread of disease, including through vaccination, and that all play their part in following guidance.*

The borough has a comprehensive Communications and Engagement Strategy. This is outlined in **Appendix 12**. The strategy will support the 10 elements above. In addition, the strategy outlines how it will support messaging and activities in partnership with elected members, voluntary sector, community groups, business



and residents directly to promote the national government guidance on behaviours to minimise disease transmission<sup>20</sup>, and to communicate and engage with residents about the COVID-19 vaccine.

**ELEMENT 8: 'COVID Safe' Making the borough as 'COVID Secure' as possible:**

All sectors of the borough are asked to support national guidance in making their venue or activity as 'COVID-secure' as possible. It is the responsibility of all organisations and businesses to keep themselves up to date on the latest guidance on measures to take. The council will also work to emphasize messaging on measures to take - and where it is within the remit of the council, will follow up with premises/organisations to enforce national guidance.

Through the Communications and Engagement Strategy (see Appendix 12), the council will reinforce national and local messaging on actions for residents to take to keep themselves safe (such as the Hands, Face Space<sup>21</sup>, Ventilation messaging, Stay Home messaging, vaccination promotion, Got Symptoms, Get Tested messaging etc).

Particular work with some of the key sectors in the borough is detailed below:

***Early Years:***

AfC are updating Early Years settings with the latest guidance, providing training and monitoring case data. Support is offered to Early Years settings where cases are found. AfC are also promoting the uptake of 'rapid testing' in the Early Years settings.

***Schools:***

AfC are continuing to support schools through the twice a week Covid briefing emails. [Government guidance for schools](#) has been updated, with new operational guidance to use from 10 May 2021.

The School Health team (part of 'Your Healthcare') has continued to respond and adapt to the change in guidance for the school setting. The team have a range of online webinars/ workshops for PSHE and produced assemblies which include infection control elements - including how to wash hands correctly and the Hands/Face/Space message. Since January 2021, the School Health team have also been sessionally deployed to support the local asymptomatic, 'rapid' (lateral flow testing) in schools across the Borough. The team have continued to provide face to face support to children, families and young people, in their homes, schools or

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<sup>20</sup> Behaviours referred to are sometimes called 'Non- Pharmaceutical Interventions' or 'NPIs'

<sup>21</sup> Activities such as social distancing, wearing face coverings etc are sometimes referred to as 'non-pharmaceutical interventions' or 'NPIs'



community spaces, completing Covid 19 pre assessments and wearing appropriate levels of PPE. This has included re employing 'walk and talks' with young people.

We will review if any further support is needed for activities such as handwashing and other prevention measures (sometimes called 'non-pharmaceutical interventions' or 'NPIs') and implement training /education as is required and possible.

### **University:**

Kingston University has a comprehensive system in place to offer students support. The University and Council have worked closely on testing and other offers. The Council has also worked to ensure that students in private student accommodation in the borough (who attend other non-Kingston universities) are aware of the local support offer. The Council can also offer outbreak testing in these residences if required.

### **Care sector:**

The Adult Social Care Quality Assurance Team monitors and responds to coronavirus outbreaks in the care sector. The Team oversees the support to care providers, and liaises with Public Health, the Care Quality Commission and the Urgent Care and Support Team to ensure a coordinated approach. If there are serious concerns about the ability of the care provider to deliver safe care due to a Coronavirus outbreak, the Quality Assurance Team will visit to identify where support and guidance are most needed, with the aim of stabilising the situation as soon as possible, as well as to provide longer term oversight to ensure that the provider is able to cope with future crises. This longer term support may include resources and one to one sessions to review Business Continuity Plans, monitor Infection Control Spending, direct specific training to providers, and oversee action plans to ensure that providers are as prepared as possible.

Supportive advice and resources are accessible through the RBK website and available to download through the main [homepage](#) or dedicated [Adult Social Care pages](#).

Adult Social Care Commissioning will adjust and develop engagement activity including:

- Holding regular provider forums to support our care workforce to address key issues and areas of concern to them.
- Signposting care providers to the regular infection control and vaccination webinars held by NHS South West London CCG.



- Responding to important developments by sending out timely letters and briefings to our providers and following up with calls to support them and address specific issues that may arise, through [weekly updated communications](#)

The Adult Social Care Commissioners are also:

- Commissioning compassionate management courses, which is open to all of our social care providers to equip managers with the tools to best support their employees wellbeing. Courses running through March and April 2021.
- Commissioning mental health and wellbeing training programme for care workers. This will create a group of mental health first aiders and wellbeing champions who will be skilled to deliver workshops across the sector to embed a culture of wellbeing and build resilience.
- Utilising the workforce capacity grant to strengthen and supplement staff capacity among the social care provider workforce.
- Delivering financial wellbeing sessions for care workers in partnership with Citizens Advice Kingston.
- Developing recruitment initiatives such as the sector based work academy with Kingston adult education and progressed DHSC and Proud to care national campaigns.
- Capturing vaccination concerns through various engagement with providers, sharing knowledge with public health and comms teams to inform and shape communications and reduce hesitancy around vaccination.

### ***Transport:***

In these extraordinary times, our streets have moved into close focus as the importance of our neighbourhoods and their communities grows. Kingston has over 1,200 streets totalling 344 km (214 miles) in length and a population of over 176,000. Our streets are for so much more than just moving vehicles around - safe streets and neighbourhoods support the community. We need to ensure that streets allow efficient movement for all of us, whilst not losing sight of their other functions as places of community.

Our Low Traffic Neighbourhood (LTN) and School Streets trials are part of our [Streetspace](#) programme to turn our roads into healthier and safer streets. Healthy streets which are pleasant spaces for people to exercise outdoors, to walk or cycle instead of taking the car or using public transport. These schemes are supporting national advice to residents to walk, scoot or cycle as a means of travel to school and work to minimise COVID-19 transmission.

Details of the schemes are available here: <https://www.kingston.gov.uk/sustainable-transport-safer-greener-healthier-travel/low-traffic-neighbourhoods/1> and



<https://www.kingston.gov.uk/covid-19-kingston/getting-around-kingston-safely?documentId=580&categoryId=20157>

Feedback from the public is invited via our Let's Talk consultation portal at <https://kingstonletstalk.co.uk/low-traffic-neighbourhoods>

Any further questions can be emailed to [streetsspace@kingston.gov.uk](mailto:streetsspace@kingston.gov.uk).

### **Summary actions that locations are taking:**

*The government has provided setting specific guidance to ensure that all venues can operate in a COVID-19 secure manner. This includes guidance to implement systems of control to prevent, identify and quickly respond to cases of COVID-19 in a range of workplace sectors, schools, further education settings, social care services (e.g. care homes and domiciliary care), and public transport operators.*

*All venues must consider priority actions to protect staff, service users and/ or customers from the risk of infection, the use of PPE, venue cleaning, workforce management; and testing. [COVID secure guidance can be accessed online](#). Further information can also be found in appendices 1-10 of this document, 'Detailed Kingston Outbreak Plans'.*

### **Enforcement of COVID-19 Secure Workplaces:**

The Kingston Regulatory Services are supporting the monitoring and enforcement of 'COVID-secure' workplaces and businesses open to the public across the borough. The services have employed a number of COVID Support officers to patrol locations across the borough.

### **Business:**

The borough has a heavy focus on helping businesses survive the restrictions with grants and business support programmes, including recently launched ShopAppy.com, to help businesses trade online. The borough is also developing a major business recovery, innovation and adaptation fund. A key role is in dissemination of information to the business community through our newsletter to 4000+ business contacts, plus social media, and regular liaison with representative groups. The newsletter is also used to reach businesses across the borough with key messaging on COVID-19 prevention and secure working measures, promoting COVID-19 testing for employees in Kingston and information on actions to take if a case is detected in the workforce. The Economic Recovery Task Force, chaired by the Leader, includes major employers.

**Events:** As the lockdown restrictions are reduced, consideration will be given to how events such as festivals, performances and other large gatherings will be managed in the borough. Emerging national guidance and local case levels will inform decision making.



## **ELEMENT 9: Supporting the roll out of approved vaccines**

The council is supporting the NHS roll out the vaccination programme across the borough.

The council has worked extensively with both the internal and external social care workforce and is following the [Standard Operating Procedure](#) (SOP) for the vaccination of health & social care workers. The council is working closely with both commissioned and non-commissioned providers in the borough to ensure that all eligible staff are offered the vaccination. Internal eligible staff have been invited to get the vaccination and given information, advice and a variety of ways to get further information (including a dedicated email address and live stream).

Communications to residents continues to be in partnership with our NHS colleagues, looking to encourage those who are eligible to book directly and to reduce hesitancy in the general population. The latest online resources & information can be found here: [Kingston Council Covid Vaccination information](#). This will be in line with and informed by the communications strategy attached (Appendix 12).

Work continues to tackle inequalities within vaccine take up, working closely with community groups and community leaders to spread positive messaging in the community and tackle misinformation. Work with these groups has included funding them to deliver local messages to their communities and networks, and creating bespoke communications messages, including regarding the vaccination programme.

## **ELEMENT 10: Resourcing**

National funding has been provided to support local outbreak plans in terms of Test and Trace<sup>22 23</sup> and 'Contain' funding and 'Community Testing' funding. Other grants to support infection control have also been received (Infection Control Fund for the care sector, funding for £500 payments for self isolation, business grants, 'everyone in' funding relating to homelessness and winter grants), support for those who are Clinically Extremely Vulnerable but these are not covered here. The Test and Trace funding for Kingston, Contain Funding and Community Testing (LFT testing) is outlined here:

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<sup>22</sup> Government announcement of funds to support local outbreak control plans to support test and trace programme:

[https://www.gov.uk/government/news/300-million-additional-funding-for-local-authorities-to-support-new-test-and-trace-service?utm\\_source=c5091b80-9b26-41e5-a069-b549e9451e66&utm\\_medium=email&utm\\_campaign=gov-uk-notifications&utm\\_content=immediate](https://www.gov.uk/government/news/300-million-additional-funding-for-local-authorities-to-support-new-test-and-trace-service?utm_source=c5091b80-9b26-41e5-a069-b549e9451e66&utm_medium=email&utm_campaign=gov-uk-notifications&utm_content=immediate)

<sup>23</sup> <https://www.gov.uk/government/publications/local-authority-test-and-trace-service-support-grant>



- *The allocation for the **Test and Trace grant** for Kingston was confirmed as £940,711. A budget plan for how this funding will be used was agreed by RBK GOLD on July 8th 2020<sup>24</sup>. The outline plan is in **Appendix 19***
- *Additional funding, from the 'Contain' budget' has also been provided to the borough for outbreak 'containment' activities (Autumn 2020). Three Contain Grants have been provided for 'Contain' (containing virus spread) as follows:*
- **Contain 1&2** (£3 and £5/ population head) TOTAL: £1,419,535 (Plan of spend approved by GOLD on 14/12/2020). See **Appendix 20**
- **Contain 3** (£3/ population head): TOTAL: £532,521 (Plan of spend approved by GOLD on: 25/02/21) See **Appendix 21**
- **Community Testing ('Annex A' Mass Testing) Funding:** A bid to the DHSC was made by Kingston to offer community 'rapid testing' (Lateral flow tests) in December 2020 and revised in February 2021 to reflect the extended timeline to the end of March 2021 (which has now been extended to June 2021 - CHECK). The bid amount was for £840,000. This funding is received in different ways - some initial funding and then reimbursement of actual 'rapid tests' (Lateral Flow Tests) completed. The bid is based on the borough completing 60,000 'rapid tests'. See **Appendix 22**.
- **Contain 4-7 TOTAL: £3,347,675: See Appendix 24**

A deployment exercise has been conducted to allocate additional staff to this work area and the voluntary sector has been supporting efforts in partnership with the council. In addition, within the existing council teams, staff time has been reallocated within existing staff roles (or adjusted staff roles) to support this work.

### **Recovery:**

Kingston established a new 'Response and Recovery Committee' in 2020. This is chaired by the Leader of the Council. Two Task Forces report to this: the Communities Task Force and a Business and Economic Task Force. Further details about this work is below:

The **Communities Task Force** is chaired by the Deputy Leader of the Council. It has been designed to build on the community spirit and collective action that has been generated in the immediate response to Covid-19, and to facilitate a coordinated response to the needs of those residents and communities that have been most adversely impacted by the pandemic. The Task Force brings together elected Members, senior Council officers, strategic partners, the voluntary sector, community leaders, mutual aid groups and community activists to work collaboratively to share their ideas and resources to support communities in Kingston to recover from the pandemic.

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<sup>24</sup> Immediate funding was already been agreed by the RBK DPH for Communications and Community Engagement to expedite local uptake of the 'test and trace' service prior to this



The Task Force provides expert advice, knowledge and community insight to inform the borough's strategic direction for recovery by: creating the space to consider and develop the development of different models of community support; building on residents' interests in volunteering and community action; support those communities that have been disproportionately affected by the pandemic; considering the best use of community buildings, assets and resources; and sustaining the positive behaviour change that has emerged during the national lockdown restrictions.

Three working groups have been established to address the local priority issues identified by the Task Force. These are:

**Combating Poverty** - ensuring that appropriate and coordinated support is available and accessible to those residents experiencing poverty, including food insecurity, unemployment, benefits advice, debt management, housing and homelessness, and digital exclusion.

**Mental Health and Wellbeing** - ensuring that appropriate and coordinated support is available and accessible to those residents experiencing mental health challenges as a result pandemic and lockdown restrictions, and promoting wellbeing initiatives.

**Volunteering and the Volunteer Experience** - building on and supporting the increased interest in volunteering and community involvement during the pandemic, including formal volunteering opportunities, community-led volunteering and local activism.

Additional detail about the ***Business and Economic Task Force*** will be added.



## **Appendix 1: Detailed Kingston Outbreak Plans: Schools or Childcare Locations**

### **Royal Borough of Kingston upon Thames**

Coronavirus (COVID-19) outbreak management: operational guidance for **Schools or Childcare Locations** (including youth centres and children's centres).

**A new case of coronavirus (COVID-19) is an emergency.** This plan contains advice on confirmed cases, contacts, contact tracing and other relevant information and links to resources. **Please read through this document and be aware that national guidelines are subject to change on an ongoing basis - always check for the most up to date guidance and advice.**

**Early Years Settings and Childcare Providers should ensure all members of staff; parents and carers; and visitors are familiar with infection control measures, testing and isolation guidance and are supported to adhere to these guidelines.**

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#### **1. Introduction**

- 1.1. The primary objective in outbreak management is to protect public health by identifying the source and implementing control measures to prevent further spread or recurrence of the infection.
- 1.2. This document provides operational guidance across local organisations for the management of outbreaks of COVID-19 in schools, childcare and other settings for children and young people in Kingston.
- 1.3. The guidance aims to ensure an effective and coordinated approach is taken to outbreak management, from initial detection to formal closure and review, and includes a set of standards for outbreak response.
- 1.4. This document is intended to provide a framework for our local response to outbreaks of COVID-19 and directs to detailed guidance and information where appropriate, including the [COVID-19 London Schools Resource Pack](#). Please also refer to: [Schools coronavirus \(COVID-19\) operational guidance](#)
- 1.5. Every case is different and this guidance should be used alongside expert advice in response to individual circumstances.



## 2. Preparation and prevention

- 2.1. Prevention of cases and outbreaks of COVID-19 remains the priority. Guidance for educational settings on protective measures they can take during the coronavirus (COVID-19) outbreak can be found [here](#). Specific guidance for educational settings on supporting children with Special Educational Needs and Disabilities (SEND) can be found [here](#). Guidance for holiday, after school clubs and other out of school settings is [here](#).
- 2.2. Guidance on shielding and protecting children who are clinically extremely vulnerable can be found [here](#).
- 2.3. It is important that those managing school and childcare locations familiarise themselves with the guidance to manage outbreaks of COVID-19 in advance of any cases to quickly respond if necessary.

## 3. Definitions

- 3.1. **Possible case** of COVID-19 in a school or childcare location:
  - Any child, young person or staff member with [symptoms of COVID-19](#) (high temperature over 37.8 degrees Celsius, new continuous cough, and/or loss of, or change to, sense of smell or taste).
  - Anyone who displays these symptoms must be asked to [self-isolate](#) and [testing](#) should be arranged.
    - Schools should follow the guidance in SECTION 4 of this plan and refer to the [COVID-19 London Schools Resource Pack](#) for more information.
- 3.2. **Confirmed case** of COVID-19 in a school or childcare location:
  - Any child, young person or staff member with laboratory confirmed diagnosis of COVID-19.
  - All settings should follow the guidance in the [LCRC Resource pack](#) and complete this [form](#) to report a confirmed case to Achieving for Children (AfC) and Kingston Council. Settings should follow the guidance in SECTION 4 of this plan.
  - Contact may also be made with your School Improvement Partner or Link Advisor
- 3.3. **Outbreak** of COVID-19 in a school or childcare location:



- Two or more confirmed cases of COVID-19 among children, young people or staff in the setting within 14 days, and one of the following:
  - Direct exposure is identified between at least 2 of the test-confirmed cases in that setting (for example under one metre face to face, or spending more than 15 minutes within 2 metres) during the infectious period of one of the cases.
  - When there is no sustained local community transmission, i.e. absence of an alternative source of infection outside the setting for the initially identified case

-OR-

- An overall increase in sickness absence reporting where parents/ carers report illness with suspected COVID-19 (but where no tests have been done or results are available).

3.4. **Who is a '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). If the person who tested positive is asymptomatic, a 'contact' is a person who has been close to them anytime from 2 days before the date of the positive test up to 10 days after the date of the test.

A contact can be a **Direct contact**:

- Anyone who lives in the same household as a case or has stayed overnight with them during their infectious period
- Sexual Partners
- Anyone who has had face to face contact with a case, for any length of time, including being coughed on or talked to
- Anyone who has been within 1 meter of a case for one minute or longer

or a **Proximity contact**:

- Anyone who has had face-to-face contact with someone less than 1 metre away (this will include times where you have worn a face covering or a face mask)
- Anyone who has been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)



- Anyone who has travelled in a car or other small vehicle with someone (even on a short journey) or close to them on a plane

Anyone who has been identified as a contact, will need to self-isolate for 10 days from last contact with the case, regardless of whether they have been tested or not, and that if they develop symptoms during that time they will need to get a test, and then self-isolate for a full 10 days from their symptom onset if positive. Find more information about what your test results mean at [GOV.UK](https://www.gov.uk)

### **3.5. Use of face coverings**

Face coverings are no longer being recommended for pupils and students in classrooms or communal areas, in all schools and FE providers. Face coverings will also no longer be recommended for staff in classrooms or for wraparound childcare/ extra-curricular activity where there is private use of a room for this purpose.

In all schools and FE providers, it is recommended that face coverings should be worn by staff and visitors in situations outside of classrooms where social distancing is not possible (for example, when moving around in corridors and communal areas).

The reintroduction of face coverings for pupils, students or staff may be advised for a temporary period in response to particular localised outbreaks, including variants of concern. Please see the [Government guidance on the use of face coverings](#) in full.

### **3.6. LCRC (London Coronavirus Response Cell)**

The LCRC are the local Health Protection Team (HPT) for all London Boroughs (including the Royal Borough of Kingston). Where Government guidance refers to local HPTs, for Kingston, this is the LCRC.

### **3.7. Testing definitions**

**PCR tests (polymerase chain reaction):** PCR tests are good at finding very small amounts of the virus, especially early in infection, so these are used primarily in people who have symptoms. The swabs are sent to a lab and it will take longer to get your result. Most people get their result the next day, but it may take up to 3 days.



**Lateral Flow Testing or Device (LFT/LFD):** These are rapid tests (results in 20-30 minutes) used for asymptomatic people. If an LFT has a positive result, the individual and their household should self-isolate and seek a confirmatory PCR

We know that some people have Covid-19 but do not display any symptoms. Although they remain well, they can still transmit the virus to others. Therefore asymptomatic testing is really key in helping to reduce transmission for COVID-19 in the community and settings.

Additional 'outbreak testing' will be considered in the event of a suspected or confirmed case within the setting

#### 4. Priority actions and when to notify LCRC

**4.1.** Schools are expected to follow [guidance on how to complete the educational setting status form](#) for daily reporting to the Department for Education (DfE). Reporting must be completed via the [DfE online form](#). Any positive cases must also be reported to the Local Authority via the [Achieving for Children \(AfC\) confirmed cases form](#).

**Please note:** By submitting the AfC online form with details of positive cases, the appropriate local support can be offered to your location.

**4.2. Initial action by the school or childcare setting.** You will be able to manage many of the situations that arise in your school with support from the [COVID-19 London Schools Resource Pack](#). In general, you will need to take the following steps to manage a confirmed case of coronavirus in your school:

1. **Isolate case:** Ensure the case has been tested and is isolating as appropriate
2. **Identify contacts:** Conduct a risk assessment (template in [COVID-19 London Schools Resource Pack](#)) to identify contacts who will need self isolate, and provide them with the appropriate advice
3. **Escalate as appropriate:** Inform the appropriate team (see **Table 1**)
4. **Share information:** Provide information to parents and staff (template for letters in [COVID-19 London Schools Resource Pack](#)). Notify Achieving for Children (see **SECTION 4.4**)

**Table 1**

Scenario	Case(s)	Contact Isolation	Escalation	Information
Suspected case	Isolate (10 days)	None	None	None



	+ test)			
Single confirmed case (primary school)	Isolate (10 days)	Contacts/Bubbles (10 days)	Department for Education Helpline	Inform and advise letter
Single confirmed case (secondary school)	Isolate (10 days)	Contacts (10 days)	Department for Education Helpline	Inform and advise letter
More than one case	Isolate (10 days)	Contacts/Bubbles (10 days)	LCRC (if criteria met)	Inform and advise letter

Table 1. Summary of scenarios, COVID-19 London Schools Resource Pack (14th Oct 2020) (please note that the guidance has changed since this pack was published.) PHE [guidance](#) was updated 15th December reflecting the change in the national guidance for self isolation from 14 days to 10 days.

#### 4.2. Contact with the Department for Education's (DfE) helpline

- The headteacher (or establishment manager) should be notified of a positive result and can contact the DfE helpline if needed.
  - **Telephone: 0800 046 8687 selecting the option for reporting a positive case** (open Monday to Friday from 8am to 6pm, and 10am to 4pm on Saturdays and Sundays)
  - The DfE helpline also remains available for all other queries about coronavirus (COVID-19) relating to your education and childcare setting on 0800 046 8687. Please listen carefully to the available options and select the one most appropriate to your setting's current situation.
  - For emergency health protection advice needed out of hours contact South London Health Protection Team on 0344 326 2052.
- You will be put through to a team of advisors who will inform you what action is needed based on the latest public health advice, and work through a risk assessment to identify close contacts.
- Once initial investigations and risk assessment are complete, a decision must immediately be made regarding an outbreak declaration. All confirmed outbreaks, as per the definition in **SECTION 3.3** of this document, must be declared.

#### 4.3. Contact with the London Coronavirus Response Cell (LCRC). The LCRC can be contacted via email or phone, it may be easier for you to get through to the LCRC via email.

**Telephone: 0300 303 0450**



**Email:** [LCRC@phe.gov.uk](mailto:LCRC@phe.gov.uk)

- All schools should follow the advice outlined in the [LCRC schools resource pack](#), and only contact the LCRC if they have specific concerns or are a SEND school.

#### **4.4. Declaration of confirmed outbreak to Achieving for Children**

- Confirmed cases in schools and childcare locations must immediately be reported via the [schools confirmed cases form](#) or to the following:

For schools or early years settings

- Director of Children's Services (Ian Dodds)  
**Email:** [ian.dodds@achievingforchildren.org.uk](mailto:ian.dodds@achievingforchildren.org.uk)
- Director of Education Services (Charis Penfold)  
**Email:** [charis.penfold@achievingforchildren.org.uk](mailto:charis.penfold@achievingforchildren.org.uk)
- Associate Director for School Standards and Performance (Rosemary Hafeez)  
**Email:** [rosemary.hafeez@achievingforchildren.org.uk](mailto:rosemary.hafeez@achievingforchildren.org.uk)

All other settings

- Director of Children's Services (Ian Dodds)  
**Email:** [ian.dodds@achievingforchildren.org.uk](mailto:ian.dodds@achievingforchildren.org.uk)
- Director of Social Care (Alison Twynam)  
**Email:** [alison.twynam@achievingforchildren.org.uk](mailto:alison.twynam@achievingforchildren.org.uk)

- Achieving for Children (AfC) will receive notification of a confirmed outbreak from the setting and AfC will also alert the Director of Public Health
- AfC will support the setting with correspondence to governors and parents/carers (if applicable) and inform AfC Communications Team
- If required, the Local Authority should liaise with the relevant school governor and support the educational setting with communication to parents. (If Governor unknown contact Head of Governor Support [angela.langford@achievingforchildren.org.uk](mailto:angela.langford@achievingforchildren.org.uk))
- Kingston's Public Health team with Achieving for Children data lead, will contact schools where they have had outbreaks to offer them any advice or support, including additional testing, infection control visit/training etc. Where this support is requested this will be put in place as quickly as possible (see Section 6.1).
- The Local Authority should support the educational setting in accessing further PPE in the case of an emergency  
**Email:** [ppe.enquiries@kingston.gov.uk](mailto:ppe.enquiries@kingston.gov.uk)



## **5. Outbreak Control Team**

- 5.1. Public Health England advisers will jointly consider with the Local Authority and advise whether an Outbreak Control Team (OCT) needs to be assembled given the circumstances of the outbreak.
- 5.2. If formed the suggested minimum membership of the OCT is as follows:
  - RBK Director of Public Health: Iona Lidington (or nominated RBK Public Health Consultant)
  - RBK Public Health OCT Coordinator
  - London Coronavirus Response Cell (LCRC) (PHE) representative
  - Headteacher (or equivalent manager from childcare settings)
  - Achieving for Children (AfC) representative: Matthew Paul
  - YourHealthcare representative: Joanna Reynolds
  - RBK Communications: Cara Coslett
- 5.3. The chair of the OCT should be appointed at the first meeting. This will usually be the Director of Public Health or Public Health Consultant, however it may be another OCT member if appropriate. See [Communicable Disease Outbreak Management: Operational guidance \(section A3.2\)](#) for OCT suggested Terms of Reference. There must be absolute clarity about the outbreak lead at all times with appropriate handover consistent with handover standards.
- 5.4. In the event that an OCT is not assembled, the LCRC and RBK Director of Public Health will advise on any particular action required (in addition to the actions set out for schools and childcare settings in standard guidance).

## **6. Outbreak investigation and control**

- 6.1. **Infection control**
  - It is essential that infection control measures are put in place as soon as possible. Find more guidance on hygiene, cleaning and isolation in the [Covid-19 Schools Resource Pack](#).
  - Additional support can be requested for a walk around observational visit of infection control procedures at school site with Infection Prevention and Control specialist. Schools will be given suggestions for areas of improvement, where identified. Where schools have reported cases or outbreaks, this offer will be given directly to the school. To request this via Kingston Public Health, contact [covid-19ph@kingston.gov.uk](mailto:covid-19ph@kingston.gov.uk) and notify AfC.



## 6.2. Personal Protective Equipment

- From May 2021, face coverings will no longer be recommended for pupils in classrooms or communal areas in all schools. Face coverings will also no longer be recommended for staff in classrooms. However, it is recommended that face coverings be worn by staff and visitors in situations outside of classrooms where social distancing is not possible (for example, when moving around in corridors and communal areas). See [here](#) for further guidance. Face coverings may be recommended in outbreak situations.
- Emergency PPE requests can be made to the local authority by contacting: **Email:** [ppe.enquiries@kingston.gov.uk](mailto:ppe.enquiries@kingston.gov.uk)

## 6.3. Testing

- As well as rapid asymptomatic coronavirus (COVID-19) testing being available in secondary schools and colleges, staff in primary, school-based nurseries and maintained nursery schools have also been recommended to take part in regular asymptomatic testing. It is recommended that school staff and secondary school and college students test twice weekly, to minimise the risk of introducing infection.
- Rapid testing remains a vital part of our plan to suppress this virus. Schools should follow the guidance set out for their settings:
  - [primary schools, school-based nurseries and maintained nursery schools](#)
  - [secondary schools and colleges](#)
  - [specialist settings](#)
- Schools and nurseries should offer testing to all teaching and non-teaching staff members.
- Separate to the asymptomatic testing regime, all schools have received a small supply of PCR testing kits. These test kits should only be used in the exceptional circumstance that an individual becomes **symptomatic** and you believe they may have barriers to accessing testing elsewhere. The best and fastest way for students or staff to get a test result is to visit a testing site. See further guidance for [when to provide a test kit](#).
- If settings run out of tests kits, more can be [ordered online](#)
- If needed and available, the DPH will request additional support with local testing through the Mobile Testing Units.
- We are currently recommending that all contacts of cases (and possibly a wider group, to be agreed with RBK Public Health or LCRC) are also offered PCR testing. This will help us identify any other cases in the location.



Whatever the result of the PCR test, all close contacts must complete the nationally recommended period of self isolation.

#### **6.4. Use of face coverings**

- The reintroduction of face coverings for pupils, students or staff may be advised for a temporary period in response to particular localised outbreaks, including variants of concern. In all cases, any educational drawbacks should be balanced with the benefits of managing transmission.

#### **6.5. Sources of support**

- The setting and local authority should work together to ensure that if necessary, young people are supported to learn from home and have access to [free school meals](#) if they meet qualifying criteria.
- Support with food access, medication delivery and befriending can be accessed by anyone who is self isolating in Kingston via the [Kingston Stronger Together Hub](#).
- To ensure that school employees are able to access the government's self-isolation fund, if eligible, settings should follow procedures below:
  - Ensure that a list of appropriate contacts for the positive case in the setting has been collated.
  - Call the new Self Isolation Service Hub (020 3743 6715) with the CTAS ID of the positive case, in order to formally log the contacts linked this case. (You will need the individual who has tested positive to report their CTAS ID to you).
  - Employees can then be advised to check their eligibility and how to apply for the fund on the [Kingston Council website](#).

#### **6.6. Risk Assessment**

- Review risk assessment in light of evidence gathered
- Risk assessment template can be found in [COVID-19 London Schools Resource Pack](#)

#### **6.7. Analytical study and investigation**

- The OCT will decide if an analytical study will be conducted and record the rationale for their decision (see [Appendix 8 of Communicable Disease Outbreak Management: Operational Guidance](#) for guidance on conducting an analytical study). An investigation protocol will be prepared if an analytical study is undertaken (see [Appendix 7 of Communicable Disease Outbreak](#)



[Management: Operational Guidance](#) for guidance on completing an investigation protocol).

#### **6.8. Additional risk factors that you are concerned about**

If you become aware of any additional risk factors within your setting or surrounding environment that might be contributing to an outbreak, please notify RBK Public Health team at [covid-19ph@kingston.gov.uk](mailto:covid-19ph@kingston.gov.uk). Please note, this inbox is only monitored Monday-Friday. For urgent enquiries, contact RBK Single Point of Contact (020 8547 5800)

### **7. Communications**

- 7.1. A communications strategy must be agreed at the first OCT meeting (or if no OCT assembled, a holding statement must be prepared by RBK Communications) and reviewed throughout the outbreak investigation.
- 7.2. Draft letters for parents and staff can be found in the [COVID-19 London Schools Resource Pack](#). DfE helpline advisors will work with the school or childcare location to provide communication materials to update other members of staff of the outbreak.
- 7.3. See [Appendix 9 of Communicable Disease Outbreak Management: Operational guidance](#) for guidance on a media strategy
- 7.4. Schools and childcare settings have been advised in the case of two or more confirmed cases of COVID-19 to contact the following for assistance with the media
  - AfC Press Office: Jav Khan  
**Email:** [press.office@achievingforchildren.org.uk](mailto:press.office@achievingforchildren.org.uk)  
**Telephone:** 07711 909583
  - Council Communications Teams  
**Email:** [communications@kingston.gov.uk](mailto:communications@kingston.gov.uk)

### **8. End of outbreak**

- 8.1. An outbreak is considered over when there have been no new test confirmed cases in a setting for 28 days or more. If a new case appears **after the 28 day period, this must be reported as a new outbreak.**
- 8.2. Where an OCT has been assembled to manage an outbreak, a brief final written report should be prepared. This will be led by RBK and a preliminary



report must be completed and agreed by members of the OCT within 4 weeks of the end of the outbreak.

- 8.3. Outbreak reports for complex outbreaks with multiple OCTs will be prepared by the LCRC, if needed and if there is capacity to do so. See [Appendix 11 of Communicable Disease Outbreak Management: Operational Guidance](#) for a standard structure for a final outbreak investigation report.

### **Appendix 1: Protocol: Guidance for school or early years setting leaders if there is a suspected or confirmed COVID-19 case in school**

Department for Education Guidance and Action List: [What to do if a pupil is displaying symptoms of coronavirus](#) (September 2020)

As always please keep your SIP or Link Advisor up-to-date with any concerns. If you are unable to contact them, then please do get in touch with either [charis.penfold@achievingforchildren.org.uk](mailto:charis.penfold@achievingforchildren.org.uk) or [rosemary.hafeez@achievingforchildren.org.uk](mailto:rosemary.hafeez@achievingforchildren.org.uk)







## **Appendix 2: Detailed Kingston Outbreak Control Plans (COVID-19): Care Providers**

### **Royal Borough of Kingston**

Coronavirus (COVID-19) outbreak management: operational guidance for: **Care Providers (sheltered housing and nursing homes for people with learning disabilities, mental health and/or other disabilities, registered residential care for adults and children)**

**A new case of coronavirus (COVID-19) is an emergency.** This plan contains advice on confirmed cases, contacts, contact tracing and other relevant information and links to resources. **Please read through this document and be aware that national guidelines are subject to change on an ongoing basis - always check for the most up to date guidance and advice.**

**Care providers should ensure all residents, members of staff and visitors are familiar with infection control measures, testing and isolation guidance and are supported to adhere to these guidelines.**

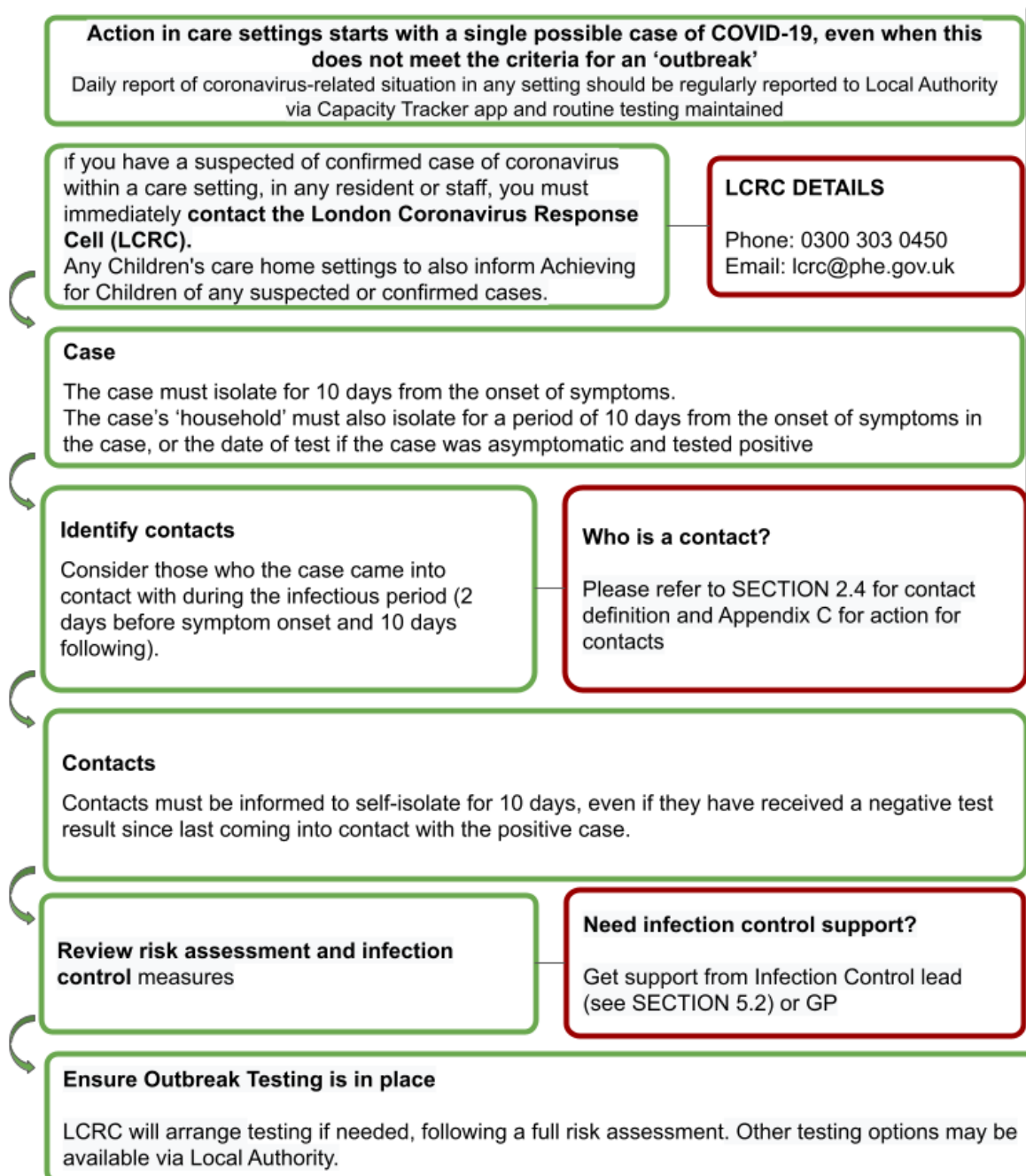
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### **1. Introduction**

- 1.1. This document provides operational guidance for the management of suspected cases and outbreaks of COVID-19 in Care Provider settings. It is a framework for working across the public health structures in local authorities, NHS England and other relevant bodies, and is for use in local outbreak management scenarios.
- 1.2. You can help prevent the spread of COVID-19 by taking the necessary measures, highlighted in this plan, and by reporting all cases of COVID-19 you become aware of.
- 1.3. [The Adult Social Care Plan](#) in Royal Borough of Kingston (RBK) sets out what has been done so far in response to the COVID-19 pandemic, and what the next steps are for Adult Social Care regarding: controlling the spread of infection, supporting the workforce, supporting independence amongst residents, and supporting local authorities and providers of care.
- 1.4. The [Infection Control Fund](#) is being distributed by RBK Adult Social Care to help control and prevent the spread of Covid 19 amongst residents and staff of care providers in Kingston. This includes compensating staff whose normal hours are reduced due to [restrictions on their movement](#).



## Quick guide Care Provider actions for suspected or confirmed cases of COVID-19





**2. Outbreak and case definition:** see [guidance](#) during period of sustained community transmission

- 2.1. Possible case of COVID-19 in the care home:** Any resident (or staff) with symptoms of COVID-19 (high temperature, over 37.8 degrees Celsius, new continuous cough, and/or loss of, or change to, sense of smell or taste). If you have concerns about a resident but are not sure if they meet possible case definition, get clinical advice and then contact LCRC<sup>25</sup>.
- 2.2. Confirmed case of COVID-19:** Any resident (or staff) with **laboratory confirmed** diagnosis of COVID-19. A positive Lateral Flow Device test result should be followed up with a PCR test, to be sent to the laboratory.
- 2.3. Outbreak:** If there are 2 or more confirmed cases of COVID-19 or clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days.

If there is a single laboratory confirmed case, this is an 'incident' and would initiate further investigation and risk assessment<sup>26</sup>.

- 2.4. Who is a '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).

**Please note:** If care workers who are providing personal care are trained in the use of PPE, and are donning, doffing and using PPE appropriately with no breaches, they would not be considered as a close contact. However, the use of less stringent PPE does not guarantee effective prevention of transmission or acquisition of coronavirus infection in other settings, eg. staff room or canteen, therefore will not necessarily exclude an individual from being considered a close contact. For more details, go to [GOV.UK](#).

A contact can be a **Direct contact**:

- Anyone who lives in the same household as a case or has stayed overnight with them during their infectious period

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<sup>25</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/906089/Routes\\_for\\_Coronavirus\\_testing\\_in\\_adult\\_social\\_care\\_in\\_England\\_accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/906089/Routes_for_Coronavirus_testing_in_adult_social_care_in_England_accessible.pdf)

<sup>26</sup><https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes#fn:8>



- Sexual Partners
- Anyone who has had face to face contact with a case, for any length of time, including being coughed on or talked to
- Anyone who has been within 1 meter of a case for one minute or longer

or a **Proximity contact**:

- Anyone who has had face-to-face contact with someone less than 1 metre away (this will include times where you have worn a face covering or a face mask)
- Anyone who has been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
- Anyone who has travelled in a car or other small vehicle with someone (even on a short journey) or close to them on a plane

Anyone who has been identified as a contact, will need to self-isolate for 10 days from last contact with the case, regardless of whether they have been tested or not, and that if they develop symptoms during that time they will need to get a test, and then self-isolate for a full 10 days from their symptom onset if positive. Find more information about what your test results mean at [GOV.UK](https://www.gov.uk)

## **2.5. LCRC (London Coronavirus Response Cell)**

The LCRC are the local Health Protection Team (HPT) for all London Boroughs (including the Royal Borough of Kingston). Where Government guidance refers to local HPTs, for Kingston, this is the LCRC.

**2.6. Testing:** Various testing options are available for care residents, staff and [visitors](#) and this is changing regularly, see [GOV.UK guidance](#). The testing process involves taking a swab of the nose and the back of the throat, which can be done by the person themselves (self-administered) or by someone else (assisted).

- **PCR tests (polymerase chain reaction):** PCR tests are good at finding very small amounts of the virus, especially early in infection, so these are used primarily in people who have symptoms. The swabs are sent to a lab and it will take longer to get your result. Most people get their result the next day, but it may take up to 3 days.



- **Lateral Flow Testing or Device (LFT/LFD):** These are rapid tests (results in 20-30 minutes) used for asymptomatic people. If an LFT has a positive result, the individual and their household should self-isolate and seek a confirmatory PCR

We know that some people have Covid-19 but do not display any symptoms. Although they remain well, they can still transmit the virus to others. Therefore asymptomatic testing is really key in helping to reduce transmission for COVID-19 in the community and settings.

Additional 'outbreak testing' will be considered in the event of a suspected or confirmed case within the setting.

### 3. Reporting requirements and when to notify LCRC

- 3.1. Care providers are expected to report daily on the outbreak situation in their setting to the Local Authority via the Capacity Tracker app.
- 3.2. **Action in care settings in terms of outbreak management starts with a single possible case of COVID-19, even when this does not meet the criteria for an 'outbreak' (see above).** This is because individuals are in close contact with others for extended periods of time, they are a particularly vulnerable group and their immune response may differ from healthier individuals. [Government guidance](#) states that tests are available for any suspected cases in care homes.
- 3.3. If you have a **suspected or confirmed case** of coronavirus within a care setting, in any resident or staff, you must immediately **contact the London Coronavirus Response Cell (LCRC)** who will provide advice and arrange testing if needed, based on risk assessment.

LCRC (London Coronavirus Response Cell):

- **Telephone:** 0300-303-0450
  - **Email:** [lcrc@phe.gov.uk](mailto:lcrc@phe.gov.uk) (or [phe.lcrc@nhs.net](mailto:phe.lcrc@nhs.net) for patient identifiable information)
- 3.4. LCRC will inform the care setting of any risk assessment to be undertaken, including identification of contacts of case 2 days before and 10 days after onset of symptoms (or date of test if case is asymptomatic). See [Appendix C](#) for definition of contacts and actions needed.
  - 3.5. Suspected or confirmed cases must **also, at the same time**, be reported to the Local Authority through completion of the Capacity Tracker.



- 3.6. Children's residential settings** to also inform Achieving for Children of any suspected or confirmed cases..

- Email: [commissioning@achievingforchildren.com](mailto:commissioning@achievingforchildren.com)

**Care homes** to contact Clinical Lead of any case or suspected case if support required.

#### **4. Actions for confirmed, suspected or multiple cases**

- 4.1. Action in care settings starts with a single possible case of COVID-19, even when this does not meet the criteria for an 'outbreak' (see above).**

This is because individuals are in close contact with others for extended periods of time, they are a particularly vulnerable group and their immune response may differ from healthier individuals. [Government guidance](#) states that tests are available for any suspected cases in care homes.

- 4.2. Care homes to contact Clinical Lead** of any case or suspected case if support required.

- 4.3.** LCRC will undertake a risk assessment with the reporting officer and will also provide the appropriate Infection Prevention and Control (IPC) guidance. To help this process, you should:

- **Identify the contacts** of the positive case 2 days before and 10 days after onset of symptoms (or date of test if case is asymptomatic). **You must ensure that all identified contacts are told to self isolate for 10 days.** See SECTION 2.4 for definitions and [Appendix C](#) for actions needed.
- **Review your infection control measures** and ask promptly for advice from Infection Control lead (see SECTION 5.2) or during 'check in' calls with GP.
- Consider options for **wider testing** in your setting (if necessary). See SECTION 2.5 for definitions and guidance

- 4.4.** The LCRC will work with the reporting officer to undertake a risk assessment

#### **5. Outbreak Control Team (OCT)**

- 5.1.** Once a care setting alerts the LCRC to a suspected or confirmed case, LCRC decides if an OCT needs to be assembled. LCRC (or DPH if requested by LCRC) to convene OCT group within one working day of outbreak.

- 5.2.** Outbreak Control Team suggested membership:

- LCRC representatives
- RBK Director of Public Health (Iona Lidington or substitute)
- RBK Public Health Consultant
- RBK Public Health OCT Coordinator



- RBK Adult Social Care representative ([adultscommissioning@kingston.gov.uk](mailto:adultscommissioning@kingston.gov.uk))
  - Achieving for Children representative (Head of Placement Commissioning, Priya Saravanan or substitute)(when relating to children's residential provision)
  - Care setting representative(s)
  - Infection Control lead (Lesley Channer, [Lesley.Channer@yourhealthcare.org](mailto:Lesley.Channer@yourhealthcare.org) or substitute infection control lead, see 5.2.3.)
  - Clinical Lead for care home
  - RBK Communications and Engagement Manager (Cara Coslett or substitute)
- 5.3.** OCT to refer to [Appendix A](#) for draft Terms of Reference, and [Appendix B](#) for draft meeting agenda.
- 5.4.** In the event that an OCT is not assembled, follow [national guidance](#) and any action as advised by the LCRC and RBK Director of Public Health on any particular action required

## **6. Additional advice on outbreak investigation and infection control**

- 6.1.** LCRC will advise on any investigation and control measures. Care providers should also follow guidance on:
- 6.2. Infection Control Measures. Follow the LCRC advice and follow national guidance:**
- 6.2.1. See [guidance](#) for Infection Prevention and Control (IPC)
  - 6.2.2. See [Appendix C](#) for guidance on timescales for self-isolation of case and contacts if a staff member or residents in a care setting tests positive for Covid-19.
  - 6.2.3. See [guidance](#) on safe working in education, childcare and children's social care settings, including the use of PPE
  - 6.2.4. See [guidance](#) for restricting a child's movement if they become symptomatic in children's residential settings.
  - 6.2.5. Infection Control leads locally can also offer advice if required:
    - Your Healthcare, Urgent Care and Support Service
    - 0208 2747088Sally Brittain, NHS Kingston Hospital
    - [Sally.Brittain@nhs.net](mailto:Sally.Brittain@nhs.net)Fergus Keegan, NHS South West London CCG
    - [Fergus.Keegan@swlondon.nhs.uk](mailto:Fergus.Keegan@swlondon.nhs.uk)Iona Lidington, RBK Public Health
    - [Iona.Lidington@kingston.gov.uk](mailto:Iona.Lidington@kingston.gov.uk)
- 6.3. Personal Protective Equipment (PPE)**
- 6.3.1. See [guidance](#) for recommended PPE by health and care setting.
  - 6.3.2. See [guidance](#) for how to work safely using PPE in care homes.



- 6.3.3. See [guidance](#) for how to work safely using PPE in domiciliary care.
- 6.3.4. Providers can contact the Local Authority to request a 3 day Emergency Supply at [ppe.enquiries@kingston.gov.uk](mailto:ppe.enquiries@kingston.gov.uk)

#### **6.4. Visitation**

- 6.4.1. As soon as an outbreak in a care home setting is identified, home visitation rights must stop in order to protect staff, residents and visitors.
- 6.4.2. The cessation of visitation must continue until advice has been given that the outbreak is under control. Visitation rules must continue to follow infection control and prevention [guidelines](#).

#### **6.5. Restricting movement of staff**

- 6.5.1. No staff movement in and between care settings is critical to minimise the risk of infection of COVID-19. See [guidance](#) for details.
- 6.5.2. There are limited [exceptional circumstances](#) where, in order to ensure enough staff are available to provide care safely, care home providers may need to deploy people who are also working in another health or social care setting

#### **6.6. Testing**

- 6.6.1. The LCRC will advise setting on who needs to be tested if you have a new suspected case of COVID-19. Follow the LCRC advice.
- 6.6.2. Symptomatic or self-isolating **staff** members in **any care setting** should get tested via:
  - [Employee referral portal](#).Remember to discuss all suspected cases of COVID-19 in a care home setting with the LCRC to ensure the right isolation guidance and infection prevention and control advice is being followed. This includes staff members.
- 6.6.3. Due consideration must be given to the requirements of the [Mental Capacity Act](#) and considering the [ethical framework for adult social care](#) in response to COVID-19 when any decision is being taken about testing. It is important to assess the service user's mental capacity to consent to the procedure of being tested and document this assessment and decision. If the outcome of the assessment is that the service user is lacking capacity, a best interest process needs to be followed, including the best interests checklist, with this and the outcome clearly documented by the care home. If needed, and available, the DPH will request additional support with local testing via Mobile Testing Units.

#### **6.7. Tracing**

- 6.7.1. Following any confirmed cases, the setting should prepare for the LCRC to ask about any contacts of cases.



- 6.7.2. The LCRC won't call all of the contacts, but will advise that all identified close/proximity contacts will need to self-isolate for 10 days from the last contact with the case. (The setting will need to tell the contacts to self-isolate). Positive results are automatically reported via the labs to NHS Test and trace – the LCRC does not do this.
- 6.7.3. If care settings are aware of contacts in Kingston who are asked to self isolate eg. staff or visitors, they can advise them to contact [Kingston Stronger Together Hub](#) if they need support (such as deliveries of shopping, medicines) whilst self-isolating.

#### **6.8. Additional risk factors that you are concerned about**

- 6.8.1. If you become aware of any additional risk factors within your setting or surrounding environment that might be contributing to an outbreak, please notify RBK Public Health team at [covid-19ph@kingston.gov.uk](mailto:covid-19ph@kingston.gov.uk). Please note, this inbox is only monitored Monday-Friday. For urgent enquiries, contact RBK Single Point of Contact (020 8547 5800)

### **7. Communications**

- 7.1. A communications strategy must be agreed at the first OCT (or if no OCT assembled, a holding statement must be prepared by RBK Communications) meeting and reviewed throughout the outbreak investigation.
- 7.2. During periods of sustained community transmission of COVID-19, communication expectations between staff and employer (care setting) should be agreed and clear messaging should be shared on the following:
  - 7.2.1. Reporting symptoms
  - 7.2.2. Reporting positive tests
  - 7.2.3. Ensuring self-isolation guidelines are followed
  - 7.2.4. Supporting contact tracing process
  - 7.2.5. Personal support, including finance and wellbeing, available to staff self-isolating
- 7.3. If you require additional communications materials, please find resources on Kingston Council website.

### **8. End of Outbreak**

- 8.1. An outbreak is considered over when there have been no new test confirmed cases in a setting for 28 days or more. If a new case appears **after the 28 day period, this must be reported as a new outbreak.**
- 8.2. Where an OCT has been formed, a brief final report will be completed by Kingston Council within 4 weeks. Where the LCRC are leading the outbreak investigation, as part of a more complex outbreak, they would prepare a short



report within 4 weeks. In both cases the report should ideally be agreed by all members of the OCT.

Outbreak reports for complex outbreaks with multiple OCTs will be prepared by the LCRC, if needed and if there is capacity to do so. See [Appendix 11 of Communicable Disease Outbreak Management: Operational Guidance](#) for a standard structure for a final outbreak investigation report.

#### Appendix A: Suggested Terms of Reference for Outbreak Control Team (OCT)

**The terms of reference should be agreed at the first meeting and recorded accordingly. Suggested terms of reference are:**

- roles and responsibilities of OCT members agreed and recorded, including who is representing the affected care setting.
- Chair of the OCT to be appointed in the first meeting, usually Director of Public Health.
- to review the epidemiological, microbiological and environmental evidence and verify an outbreak is occurring
- to regularly conduct a full risk assessment whilst the outbreak is on-going
- to develop a strategy to deal with the outbreak and allocate responsibilities based on the risk assessment
- to determine the level of the outbreak according to the PHE National Incident Response Plan and Concept of Operations documents (NIRP and CONOPs)
- to ensure that appropriate control measures are implemented to prevent further primary and secondary cases
- to agree appropriate further epidemiological, microbiological, environmental and food chain investigations
- to communicate with other professionals, the media and the public as required providing accurate and timely information
- to determine when the outbreak can be considered over based on on-going risk assessment and taking account of risk management actions
- to make recommendations regarding the development of systems and procedures to prevent a future occurrence of similar incidents and where feasible enact these
- to produce reports at least one of which will be the final report containing lessons learnt and recommendations

#### Appendix B: Draft OCT meeting agenda

OCT to refer to data on Care Home Dashboard following an outbreak in a **care home**.



### A3.3 Template agenda for OCT meeting

**Outbreak Control Team Meeting Agenda**  
(Title)  
(Date, time and venue)

1. Introductions
2. Apologies
3. Minutes of previous meeting (for subsequent meetings)
4. Purpose of meeting
  - At first meeting agree chair and terms of reference
5. Review of evidence
  - Epidemiological
  - Microbiological
  - Environmental and food chain
6. Current risk assessment
7. Control measures
8. Further investigations
  - Epidemiological
  - Microbiological
  - Environmental and food chain
9. Communications
  - Public
  - Media
  - Healthcare providers (eg GPs, A&E etc...)
  - Others
10. Agreed actions
11. Any other business
12. Date of next meeting

Appendix C: Infection Control Measures for Case and Contacts: Retrieved from LCRC SharePoint on 22/06/2020.

### Resident with confirmed COVID-19- actions for case and contacts

	Resident case with confirmed COVID-19	Resident contacts	Staff contacts WITHOUT PPE	Staff contacts WITH PPE
<b>Definition</b>	Confirmed cases are defined as those that have received a positive test result for COVID-19.	Live in the same unit/ floor as the infectious case and share the same communal areas e.g. equivalent to a household setting <b>Or</b> Have spent more than 15 minutes	Care home staff that have provided care within 2 metres to a confirmed case of COVID-19 for more than 15 minutes <b>without PPE.</b>	Staff wearing the appropriate PPE with assisting resident case with no breaches.



		within 2 metres of an infectious case.		
<b>Actions</b>	Isolate for 14 days.	Isolate for 14 days.	Isolate for 14 days.	No actions. Continue wearing appropriate PPE.

**Staff with confirmed COVID-19- actions for case and contact**

	<b>Staff case with confirmed COVID-19</b>	<b>Resident contacts without PPE</b>	<b>Staff contacts WITHOUT PPE</b>	<b>Staff contacts WITH PPE</b>
<b>Definition</b>	Confirmed cases are defined as those that have received a positive test result for COVID-19.	Any contact with a resident where the staff case was not wearing PPE	1. <u>Direct contact</u> : Face-to-face contact with case for any length of time, within 1m, including being coughed on, a face-to-face conversation, unprotected physical contact (skin to skin), this includes exposure within 1m for 1 min or longer. Or 2. <u>Proximity contact</u> : staff member has been within 2m for 15 mins or longer.	Any contact with another staff member or a resident where the staff case was wearing PPE with no breaches
<b>Actions</b>	Isolate for 10 days	Isolate for 14 days	Isolate for 14 days	No action required. Continue to wear appropriate PPE

Breaches of PPE	<p>In assessing whether a health or social care worker has had a breach of PPE, a risk assessment should be undertaken in conjunction with local infection prevention and control (IPC) policy. The following factors should be taken into consideration- the severity of symptoms the resident has, the length of exposure, the proximity (such as aerosol-generating procedures (AGPs), monitoring, personal care) and whether the health or social worker had their eyes, nose or mouth exposed. If the risk assessment concludes there has been a significant breach or close contact without PPE, the worker should remain off work for 14 days.</p> <p>Examples that are unlikely to be considered breaches include if a health or social care worker was not wearing gloves for a short period of time or their gloves tore, and they washed their hands immediately, or if their apron tore while caring for a resident, and this was replaced promptly.</p>
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Note: The [guidance](#) was updated on 17th December 2020 to reflect the national change in the self-isolation period. The self isolation period for staff has been reduced from 14 days to 10 days unless the staff member was admitted to hospital.



## **Appendix 3: Detailed Kingston Outbreak Control Plans (COVID-19): Hostels/ Homeless locations and Sheltered Housing**

### **Royal Borough of Kingston upon Thames**

Coronavirus (COVID-19) outbreak management: operational guidance for -

#### **Hostels / Homeless Locations and Sheltered Housing**

**A new case of coronavirus (COVID-19) is an emergency.** This plan contains advice on confirmed cases, contacts, contact tracing and other relevant information and links to resources. **Please read through this document and be aware that national guidelines are subject to change on an ongoing basis - always check for the most up to date guidance and advice.**

**Hostel providers should ensure all residents and members of staff are familiar with social distancing, people who are clinically extremely vulnerable and self-isolation guidance and are supported to adhere to these guidelines.**

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### **1. Introduction**

- 1.1.** The primary objective in outbreak management is to protect public health by identifying the source and implementing control measures to prevent further spread or recurrence of infection.
- 1.2.** This document provides operational guidance for the management of outbreaks of COVID-19 in Hostels and other Homeless Locations in Kingston. You can help prevent the spread of COVID-19 by taking the necessary measures, highlighted in this plan, and by reporting all cases of COVID-19 you become aware of.
- 1.3.** Hostels should implement regular weekly monitoring of COVID-19 symptoms among residents and staff. Each resident should be assessed for a high temperature, a new, continuous cough, and / or a loss of, or change in, their normal sense of taste or smell. In locations where in-person monitoring is not possible, monitoring may be completed via telephone or SMS message.
- 1.4.** The guidance aims to ensure an effective and coordinated approach is taken to outbreak management, from initial detection to formal closure and review.



## Quick guide Hostel actions for suspected or confirmed cases of COVID-19

Action in the setting must start within 24 hours of **identifying a single suspected case**, even when this does not meet the criteria for an outbreak. **The Hostel / Location Manager should proceed with the following actions:**

**Report cases** to the LCRC.  
For resident cases, also contact Find + Treat team

**LCRC DETAILS**  
0300 303 0450  
[lcrc@phe.gov.uk](mailto:lcrc@phe.gov.uk)

**FIND + TREAT DETAILS:**  
[Referral form](#)  
[haltTeam.cnwl@nhs.net](mailto:haltTeam.cnwl@nhs.net)

### Case

Inform the case that they must isolate for 10 days from the onset of symptoms. The case's 'household' must also isolate for a period of 10 days.

### Identify contacts

Consider those who the case came into contact with during the infectious period (2 days before symptom onset and 10 days following).

### Who is a contact

Please refer to section 2.5 of the hostel and homeless locations outbreak plan for a full breakdown of the different types of contact that must be considered.

### Contacts

Contacts living in, or who came into contact with the case when visiting the hostel, must be informed to self-isolate for 10 days, even if they have received a negative test result since last coming into contact with the positive case.

### Clinically Extremely Vulnerable

Suspected or confirmed cases should not mix with, be cohorted with, or spend time in rooms next to residents who are clinically extremely vulnerable.

### Review risk assessment

Make sure you have reviewed all infection control procedures and measures to prevent any further transmission of the virus.

### Infection Control Support

You can make a request for support to manage infection control procedures in your setting by contacting the Local Authority SPoC: 020 8547 5800

### Testing

The Local Authority and Find and Treat team will provide guidance in situations where mass testing is required of hostel residents. Otherwise, please see SECTION 5.5 of the Hostels Outbreak Control Plan for further information.

## 2. Definitions



**2.1. Suspected case of COVID-19 in a hostel environment:**

- Any resident (or staff) with symptoms of COVID-19, i.e., high temperature (over 37.8 degrees Celsius), new continuous cough, and/or loss of, or change in, normal sense of smell or taste (anosmia).

Individuals with any of the above symptoms must follow the [stay at home guidance](#) and arrange to [get tested](#).

**2.2. Confirmed case of COVID-19:**

- Any resident (or staff) with a **laboratory confirmed** diagnosis of COVID-19.

**2.3. Outbreak of COVID-19:**

- An incident in which **two** or more people who meet the criteria above for a **suspected or confirmed** case are linked in time within a 14 day period, and place (though the individuals do not need to live together). See [guidance for epidemiological definitions of outbreaks and clusters in particular settings](#).

**2.4. Household**

- Hostel providers will need to interpret the meaning of 'household' based on the set-up of their hostel. This will depend on the layout of the accommodation and how it is organised. **In deciding what constitutes a household, the key factor is whether residents share living spaces**, in particular: bathrooms, toilets, kitchens and sleeping space. **Residents who share any of these should be considered a 'household'**. In complex situations, hostels can seek advice from the London Coronavirus Response Cell (LCRC).

**2.5. Contacts**

- Those residents considered to be in the same 'household' as someone who has symptoms of, or has received a positive test for, COVID-19 are considered 'household contacts'. A contact can be:

**Direct contact:**

- Anyone who lives in the same household as a case or has stayed overnight with them during the infectious period (2 days before the person was symptomatic up to 10 days from onset of symptoms)
- Sexual partners



- Anyone who has had face to face contact with a case, for any length of time, including being coughed on or talked to
- Anyone who has been within 1 meter of a case for one minute or longer

**Proximity contact:**

- Anyone who has had face-to-face contact with someone less than 1 metre away (this will include times where you have worn a face covering or a face mask)
- Anyone who has been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
- Anyone who has travelled in a car or other small vehicle with someone (even on a short journey) or close to them on a plane

## **2.6. Tests**

There are two types of test commonly being used to establish whether someone has COVID-19:

**PCR (polymerase chain reaction)**

PCR tests are good at finding very small amounts of the virus, especially early in infection, so these are used primarily in people who have symptoms and can be booked through the NHS website.

**LFD (Lateral Flow Device)**

These are rapid tests (results in 20-30 minutes) used for asymptomatic people. If an LFT has a positive result, the individual and their household should self-isolate and seek a confirmatory PCR

We know that some people have Covid-19 but do not display any symptoms. Although they remain well, they can still transmit the virus to others. Therefore asymptomatic testing is really key in helping to reduce transmission for CoV-2 in the community and settings.

Additional 'outbreak testing' will be considered in the event of a suspected or confirmed case within the setting.

## **2.7. LCRC (London Coronavirus Response Cell)**

The LCRC are the local Health Protection Team (HPT) covering all London Boroughs (including the Royal Borough of Kingston). Where Government guidance refers to local HPTs, for Kingston, this is the LCRC.



### 3. Outbreak recognition and declaration

**3.1.** Initial investigations must be started within 24 hours of identifying a **single suspected case, even when this does not meet the criteria for an outbreak**. The Hostel / Housing Manager (or equivalent senior reporting officer) must contact the London Coronavirus Response Cell (LCRC) immediately.

- **Telephone:** 0300 303 0450
- **Email:** [lcrc@phe.gov.uk](mailto:lcrc@phe.gov.uk) (or [phe.lcrc@nhs.net](mailto:phe.lcrc@nhs.net) for patient identifiable information)

The LCRC will work with the reporting officer to undertake a risk assessment and will also provide the appropriate Infection Prevention and Control (IPC) guidance. To help this process, you should:

- Review your infection control measures
- Identify and inform the case contacts that they must self-isolate for 10 days since their last contact with the positive case
- Consider options for wider testing in your setting (if necessary)

The reporting officer should also refer to the **UCLH Find and Treat Team**. Complete and attach the [referral form available here](#) and send to the following address:

- **Email:** [haltTeam.cnwl@nhs.net](mailto:haltTeam.cnwl@nhs.net)

If you are referring a symptomatic individual from a hostel Outreach Team, please contact the Find and Treat team directly on:

- **Phone:** 0203 447 9842

**3.2.** Once initial investigations and risk assessment is complete, a decision will be made by the LCRC regarding an outbreak declaration. All **confirmed** outbreaks, as per the definition in **SECTION 2.3** of this document, must be declared.

**3.3.** Confirmed outbreaks must **also, at the same time**, be reported to the Local Authority:

- **Telephone:** 020 8547 5800

You must ask for the information to be passed on to the Public Health Single Point of Contact (SPoC).



#### **4. Outbreak Control Team**

- 4.1.** The LCRC and Local Authority will advise whether an Outbreak Control Team (OCT) needs to be assembled given the circumstances of the outbreak.
- 4.2.** The suggested membership of the OCT is as follows:
- RBK DPH: Iona Lidington (or nominated RBK Public Health Consultant)
  - RBK Emergency Response Lead
  - RBK Public Health OCT Coordinator
  - LCRC (PHE) representative
  - Lead Hostel / Housing Officer: Sian Edwards (RBK accommodation)
  - Lead Homeless Hostel locations: Georgia Forshaw (KCAH)
  - Your Healthcare HIU: George Tong
  - Your Healthcare Infection Control: Ana Naveira
  - RBK Communications: Cara Coslett
- 4.3.** The chair of the OCT should be appointed at the first meeting. This will usually be the Director of Public Health or Public Health Consultant, however it may be another OCT member if appropriate. See [Appendix A for OCT suggested Terms of Reference](#).
- 4.4.** In the event that an OCT is not assembled, national guidance must be followed and any particular action as advised by the LCRC and RBK Director of Public Health (DPH)

#### **5. Outbreak investigation and control**

##### **5.1. Infection control**

Immediate control measures should be implemented as per guidance received by the LCRC or Local Authority. Also see [Infection Prevention and Control \(IPC\) guidance](#).

##### **5.2. Isolation and social distancing**

Residents with suspected or confirmed COVID-19 should not mix with, be cohorted with, or spend time in rooms next to residents who are clinically extremely vulnerable. This includes not sharing bathrooms or communal areas within the hostel.

Until such time that hostel specific isolation guidance is published, please follow the [stay at home guidance](#) as closely as possible. See [Appendix B for additional social distancing information](#) in hostels.

If the positive case is in a homeless hostel, the LCRC will liaise with the Find & Treat service at UCLH and advise on the availability of COVID-CARE (symptomatic) accommodation.



In **hostels**, if an occupant is unable to effectively self isolate in their room due to structural limitations, allocations must be notified, where this is feasible, to source self contained, paid nightly accommodation and transport.

Support with food access, medication delivery and befriending can be accessed by anyone who is self isolating in Kingston via the [Kingston Stronger Together Hub](#).

### **5.3. Cleaning**

See [cleaning in non-healthcare settings guidance](#). See [Appendix C for additional cleaning guidance](#) in hostels.

### **5.4. Personal Protective Equipment**

See [PPE guidance for providers of hostel services](#), as well as information on [what PPE to wear and when](#). It is also important to make sure staff [put PPE on and take PPE off](#) safely to avoid self-contamination. Please also see [guidance on the use of face coverings](#) in hostels.

A request for three days worth of **emergency** PPE can be made to the local authority by contacting:

Email: [ppe.enquiries@kingston.gov.uk](mailto:ppe.enquiries@kingston.gov.uk)

Hostel staff have been provided with the necessary PPE equipment. PPE must be worn in full when onsite.

### **5.5. Testing**

The LCRC will organise any additional testing (via the UCL Outreach Team) that may need to take place to control the outbreak. Residents and staff can also see [guidance on COVID testing](#), including who is eligible for a test and how to get tested.

Those working in hostels are classed as essential workers and can apply for [priority testing through GOV.UK](#).

If needed, and available, Kingston DPH will request additional support with local testing via Mobile Testing Units (MTUs).

### **5.6. Contacts and Tracing**

You must identify any contacts linked to the positive case(s) in your home (please refer to SECTION 2.3 for definitions), and inform them that they must self-isolate for 10 days since their last contact with the COVID-19 case.

When someone tests positive for COVID-19 they will also be contacted by



NHS Test and Trace – either online, by text or over the phone – and be asked to provide information on where they've been and who they have seen to inform further contact tracing efforts.

#### **5.7. Additional risk factors that you are concerned about**

If you become aware of any additional risk factors within your setting or surrounding environment that might be contributing to an outbreak, please notify RBK Public Health team via email at:

covid-19ph@kingston.gov.uk.

Please note, this inbox is only monitored Monday-Friday. For urgent enquiries, please contact the RBK Single Point of Contact:

- **Telephone:** 020 8547 5800

### **6. Communications**

- 6.1. A communications strategy must be agreed at the first OCT meeting (or if no OCT assembled, a holding statement must be prepared by RBK Communications) and reviewed throughout the outbreak investigation.
- 6.2. The LCRC will work with the hostel to provide communication materials to update other residents, staff and all other relevant departments, including contractors, of the outbreak.
- 6.3. If you require additional communications materials to help support manage the outbreak in your setting, please visit the [Kingston Council communications materials webpage](#).

### **7. End of outbreak**

- 7.1. An outbreak is considered over when there have been no new test confirmed cases in a setting for 28 days or more. If a new case appears **after the 28 day period, this must be reported as a new outbreak**.
- 7.2. Where an OCT has been assembled to manage an outbreak, a brief final written report should be prepared. This will be led by RBK and a preliminary report must be completed and agreed by members of the OCT within 4 weeks of the end of the outbreak.

Outbreak reports for complex outbreaks with multiple OCTs will be prepared by the LCRC, if needed and if there is capacity to do so. See [Appendix 11 of Communicable Disease Outbreak Management: Operational Guidance](#) for a standard structure for a final outbreak investigation report.



## **Appendices**

### **Appendix A: OCT Terms of Reference**

The terms of reference should be agreed at the first meeting and recorded accordingly.

Suggested terms of reference are:

- To review the epidemiological, microbiological and environmental evidence and verify an outbreak is occurring
- To regularly conduct a full risk assessment as the outbreak is on-going
- To develop a strategy to deal with the outbreak and allocate responsibilities based on the risk assessment
- To determine the level of the outbreak according to the PHE National Incident Response plan and concept of operations documents (NIRP and CONOPs)
- To ensure that appropriate control measures are implemented to prevent further primary and secondary cases
- To agree appropriate further epidemiological, microbiological, environmental and food chain investigations
- To communicate with other professionals, the media and the public as required providing accurate and timely information
- To determine when the outbreak can be considered over based on on-going risk assessment and taking account of risk management actions
- To make recommendations regarding the development of systems and procedures to prevent a future occurrence of similar incidents and where feasible enact these
- To produce reports at least one of which will be the final report containing lessons learnt and recommendations

### **Appendix B: Social Distancing**

- Staff and residents should stay two meters away from other people at all times
- Close communal areas where social distancing is not possible
- If social distancing is not possible in the canteen, devise rota or deliver meals to rooms and allow residents to eat in own room
- Assign people to particular bathrooms - this reduces number of people sharing any one space and will assist with tracing if there is a confirmed case



- You should have a no visitors policy in order to enforce social isolation and protect your residents and staff

## **Appendix C: Cleaning**

- Staff and residents should wash their hands more often than usual, for 20 seconds using soap and hot water
- Frequently clean and disinfect regularly touched objects and surfaces in communal and shared spaces
- Increase frequency of cleaning of shared bathrooms
- In the absence of a suspected case, more frequent but normal cleaning is advised
- Staff should try not to clean the room of those who are isolating
- Consider whether residents can be facilitated to change their bed linen themselves and clean their own rooms during isolation (i.e. provided with cleaning materials)
- If possible, do not clear for a further 72 hours (3 days) after isolation finishes
- If someone who is symptomatic is admitted elsewhere, ideally their room should only be cleaned once the room has been closed for 72 hours (3 days) after the resident has left
- Facilitate the isolating resident to clean communal bathrooms after use, followed by cleaning by staff
- If staff are cleaning, use PPE - gloves and apron as a minimum. [See cleaning guidance](#) regarding use of PPE
- Always wash hands following cleaning



## **Appendix 4: Detailed Kingston Outbreak Control Plans (COVID-19): Community Workplaces**

### **Royal Borough of Kingston upon Thames**

Coronavirus (COVID-19) outbreak management: operational guidance for -  
**Community Workplaces**

**A new case of coronavirus (COVID-19) is an emergency. To Keep Kingston Safe, it is vital that** all cases are reported. Please make sure that your business takes all necessary measures in your workplace. If you do have a case (or possible case), please follow the guidance below (and also check national guidance for any updates on procedures).

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#### **1. Introduction**

- 1.1.** The primary objective in outbreak management is to protect public health by identifying the source and implementing control measures to prevent further spread or recurrence of the infection.
- 1.2.** This document provides operational guidance for the management of outbreaks of COVID-19 in Kingston workplaces. Workplaces is a very broad term, as businesses are varied and can operate more than one type of workplace such as office, factory and fleet of vehicles.
- 1.3.** The guidance aims to ensure an effective and coordinated approach is taken to outbreak management, from initial detection to formal closure and review. You can help prevent the spread of COVID-19 by taking the necessary measures highlighted in this plan, and by reporting all cases of COVID-19 you become aware of.
- 1.4.** This document is intended to provide a framework for our local response to outbreaks of COVID-19 and directs to detailed guidance and information where appropriate. Every case is different and this guidance should be used alongside expert advice in response to individual circumstances.



## Quick guide Community Workplace actions for suspected or confirmed cases of COVID-19

Action in the setting must start within 24 hours of **identifying a single suspected case**, even when this does not meet the criteria for an outbreak

### When to report to the London Coronavirus Response Cell (LCRC) and to Kingston Council (RBK):

Sites critical to national infrastructure should contact RBK and LCRC when:

- 2 confirmed cases or more
- If there is an operation impact due to number of staff self-isolating

All other workplace locations should report cases to the Self-Isolation service hub and contact LCRC if necessary (SEE SECTION 3.5)

LCRC  
0300 303 0450  
[lcrc@phe.gov.uk](mailto:lcrc@phe.gov.uk)

Self-Isolation  
Service Hub  
020 3743 6715

### Cases/Staff

All staff members must isolate for 10 days from the onset of symptoms (or from the date of their test if the case was asymptomatic). The case's 'household' must also isolate for a period of 10 days. Local support for people self-isolating is available through the Kingston Stronger Together Hub (visit [www.kingston.gov.uk](http://www.kingston.gov.uk)).

### Identify contacts

Consider those who the case came into contact with during the infectious period (2 days before symptom onset and 10 days following).

### Who is a contact

Please refer to section 2.4 of the workplace outbreak plan for a full breakdown of the different types of contact that must be considered.

### Contacts

Contacts must be informed to self-isolate for 10 days, even if they have received a negative test result since last coming into contact with the positive case.

### Review risk assessment

Make sure you have reviewed all infection control procedures and measures to prevent any further transmission of the virus.

### Infection Control Support

You can request support to manage your infection control procedures for your workplace by contacting Kingston Council at: [licensing@kingston.gov.uk](mailto:licensing@kingston.gov.uk).

For other risks that you are concerned about you can contact the Local Authority Single Point of Contact (SPoC) on 020 8547 5800.

Kingston Chamber can also provide information on business support. Call: 020 8541 4441 or email: [info@kingstonchamber.co.uk](mailto:info@kingstonchamber.co.uk).

### Testing

The Local Authority and LCRC will provide guidance in situations where mass testing is required. Otherwise, please see SECTION 5.5 of the Community Workplace Plan for further information.

## 2. Definitions



**2.1. Possible case of COVID-19:** Any member of staff with symptoms of COVID-19, i.e., high temperature (over 37.8 degrees Celsius), new continuous cough, and/or loss of, or change in, normal sense of smell or taste (anosmia).

**2.2. Confirmed case of COVID-19:** Any member of staff with **laboratory confirmed** diagnosis of COVID-19.

**2.3. Outbreak:** An incident in which **two** or more people who meet the criteria above for a **confirmed** case are linked in time (within a 14 day period) and place, and one of the following:

- Direct exposure is identified between at least 2 of the test-confirmed cases in that setting (for example under one metre face to face, or spending more than 15 minutes within 2 metres) during the infectious period of one of the cases.
- When there is no sustained local community transmission, i.e. absence of an alternative source of infection outside the setting for the initially identified case

See [guidance for epidemiological definitions of outbreaks and clusters in particular settings](#).

## **2.4 Contacts**

- Those residents considered to be in the same 'household' as someone who has symptoms of, or has received a positive test for, COVID-19 are considered 'household contacts'. A contact can be:

## **2.5 Direct contact:**

- Anyone who lives in the same household as a case or has stayed overnight with them during the infectious period (2 days before the person was symptomatic up to 10 days from onset of symptoms)
- Sexual partners
- Anyone who has had face to face contact with a case, for any length of time, including being coughed on or talked to
- Anyone who has been within 1 metre of a case for one minute or longer

## **2.6 Proximity contact:**



- Anyone who has had face-to-face contact with someone less than 1 metre away (this will include times where you have worn a face covering or a face mask)
- Anyone who has been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
- Anyone who has travelled in a car or other small vehicle with someone (even on a short journey) or close to them on a plane

Anyone who is symptomatic or has been identified as a contact, and gets a test must isolate themselves whilst they wait for the test results. Find more information about what your test results mean at [GOV.UK](https://www.gov.uk)

## **2.6 LCRC (London Coronavirus Response Cell)**

The LCRC are the local Health Protection Team (HPT) for all London Boroughs (including the Royal Borough of Kingston). Where Government guidance refers to local HPTs, for Kingston, this is the LCRC.

## **2.7 Testing Options**

Tests are used to find out whether someone has a current infection. For coronavirus (COVID-19), there are 2 categories of tests: PCR and Lateral Flow tests.

## **2.8 PCR (polymerase chain reaction) testing (if you have symptoms)**

PCR tests are good at finding very small amounts of the virus, especially early in infection, so these are used primarily in people who have symptoms and can be booked through the NHS website.

These tests work best for people who are showing symptoms. The swabs are sent to a lab and it will take longer to get your result. Most people get their result the next day, but it may take up to 3 days.

## **2.9 Lateral Flow Testing or Device (LFT/LFD):** These are rapid tests (results in 20-30 minutes) used for asymptomatic people (people with no symptoms). If an LFT has a positive result, the individual and their household should self-isolate (and seek a confirmatory PCR - PCR confirmatory test may no longer be required - check govt guidance).

We know that some people have Covid-19 but do not display any symptoms. Although they remain well, they can still transmit the virus



to others. Therefore asymptomatic testing is really key in helping to reduce transmission for COVID-19 in the community and settings.

Additional 'outbreak testing' will be considered in the event of a suspected or confirmed case within the setting.

### 3. **Priority actions and when to notify LCRC**

**3.1.** Initial investigations and action by the Workplace Manager must be started within 24 hours of identifying a **single possible case, even when this does not meet the criteria for a confirmed case or outbreak.**

**3.2.** Employers should call the Self-Isolation Service Hub on 020 3743 6715 as soon as they are made aware that any of their workers have tested positive.

Employers will need to provide the 8-digit NHS Test and Trace Account ID (sometimes referred to as a CTAS number) of the person who tested positive, alongside the names of co-workers identified as close contacts. This will ensure that all workplace contacts are registered with NHS Test and Trace and can receive the necessary public health advice, including the support available to help people to self-isolate.

[Further guidance on the self-isolation payment and related eligibility.](#)

In the event of a suspected or confirmed case, the areas the case has occupied / used should be cleaned following the [guidance on cleaning in non-healthcare settings](#), in addition to your regular cleaning procedures.

It is vital that employers keep their workers and customers safe. Please find [sector specific government guidance on how to keep the workplace COVID-19 secure](#). If you are concerned and need advice securing your setting, you can contact Kingston's Regulatory Services team on **020 8547 5002** / email [licensing@kingston.gov.uk](mailto:licensing@kingston.gov.uk)

To help the team help you, you should:

- Review your infection control measures and COVID-19 risk assessment
- If relevant and where possible, identify any case contacts
- Consider options for wider testing in your setting (if necessary)

**3.3.** If the workplace is part of critical national infrastructure, then the London Coronavirus Response Cell (LCRC) should be contacted immediately on 0300 303 0450 / **email:** [lcrc@phe.gov.uk](mailto:lcrc@phe.gov.uk)

Information on the role of the workplace manager in supporting employees to self-isolate has been set out in section 6.2.



**3.4.** All **confirmed outbreaks**, as per the definition in **SECTION 2.3** of this document, must be reported to the Local Authority by contacting the CCTV control room on **020 8547 5800**. Ask for the information to be passed to the Public Health Single Point of Contact.

**3.5.** Workplaces should also contact the LCRC on 0300 303 0450 / **email:** [lcrc@phe.gov.uk](mailto:lcrc@phe.gov.uk) if they are experiencing any of the following:

- Having operational issues due to COVID-19
- Having trouble managing a COVID-19 outbreak

**3.6.** Getting significant media interest due to a COVID-19 outbreak

#### **4. Outbreak Control Team**

**4.1.** The London Coronavirus Response Cell (LCRC) and Local Authority will advise whether an Outbreak Control Team (OCT) needs to be assembled given the circumstances of the outbreak. This decision will be taken within **one working day** of outbreak declaration.

**4.2.** The suggested membership of the OCT is as follows:

- RBK Director of Public Health: Iona Lidington (or nominated RBK Public Health Consultant)
- RBK Public Health OCT Coordinator
- Manager of Workplace
- RBK Emergency Response Lead
- LCRC (PHE) representative
- Your Healthcare Infection Control Lead: Ana Naveira
- RBK Communications: Cara Coslett
- RBK Environmental Health

**4.3.** The chair of the OCT should be appointed at the first meeting. This will usually be the Director of Public Health or Public Health Consultant, however it may be another OCT member if appropriate. See [Appendix A](#) for OCT suggested Terms of Reference.

**4.4.** In the event that an OCT is not assembled, national guidance must be followed together with any actions advised by the LCRC and RBK Director of Public Health

#### **5. Outbreak investigation and control**

##### **5.1. Infection control**

Immediate control measures should be implemented as per relevant guidance



received by the LCRC. See relevant sections for your workplace in the [Working safely during coronavirus \(COVID-19\)](#) guidance.

- 5.1.1. There is also a helpful set of resources (action cards) to take businesses through the steps they need to take if they suspect an outbreak, and when and whom they should alert. You can find a link to these [action cards here](#) and by clicking on 'resources' to download.
- 5.1.2. National guidance from the Health and Safety Executive (HSE) provides useful information on [Working Safely](#), as well as how to incorporate [COVID-19 into workplace risk assessments](#).
- 5.1.3. Kingston Environmental Health have identified some settings as potentially at high risk of an outbreak. Due to the nature of the workplace they have provided additional advice to them in line with national guidance.
- 5.1.4. Although preventative actions (including supporting staff to self isolate at home) are disruptive for businesses, it is less disruptive than an outbreak of COVID-19 in the workplace, and far less disruptive than further periods of lockdown.
- 5.1.5. It is important that managers of workplaces familiarise themselves with this guidance **to respond quickly and manage outbreaks of COVID-19** if cases do occur.
- 5.1.6. We have set out the responsibilities of employers to make workplaces COVID-19 secure in section 5.

## 5.2 Self isolation

Workers must self-isolate whenever they receive a notification from the NHS test and trace service asking them to do so. There is further information on the [NHS Track and Trace information for employers](#) section of the gov.uk website.

- 5.2.1 Workplace Managers should help employees self-isolate if they:
  - have coronavirus symptoms and are waiting for a test result
  - have tested positive for coronavirus
  - are a member of the same household as someone who has symptoms or has tested positive for coronavirus
  - have been in close recent contact with someone who has tested positive and received a notification to self-isolate from NHS Test and Trace, either from a contact tracer or via the NHS COVID-19 app



**You should not share the identity of a worker who has tested positive with other workers.**

5.2.2 If a worker is asked by NHS Test and Trace to self-isolate, the workplace manager should:

- not ask them to come into work and tell them to stay at home for their period of self-isolation
- continue to communicate with them and provide support
- allow them to work from home if they remain well and it is practicable to do so, for example, by finding alternative work that can be completed at home

5.2.2 If a worker cannot work from home, you:

- must ensure they receive Statutory Sick Pay (SSP) provided they meet the eligibility criteria
- may consider giving them the option to use their paid leave days if they prefer

**5.2.3 It is an offence for an employer to allow or force staff to come to work when they should be self-isolating - you may be liable for fines of up to £10,000 if you make someone come to into the workplace or refuse to allow them to isolate when they are required to.** Allowing or requiring someone to work from home when they must self-isolate is not an offence.

5.2.4 You can find more information on NHS Test and Trace in the workplace here:

<https://www.gov.uk/guidance/nhs-test-and-trace-workplace-guidance>

5.2.5 **Local support for people self isolating** can be accessed via the [Kingston Stronger Together Hub](#).

### **5.3 Cleaning**

See [cleaning in non-healthcare settings guidance](#).

### **5.4 Personal Protective Equipment**

See [best practice and PPE rationale guidance](#). PPE advice can be provided by the local authority in an emergency where a workplace is having difficulty sourcing PPE, by contacting:

**Email:** [ppe.enquiries@kingston.gov.uk](mailto:ppe.enquiries@kingston.gov.uk)

Kingston Chamber of Commerce can provide information on business support.

**Phone:** 020 8541 4441; **Email:** [info@kingstonchamber.co.uk](mailto:info@kingstonchamber.co.uk)



## **5.5 Testing**

All staff in Kingston who are unable to work from home can book free, rapid, Lateral Flow COVID-19 Testing at one of Kingston's community testing sites. Booking can be accessed via the Kingston Council website. Additionally, the government is offering workplaces with 50 or more staff access to the 'workplace testing programme'. Kingston Council is able to support businesses with resources and training to assist in the set up of rapid testing on site, at the workplace. Workplaces should register for the scheme online to take part.

The LCRC may organise additional testing if needed. The local authority can also support additional workplace outbreak testing for workers without symptoms.

## **5.6 Contacts and Tracing**

You must identify any contacts linked to the positive case(s) in your workplace (please refer to SECTION 2.3 for definitions), and inform them that they must self-isolate for 10 days since their last contact with the COVID-19 case.

When someone tests positive for COVID-19 they will also be contacted by NHS Test and Trace – either online, by text or over the phone – and be asked to provide information on where they've been and who they have seen to inform further contact tracing and containment efforts.

Following any confirmed cases, the national NHS Test and Trace programme will endeavour to find out who the diagnosed individual has been in contact with. These contacts will be asked to self isolate. See [guidance for contacts of people with confirmed COVID-19 infection, who do not live with the person](#). Local support for people self isolating can be accessed via the [Kingston Stronger Together Hub](#).

## **5.7 Additional risk factors that you are concerned about**

If you become aware of any risk factors in the workplace please contact Kingston's Regulatory Services:

- **Telephone:** 020 8547 5002 / email [licensing@kingston.gov.uk](mailto:licensing@kingston.gov.uk)

If you become aware of any additional risk factors that may be contributing to the outbreak in your setting, please notify the Local Authority Single Point of Contact:

- **Telephone:** 020 8547 5800



## 6. Communications

- 6.1. A communications strategy must be agreed at the first OCT meeting (or if no OCT assembled, a holding statement must be prepared by RBK Communications) and reviewed throughout the outbreak investigation.
- 6.2. During periods of sustained community transmission of COVID-19, communication expectations between staff and employer (care setting) should be agreed and clear messaging should be shared on the following:
  - 6.2.1. Reporting symptoms
  - 6.2.2. Reporting positive tests
  - 6.2.3. Ensuring self-isolation guidelines are followed
  - 6.2.4. Supporting contact tracing process
  - 6.2.5. Personal support, including finance and wellbeing, available to staff self-isolating
- 6.3. The LCRC can provide template emails/letters for the workplace to customise and share with employees.
- 6.4. Also if you require additional communications materials to help support manage the outbreak in your setting, you can visit the [Kingston Council communications materials webpage](#).

## 7. End of outbreak

- 7.1. An outbreak is considered over when there have been no new test confirmed cases in a setting for 10 days or more. If a new case appears **after the 28 day period, this must be reported as a new outbreak**.
- 7.2. Where an OCT has been assembled to manage an outbreak, a brief final written report should be prepared. This will be led by RBK and a preliminary report must be completed and agreed by members of the OCT within 4 weeks of the end of the outbreak.

See [Appendix 11 of Communicable Disease Outbreak Management: Operational Guidance](#) for a standard structure for a final outbreak investigation report.

## Appendices

### Appendix A: OCT Terms of Reference



The terms of reference should be agreed at the first meeting and recorded accordingly.

Suggested terms of reference are:

- To review the epidemiological, microbiological and environmental evidence and verify an outbreak is occurring
- To regularly conduct a full risk assessment as the outbreak is on-going
- To develop a strategy to deal with the outbreak and allocate responsibilities based on the risk assessment
- To determine the level of the outbreak according to the PHE National Incident Response plan and concept of operations documents (NIRP and CONOPs)
- To ensure that appropriate control measures are implemented to prevent further primary and secondary cases
- To agree appropriate further epidemiological, microbiological, environmental and food chain investigations
- To communicate with other professionals, the media and the public as required providing accurate and timely information
- To determine when the outbreak can be considered over based on on-going risk assessment and taking account of risk management actions
- To make recommendations regarding the development of systems and procedures to prevent a future occurrence of similar incidents and where feasible enact these
- To produce reports at least one of which will be the final report containing lessons learnt and recommendations



## **Appendix 5: Detailed Kingston Outbreak Control Plans (COVID-19): Primary Care locations**

**A new case of coronavirus (COVID-19) is an emergency. To Keep Kingston Safe, it is vital that the steps identified in this plan are followed in the event of a suspected or confirmed case of COVID-19. Please check national guidance for any further updates to this plan and setting.**

---

### **1. Introduction**

- 1.1. The primary objective in outbreak management is to protect public health by identifying the source and implementing control measures to prevent further spread or recurrence of the infection.
- 1.2. This document provides operational guidance for the management of outbreaks of COVID-19 in Primary Care locations in Kingston.
- 1.3. The guidance aims to ensure an effective and coordinated approach is taken to outbreak management, from initial detection to formal closure and review, and includes a set of standards for outbreak response.
- 1.4. This document is intended to provide a framework for our local response to outbreaks of COVID-19 and directs to detailed guidance and information where appropriate. Every case is different and this guidance should be used alongside expert advice in response to individual circumstances.

### **2. Preparation and prevention**

- 2.1. Prevention of cases and outbreaks of COVID-19 remains the priority.
- 2.2. [Guidance and Standard Operating Procedure for General Practice in the context of coronavirus \(COVID-19\)](#) can be found here.
- 2.3. [COVID-19: Management of staff and exposed patients or residents in health and social care settings](#) provides advice according to exposures, symptoms and test results.
- 2.4. [Recommended PPE for primary, outpatient, community and social care by setting. NHS and independent care sector](#) outlines the current PPE guidance.
- 2.5. To prepare for potential staff absence, providers should review their existing business continuity plans and take actions as required. This includes ensuring



that arrangements are in place within a primary care network or between buddies to maintain patient access to services.

- 2.6.** In the case of a suspected or confirmed case of COVID-19 (staff member of patient) or in the instance of a COVID-19 outbreak in a healthcare setting, action will need to be taken. The healthcare setting should therefore nominate a lead within their organisation to ensure the actions detailed within this guidance are followed.

### **3. Definitions**

**3.1. Suspected case of COVID-19 [community definition](#):**

- Any patient or staff member with [symptoms](#) of COVID-19 i.e., high temperature (over 37.8 degrees Celsius), and/or new continuous cough, and/or loss of, or change in, normal sense of smell or taste (anosmia).

**3.2. Confirmed case of COVID-19:**

- Any patient or staff member with a **laboratory confirmed** diagnosis of COVID-19.

**3.3. Outbreak of COVID-19 in a healthcare setting:**

- Two or more suspected or confirmed cases of COVID-19 among staff within 14 days

-OR-

- An overall increase in sickness absence reporting where staff report illness with suspected COVID-19 (but where no tests have been done or results are not available)

See [guidance for epidemiological definitions of outbreaks and clusters in particular settings](#).

- 3.4.** Clinicians should remain alert to the possibility of atypical presentations in patients who are immunocompromised.

### **4. Suspected and confirmed case of COVID-19 patient**

- 4.1.** COVID-19 is a notifiable disease. Suspected COVID-19 cases should be notified by general practice. Test-confirmed cases will be notified by the laboratory.



- 4.2. All patients should be triaged remotely and remote consultations should be used where possible.
- 4.3. In the community, patients with symptoms of COVID-19 ([case definition](#)) will be directed to NHS 111 in the first instance.
- 4.4. Patients with symptoms of COVID-19 may make direct contact with practices, or be referred to general practice by NHS 111/COVID-19 Clinical Assessment Service (CCAS). See Appendix 1 for a flowchart outlining the management of patients with symptoms of COVID-19 in primary care.
- 4.5. For all face-to-face consultations with someone with symptoms of COVID-19 (or a patient living with someone with symptoms of COVID-19) [Infection Prevention and Control \(IPC\) Guidance](#) should be strictly followed. Clinicians should follow guidance on [COVID-19: investigation and initial clinical management of possible cases](#) and [Guidance and Standard Operating Procedure for General Practice in the context of coronavirus \(COVID-19\)](#).
- 4.6. Anyone with symptoms should arrange to [get tested](#) and follow the [stay at home guidance](#). If the clinician decides that hospital admission is required they should refer to guidance on *Hospital Admission and Discharge of Patients with symptoms of COVID-19* found in: [Guidance and Standard Operating Procedure for General Practice in the context of coronavirus \(COVID-19\)](#).

## 5. Suspected case of COVID-19 staff member

- 5.1. Healthcare settings should take immediate action in response to a single possible case of COVID-19.
- 5.2. If a health or social care worker develops symptoms consistent with COVID-19 they must follow the [stay at home guidance](#). If they develop symptoms whilst at home, they should not attend work. If they develop symptoms whilst at work they should put on a surgical face mask immediately, inform their line manager and return home (avoiding public transport). This should be done in accordance with their local Infection Prevention and Control policy as well as national guidance: [COVID-19: Management of staff and exposed patients or residents in health and social care settings](#).
- 5.3. Any health or social care worker with symptoms will need to isolate (along with their household) immediately and seek testing. This could be via the national testing service (home tests can be booked online, or appointments can be made to attend a drive-through testing site), or via locally agreed routes (eg: via occupational health).



- 5.4.** Staff who have previously tested positive for COVID-19 should still self-isolate and have repeat testing if they become symptomatic.
- 5.5.** Healthcare workers must also self-isolate if a household member develops symptoms of COVID-19 or if they have had recent close contact with someone with confirmed COVID-19 and are informed to do so by the [NHS Test and Trace service](#). Close contact excludes circumstances where Personal Protective Equipment (PPE) is being worn in accordance with current guidance on [infection prevention and control](#).

## **6. Confirmed case of COVID-19 staff member**

- 6.1.** Healthcare settings should **notify the LCRC** immediately of **any confirmed** cases of COVID-19 in staff members
- **Telephone:** 0300-303-0450
  - **Email:** [lcrc@phe.gov.uk](mailto:lcrc@phe.gov.uk) (or [phe.lcrc@nhs.net](mailto:phe.lcrc@nhs.net) for patient identifiable information)
- LCRC will also receive notification of confirmed cases through [NHS Test and Trace](#), however healthcare settings are asked to notify directly to ensure cases are not missed.
  - LCRC will contact the case and undertake a risk assessment. LCRC can provide a risk assessment template for COVID-19 exposure in healthcare settings.
  - LCRC will contact the healthcare setting to confirm the nature of the case's contact with others and possible exposure. LCRC will work with the healthcare setting to identify which patients and staff are defined as contacts and therefore required to self-isolate.
  - LCRC will provide the healthcare setting with suggested template letters to be sent to non-exposed healthcare workers/patients and exposed healthcare workers advising them on necessary isolation periods and testing requirements.
  - The healthcare setting is required to follow up the exposures in their organisation only. Other settings and their household members will be contacted by Tier 2 of NHS Test and Trace.
  - LCRC will discuss how the healthcare setting is implementing social distancing and [infection prevention and control](#) measures.

### **6.2. Notification to Local Authority**



- The healthcare setting should inform Kingston Council of all confirmed COVID-19 cases in staff members and all outbreaks declared after discussion with LCRC. LCRC will remind the healthcare setting to notify the Local Authority.
- The LCRC will notify the Local Authority of actions taken, and any further actions that are required.
- To notify the Local Authority healthcare settings must contact:
  - Telephone: 0208 547 5800

Ask for the information to be passed on to the Public Health Single Point of Contact (SPoC).

### **6.3. Notification to Integrated Care System (ICS) or Sustainability and Transformation Partnership (STP)**

- LCRC will encourage the healthcare setting to notify the relevant STP/ICS of the situation.
  - SWL-COVID incident control room (NHS South West London CCG)  
**Email:** [SWL.COVID@swlondon.nhs.uk](mailto:SWL.COVID@swlondon.nhs.uk)
  - Fergus Keegan  
**Email:** [Fergus.Keegan@swlondon.nhs.uk](mailto:Fergus.Keegan@swlondon.nhs.uk)

## **7. Outbreak**

**7.1.** The healthcare setting should immediately notify the LCRC of any suspected outbreak.

- **Telephone:** 0300-303-0450
- **Email:** [lcrc@phe.gov.uk](mailto:lcrc@phe.gov.uk) (or [phe.lcrc@nhs.net](mailto:phe.lcrc@nhs.net) for patient identifiable information)
- LCRC will contact the healthcare setting to obtain further information and undertake a risk assessment. In settings with an Infection Prevention and Control lead, the risk assessment will be completed jointly with LCRC. LCRC can provide a risk assessment template for COVID-19 exposure in healthcare settings.

### **7.2. Notification to the Local Authority**

- LCRC will notify the Local Authority of any COVID-19 outbreaks in healthcare settings.



- The healthcare setting should inform Kingston Council of all confirmed COVID-19 cases in staff members and all outbreaks declared after discussion with LCRC. LCRC will remind the healthcare setting to notify the Local Authority.
- To notify the Local Authority healthcare settings must contact:
  - Telephone: 0208 547 5800

Ask for the information to be passed on to the Public Health Single Point of Contact (SPoC).

### **7.3. Notification to CCG and STP/ICS**

- Healthcare settings should notify the relevant STP/ICS and CCG of any COVID-19 outbreaks.
  - SWL-COVID incident control room (NHS South West London CCG)  
**Email:** [SWL.COVID@swlondon.nhs.uk](mailto:SWL.COVID@swlondon.nhs.uk)
  - Fergus Keegan  
**Email:** [Fergus.Keegan@swlondon.nhs.uk](mailto:Fergus.Keegan@swlondon.nhs.uk)

**7.4.** Healthcare settings must notify LCRC of any further cases or if the outbreak develops concerning features, such as, death in a staff member.

**7.5.** In the case of an outbreak situation primary care settings should initiate business continuity including buddying arrangements and update directory of services and provide patient facing communications on how to access services.

## **8. Outbreak Control Team (OCT)**

**8.1.** The LCRC will decide whether an OCT needs to be convened depending on the nature of the outbreak.

**8.2.** In healthcare settings with an Infection Prevention and Control leadership they will convene the OCT. In healthcare settings that do not have internal IPC leadership the LCRC will convene the OCT.

**8.3.** Outbreak Control Team suggested membership is as follows. The membership may need to be adapted to meet the needs of the situation.

- LCRC representative
- RBK Director of Public Health (Iona Lidington or substitute)
- RBK Public Health OCT Coordinator



- Kingston LDU representative
- Primary Care Network Representative
- Head of Communications South West London Health and Care Partnership (Kingston and Richmond) (Tara Ferguson-Jones)
- Local Authority Communications representative

8.4. OCT to refer to [Communicable Disease Outbreak Management: Operational Guidance: Appendix 3](#) for draft Terms of Reference and Meeting Agenda.

8.5. In the event that an OCT is not assembled, follow national guidance and any action as advised by the LCRC and RBK Director of Public Health on any particular action required

## **9. Outbreak investigation and control**

### **9.1. Infection Control**

- Immediate control measures should be implemented as per relevant national guidance: [COVID-19: Infection, prevention and control \(IPC\)](#).

### **9.2. Isolation**

- LCRC will help the healthcare setting to identify contacts who need to self-isolate.
- Support with food access, medication delivery and befriending can be accessed by anyone who is self isolating in Kingston via the [Kingston Stronger Together Hub](#).

### **9.3. Cleaning**

- Ensure that potentially contaminated areas are managed as per the [infection prevention and control guidance](#).

### **9.4. Personal Protective Equipment**

- [Recommended PPE for primary, outpatient, community and social care by setting, NHS and independent care sector](#) outlines the current PPE guidance.
- Healthcare settings with PPE supply issues should contact The National Supply Disruption Line
  - **Email:** [supplydisruptionservice@nhsbsa.nhs.uk](mailto:supplydisruptionservice@nhsbsa.nhs.uk)

### **9.5. Testing**



- All those with symptoms should have a COVID-19 test.
- The LCRC may advise wider swabbing of asymptomatic staff and patients in an outbreak situation.
- All asymptomatic patient-facing staff should perform twice weekly lateral flow testing, using self-administered nasal swabbing. Staff should conduct the test at home and not on NHS premises, twice a week, to fit with their working patterns, and record their results on the NHS Digital platform. [Asymptomatic staff testing for COVID-19 for primary care staff](#) provides further guidance regarding lateral flow testing in primary care.

#### **9.6. Tracing**

- The healthcare setting/provider is required to follow up the exposures in their organisation only. Other settings and their household members will be contacted by Tier 2 of [NHS Test and Trace](#).

#### **9.7. Risk Assessment**

- Review risk assessment in light of evidence gathered.

### **10. Communications**

**10.1.** A communications strategy must be agreed at the first OCT and reviewed throughout the outbreak investigation. Head of Communications for South West London Health and Care Partnership (Kingston and Richmond) to lead and link in with RBK Communications. If no OCT assembled, a holding statement must be prepared.

- Tara Ferguson-Jones: Head of Communications South West London Health and Care Partnership (Kingston and Richmond) and Kingston Hospital NHS Foundation Trust  
**Email:** Tara.Ferguson-Jones@swlondon.nhs.uk

**10.2.** The LCRC will support in providing tailored communication resources specific to the outbreak situation.

### **11. End of outbreak**

**11.1.** An outbreak is considered over when there have been no new cases in a setting for 28 days or more. If a new case appears after the 28 day period, this must be reported as a new outbreak.

**11.2.** Where an OCT has been formed, a brief final report will be completed by Kingston Council within 4 weeks. Outbreak reports for complex outbreaks with



multiple OCTs will be prepared by the LCRC, if needed and if there is capacity to do so. In both cases the report should ideally be agreed by all members of the OCT.

- 11.3.** See [Appendix 11 of Communicable Disease Outbreak Management: Operational Guidance](#) for a standard structure for a final outbreak investigation report.
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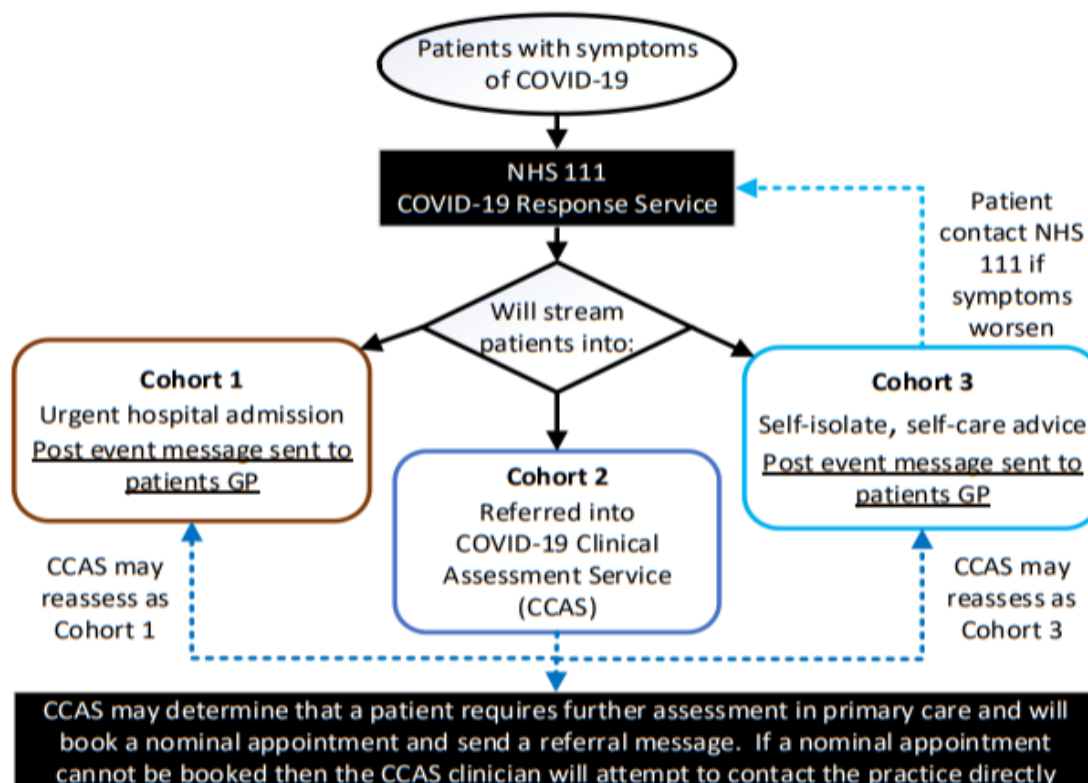
Appendix 1: [Guidance and Standard Operating Procedure for General Practice in the context of coronavirus \(COVID-19\)](#): Managing patients with symptoms of COVID-19

Classification: Official

## 2.4 Managing patients with symptoms of COVID-19

### NHS 111, COVID-19 Clinical Assessment Service and GP interface

Flowchart for NHS 111, CCAS and GP interface



#### KEY

##### Cohort 1:

Patients demonstrating severe symptoms, require treatment in hospital and will likely require an ambulance response.

**COVID-19 Clinical Assessment Service (CCAS):**  
An NHS 111 service staffed remotely by GPs.

##### Cohort 2:

Symptomatic patients requiring further clinical assessment before final disposition is decided; this include all shielded patients (these are referred to CCAS).

**Post event message:**  
A tool for NHS 111 to inform GP that a clinical assessment for COVID-19 has taken place.

##### Cohort 3:

Patients with mild symptoms, advised to self-isolate at home and to reassess via NHS 111 if symptoms deteriorate.

**Referral message:**  
A message (e.g. via ITK message) containing the clinical assessment information.



## **Appendix 6: Detailed Kingston Outbreak Control Plans (COVID-19): operational guidance for Hotspot / Cluster outbreaks**

**A new case of coronavirus (COVID-19) is an emergency. To Keep Kingston Safe, it is vital that the steps identified in this plan are followed in the event of an outbreak.**

---

### **1. Introduction**

- 1.1. The primary objective in outbreak management is to protect public health by identifying the source and implementing control measures to prevent further spread or recurrence of infection.
- 1.2. This document provides operational guidance for the management of hotspot / cluster outbreaks of COVID-19 in Kingston.
- 1.3. The guidance aims to ensure an effective and coordinated approach is taken to outbreak management, from initial detection to formal closure and review.

### **2. Definitions**

- 2.1. Every individual case of COVID-19 has the potential of being the first in a cluster or outbreak. Outbreaks can evolve rapidly so urgent investigation is necessary.
- 2.2. **Suspected** case of COVID-19:
  - Any person with symptoms of COVID-19, i.e., high temperature (over 37.8 degrees Celsius), new continuous cough, and / or loss of, or change in, normal sense of smell or taste (anosmia).
- 2.3. **Confirmed** case of COVID-19:
  - Any person with a **laboratory confirmed** diagnosis of COVID-19.
- 2.4. **Hotspot Outbreak:**
  - An hotspot outbreak is defined as 4 or more different locations (e.g. households, row of shops, venue / place of work) with confirmed cases of COVID-19 within a Middle layer Super Output Area (MSOA), and with onset dates of cases within 7 days of each other and / or where there is suspicion or epidemiological evidence of a common source of infection.
  - The presentation of a community cluster may, in some cases, prompt activation of a setting specific outbreak control plan. This plan is for use in



circumstances when there is no setting specific outbreak plan available and currently no known link between cases.

### **3. Hotspot recognition and PRIORITY ACTIONS once identified**

- 3.1. Public Health England (PHE) will provide daily data reports to Kingston Council. In addition, the Power BI and LSAT data has relevant information (geographical locations, type of locations, dates when exposure occurred or case diagnosed). These data sources are reviewed by a data review group formed of RBK Public Health, Kingston Hospital and CCG representatives.

Information on cases, exposures and postcode coincidences should be reviewed to consider and generate an initial hypothesis about the severity, scale and potential source of the outbreak.

- 3.2. LCRC notification

When a hotspot outbreak is suspected or the threshold for cases and other hotspot criteria is reached, the LCRC must be notified on 0300 303 0450 / [lcrc@phe.gov.uk](mailto:lcrc@phe.gov.uk). A decision will be made, in discussion with the Local Authority, regarding an outbreak declaration.

- 3.3. Community Hotspots

Where a source of infection is not clear, RBK will lead focused, small area geographical messaging and provide a testing offer to the hotspot area.

Testing: It is recommended that any community hotspot situations be referred to the existing rapid result testing venues available across the borough, capacity permitting. Testing at these venues can be accessed via an online booking form. Community hotspot testing can also be made available to residents directly in the hotspot cluster area and around it, within an agreed radius. If required, a targeted mobile testing offer can also be set up at a location to provide LFT testing (if outdoor temperature is suitable for test kit use).

Targeted messaging: The Communications, Neighbourhoods and Public Health teams will work together to prepare and distribute community hotspot flyers, i.e. a standard leaflet with key prevention, testing and local support (e.g. self-isolation payments) messaging. A standard press response must also be prepared.

Monitoring: Case numbers in the 'hot spot' will be monitored closely for a further 14 days to determine if any further action is required or if any ongoing high risk location linked to transmission can be identified for further targeted intervention (eg closure).



### **3.4. Workplace Hotspots**

If a hotspot/ cluster is associated with a specific business or retail space, the local Regulatory Services team must make initial contact with the business(es) in question to establish further details including whether any cases are known about at that venue, dates etc. If it appears that testing be of use, the following additional detail should be gathered: How many staff work at the venue, Staff shift times (i.e. what time is testing most suitable), Contact details for liaison with the venue, Suitability of venue rooms to carry out testing, i.e. is there a large, uncluttered, well ventilated area that:

- allows for social distancing and a one way flow in and out
- has a non-porous i.e. not carpeted floor which is wipeable
- has wipeable chairs and tables (the local authority can provide these if necessary)

Once an initial assessment has been made, the Regulatory Services team must make a request for hotspot testing via the following:

- covid-19ph@kingston.gov.uk (during working hours, 0900-1700 Mon to Fri)
- 020 8547 5800 - (out of hours, ask to speak to the Public Health SPoC)

The Hotspot Testing team will complete any additional required checks with the venue, and will confirm whether LFT or PCR testing will be required before the team is deployed to the site.

At the end of each testing day, a brief summary report including number of tests complete, results (if LFT) and additional observations should be emailed to covid-19ph@kingston.gov.uk

Workplace hotspot testing will be made available to workplace staff AND their bubble / contacts.

The Communications, Neighbourhoods and Public Health teams will work together to prepare and distribute workplace hotspot flyers, i.e. a standard leaflet with key prevention, testing and local support (e.g. self-isolation payments) messaging. A standard press response must also be prepared.

Please also refer to the Workplace Outbreak Plan as required.

## **4. Outbreak Control Team**



- 4.1. A decision to convene an Outbreak Control Team (OCT) will be at the discretion of the LCRC, in discussion with the local authority. All community cluster outbreaks are likely to require an OCT.
- 4.2. The OCT should meet as soon as possible, and within 24 hours of the outbreak being declared.
- 4.3. The suggested membership of the OCT is as follows:
  - RBK DPH: Iona Lidington (or nominated RBK Public Health Consultant)
  - RBK Emergency Response Lead: Chris Begley
  - Health Protection Officer
  - Kingston Regulatory Services
  - RBK Public Health OCT Coordinator
  - LCRC (PHE) representative
  - Public Health Analyst: Adam Moore
  - RBK Communications: Cara Coslett
  - PHE Communications

As required, the following may also form part of the OCT:

- Additional RBK Gold members: as appropriate
  - Metropolitan Police: Inspector Dan Whitton
  - London Fire Brigade: Borough Manager John Ryan
  - London Ambulance Service: Daniel Barnwall
- 4.4. The chair of the OCT should be appointed at the first meeting. This will usually be led by either the LCRC or the Director of Public Health (or nominated Public Health Consultant), however it may be another OCT member if appropriate. See [Appendix A for OCT suggested Terms of Reference](#).
  - 4.5. In the event that an OCT is not assembled, any particular action as advised by the LCRC and RBK Director of Public Health (DPH) must be followed alongside relevant national guidance.

## **5. Outbreak investigation and control**

### **5.1. Case definition**

- A case definition, with parameters specific to the hotspot/ cluster being investigated, should be developed to include or exclude cases from the investigation. Each case should be reviewed against this case definition. Cases that are close, but do not quite meet the case definition, should be recorded in case they become relevant at a later stage of the investigation.



- The OCT should outline measures for identifying individuals who meet the hotspot/ cluster case definition. This may include providing information to relevant local health care professionals about the outbreak.
- The hotspot/ cluster specific case definition should be reviewed and updated by the OCT at regular intervals, and whenever new information about the outbreak is identified.
- If, following the identification of the hotspot/ cluster, further cases arise, the hotspot/ cluster definition should be reviewed to determine whether the developing situation still fulfills the definition or reaches the criteria for an outbreak.
- A case may be excluded from a hotspot/ cluster if there is sufficient epidemiological evidence of a link to an alternative source.
- If hotspot/ cluster investigations fail to identify evidence of a common source, the OCT may decide to suspend investigations based on an assessment of ongoing risks to public health.

## **5.2. Infection control**

Immediate control measures should be implemented as per guidance received by the LCRC.

A record should be made of the actions taken and subsequent results.

## **5.3. Isolation and social distancing**

The LCRC and local authority will issue, if required, any local guidance to the community following an outbreak. Community members should otherwise follow the [stay at home](#) (while this applies) and [social distancing guidance](#).

Support with food access, medication delivery and befriending can be accessed by anyone who is self isolating in Kingston via the [Kingston Stronger Together Hub](#).

## **5.4. Personal Protective Equipment**

See [best practice and PPE rationale guidance](#). If necessary, a request for three days worth of **emergency** PPE can be made to the local authority by contacting:

Email: [ppe.enquiries@kingston.gov.uk](mailto:ppe.enquiries@kingston.gov.uk)

## **5.5. Testing**

See sections 3.4 and 3.5.



## 5.6. Tracing

The LCRC will lead on the necessary contact tracing that must follow a community cluster outbreak.

When someone tests positive for COVID-19 they will also be contacted by NHS Test and Trace – either online, by text or over the phone – and be asked to provide information on where they've been and who they have seen to prevent onward spread of the virus.

## 6. Communications

**6.1.** A communications strategy must be agreed at the first OCT meeting (or if no OCT assembled, a holding statement must be prepared by RBK Communications) and reviewed throughout the outbreak investigation.

**6.2.** An outbreak is likely to attract significant media and/or public interest. A communications strategy should cover communication:

- within the OCT and participating agencies
- to the media, both reactive and proactive if required
- to the public

## 7. End of outbreak

**7.1.** The LCRC will advise when the outbreak is considered over.

**7.2.** Where an OCT has been assembled to manage an outbreak, a final written report should be prepared. This will be led by RBK and a preliminary report must be completed and agreed by members of the OCT within 4 weeks of the end of the outbreak.

**7.3.** Outbreak reports for complex outbreaks with multiple OCTs will be prepared by the LCRC, if needed and if there is capacity to do so. See [Appendix 11 of Communicable Disease Outbreak Management: Operational Guidance](#) for a standard structure for a final outbreak investigation report.

### Outbreak management pathway checklist

Action	Signature	Date
Contact LCRC / Local authority SPoC		
Complete risk assessment		



<b>Notify communications officer</b>		
<b>Assemble OCT</b>		
<b>Outbreak investigations:</b> <ul style="list-style-type: none"> <li>- <b>Outbreak specific case definition</b></li> <li>- <b>Infection control measures</b></li> <li>- <b>Isolation and social distancing guidance</b></li> <li>- <b>PPE guidance</b></li> <li>- <b>Test and trace measures</b></li> </ul>		
<b>Agree outbreak communications plan</b>		
<b>Complete end-of-outbreak report</b>		

## Appendices

### Appendix A: OCT Terms of Reference

The terms of reference should be agreed at the first meeting and recorded accordingly.

Suggested terms of reference are:

- To review the epidemiological, microbiological and environmental evidence and verify an outbreak is occurring
- To regularly conduct a full risk assessment as the outbreak is on-going
- To develop a strategy to deal with the outbreak and allocate responsibilities based on the risk assessment
- To determine the level of the outbreak according to the PHE National Incident Response plan and concept of operations documents (NIRP and CONOPs)
- To ensure that appropriate control measures are implemented to prevent further primary and secondary cases
- To agree appropriate further epidemiological, microbiological, environmental and food chain investigations
- To communicate with other professionals, the media and the public as required providing accurate and timely information



- To determine when the outbreak can be considered over based on on-going risk assessment and taking account of risk management actions
- To make recommendations regarding the development of systems and procedures to prevent a future occurrence of similar incidents and where feasible enact these
- To produce reports at least one of which will be the final report containing lessons learnt and recommendations



## **Appendix 7: Detailed Kingston Outbreak Control Plans (COVID-19): Police Custody Suites**

### **Royal Borough of Kingston upon Thames**

Coronavirus (COVID-19) outbreak management: operational guidance for -  
**Police Custody Suites.**

**A new case of coronavirus (COVID-19) is an emergency.** This plan contains advice on confirmed cases, contacts, contact tracing and other relevant information and links to resources. **Please read through this document and be aware that national guidelines are subject to change on an ongoing basis - always check for the most up to date guidance and advice.**

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#### **1. Introduction**

- 1.1.** The primary objective in outbreak management is to protect public health by identifying the source and implementing control measures to prevent further spread or recurrence of the infection.
- 1.2.** This document provides operational guidance for the management of outbreaks of COVID-19 in Kingston Police Custody Suites.
- 1.3.** The guidance aims to ensure an effective and coordinated approach is taken to outbreak management, from initial detection to formal closure and review.
- 1.4.** This document is intended to provide a framework for our local response to outbreaks of COVID-19 and directs to detailed guidance and information where appropriate. Every case is different and this guidance should be used alongside expert advice in response to individual circumstances.

#### **2. Definitions**

- 2.1. Possible case of COVID-19:** Any prisoners/detainees or staff with symptoms of COVID-19 staff with symptoms of COVID-19, i.e., high temperature (over 37.8 degrees Celsius), new continuous cough, and/or loss of, or change in, normal sense of smell or taste (anosmia).



**2.2. Confirmed case of COVID-19:** Any prisoners/detainees or staff with **laboratory confirmed** diagnosis of COVID-19.

**2.3. Outbreak:** An incident in which **two** or more people who meet the criteria above for a **confirmed** case are linked in time (within a 14 day period) and place, and one of the following:

- Direct exposure is identified between at least 2 of the test-confirmed cases in that setting (for example under one metre face to face, or spending more than 15 minutes within 2 metres) during the infectious period of one of the cases.
- When there is no sustained local community transmission, i.e. absence of an alternative source of infection outside the setting for the initially identified case

See [guidance for epidemiological definitions of outbreaks and clusters in particular settings](#).

## **2.4 Contacts**

- Those residents considered to be in the same 'household' as someone who has symptoms of, or has received a positive test for, COVID-19 are considered 'household contacts'. A contact can be:

## **2.5 Direct contact:**

- Anyone who lives in the same household as a case or has stayed overnight with them during the infectious period (2 days before the person was symptomatic up to 10 days from onset of symptoms)
- Sexual partners
- Anyone who has had face to face contact with a case, for any length of time, including being coughed on or talked to
- Anyone who has been within 1 metre of a case for one minute or longer

## **2.6 Proximity contact:**

- Anyone who has had face-to-face contact with someone less than 1 metre away (this will include times where you have worn a face covering or a face mask)
- Anyone who has been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
- Anyone who has travelled in a car or other small vehicle with someone (even on a short journey) or close to them on a plane



## **2.6 LCRC (London Coronavirus Response Cell)**

The LCRC are the local Health Protection Team (HPT) for all London Boroughs (including the Royal Borough of Kingston). Where Government guidance refers to local HPTs, for Kingston, this is the LCRC.

## **2.7 Testing Options**

Tests are used to find out whether someone has a current. For coronavirus (COVID-19), there are 2 categories of tests: PCR and Lateral Flow tests.

Anyone who is symptomatic or has been identified as a contact, and gets a test must isolate themselves whilst they wait for the test results. Find more information about what your test results mean at [GOV.UK](https://www.gov.uk)

## **2.8 PCR (polymerase chain reaction) testing (if you have symptoms)**

PCR tests are good at finding very small amounts of the virus, especially early in infection, so these are used primarily in people who have symptoms and can be booked through the NHS website.

These tests work best for people who are showing symptoms. The swabs are sent to a lab and it will take longer to get your result. Most people get their result the next day, but it may take up to 3 days.

## **2.9 Lateral Flow Testing or Device (LFT/LFD):** These are rapid tests (results in 20-30 minutes) used for asymptomatic people. If an LFT has a positive result, the individual and their household should self-isolate and seek a confirmatory PCR

We know that some people have Covid-19 but do not display any symptoms. Although they remain well, they can still transmit the virus to others. Therefore asymptomatic testing is really key in helping to reduce transmission for CoV-2 in the community and settings.

Additional 'outbreak testing' will be considered in the event of a suspected or confirmed case within a setting.



### 3. Priority actions and when to notify LCRC

- 3.1. Police Custody settings should notify the LCRC immediately of any suspected or confirmed cases among prisoners/detainees or staff.
- **Telephone:** 0300 303 0450
  - **Email:** lcrc@phe.gov.uk
- 3.2. The London Health Protection Teams (HPTs) and LCRC have established good links with all London PPDs. The HPT/LCRC will contact the PPD to undertake a risk assessment and provide advice as set out in **SECTION 6**. Depending on the specific situation, an Incident Management Team may be convened. A risk assessment is undertaken with reference to the guidance available here.
- 3.3. LCRC should be notified separately through NHS Track and Trace of any staff or prisoner who is tested and confirmed to have COVID-19, but Police Custody settings are asked to notify LCRC directly to ensure cases are not missed.
- 3.4. Contact Tracing is currently carried out for confirmed cases only in line with the HMPPS guidance and the PHE guidance; this is done through a designated specific point of contact (SPOC) within each setting across London, in conjunction with the LCRC/HPT.
- 3.5. Once initial investigations and risk assessment is complete, a decision will immediately be made by the LCRC regarding an outbreak declaration. All confirmed outbreaks, as per the definition in **SECTION 2.3** of this document, must be declared.
- 3.6. On suspicion of an Outbreak at a Police Custody setting, the Local Authority will be informed by the LCRC.
- 3.7. All **confirmed outbreaks**, as per the definition in **SECTION 2.3** of this document, **must be declared** by contacting the LCRC immediately. Contact details above.

### 4. Outbreak Control Team



- 4.1. On suspicion of an Outbreak at a Police Custody setting then the LCRC will set up an Outbreak Control Team/Incident Management Team, convened in line with the guidance available [here](#).
- 4.2. The LCRC will inform Kingston Council and they will be asked to join the OCT.
- 4.3. The LCRC will also notify the Local Authority directly of public health actions taken.

## **5. Outbreak investigation and control**

- 5.1. Population management measures such as Reverse Cohort Units are currently implemented across all London settings as part of a suite of measures introduced in coordination with Her Majesty's Prison & Probation Service (HMPPS) across the Estate to minimise the risk within these settings while transmission is still significant within the wider community.
- 5.2. Managers of Prisons and Places of Detention (PPDs) can help reduce the spread of COVID-19 by ensuring adherence by all to [best practice infection prevention and control](#) and reminding everyone of available public health advice. Resources including [posters, leaflets and other materials](#) are available.
- 5.3. There is a London Coronavirus Response Cell (LCRC) London Prisons and Places of Detention group that meets weekly to discuss ongoing infection prevention and control (IPC) and COVID-19 related issues pertaining to prisons, and to plan strategic interventions at regional level.
- 5.4. There are strong links with prison healthcare providers and governors to facilitate prevention work – e.g. staff training, awareness raising, table top exercises etc.
- 5.5. The National Police Chief Council (NPCC) have summarised their position in the following way:



- 5.5.1.1. Forces are encouraged to adopt a pragmatic approach in the custody environment concerning those suspected or diagnosed as having contracted COVID-19, giving due regard to Government advice and guidance regarding reducing the risk of infection.
  - 5.5.1.2. The use of police custody remains a legitimate and available option as part of the criminal justice process and for keeping people safe. This includes the arrest and detention of those who have been diagnosed or are suspected of having contracted COVID-19.
  - 5.5.1.3. Notwithstanding the above, consideration should be given to practice that minimises human traffic in the custody environment in order to reduce, as far as possible, the risk of viral transmission.
- 5.6. Government guidance for Prisons and other detention centres can be found via this [link](#). Below is a number of investigation and control measures as set out by LCRC for Police Custody Suite settings.
- **Any prisoner or detainee:** with symptoms of coronavirus (COVID-19) should be placed in **protective isolation for 10 days** (in accordance with relevant powers).
  - **Staff:** if a member of staff becomes unwell on site with symptoms of coronavirus (COVID-19), they **should go home immediately and get tested**; you should advise staff to follow the [stay at home guidance](#).
    - if a member of staff lives in a household where someone else is unwell with symptoms of COVID-19 then they must stay at home and follow the [stay at home guidance](#).
  - **CEV:** prisoners or detainees, members of staff and their household contacts, who are [clinically vulnerable](#) or [clinically extremely vulnerable](#), should be supported as they follow the recommendations on [social distancing](#) and [shielding](#)
    - prisoners or detainees who have symptoms of COVID-19 but are clinically well enough to remain in the PPD do not need to be transferred to hospital
    - people whose illness requires assessment, treatment or care that cannot be provided in the PPD may be transferred to appropriate healthcare facilities with usual escorts and following advice on safe transfers



- staff should wear specified personal protective equipment (PPE) for activities requiring sustained close contact with possible or confirmed cases (see below for detail)
- **PPE:** Staff should wear specified personal protective equipment (PPE) for activities requiring sustained close contact with possible cases. The [first responder guidance](#), supplemented by the updated [PPE guidance](#), provides for these occasions, identifies the equipment to be supplied and should be incorporated into local policy and practice.
- **Multiple Cases:** If facing multiple cases of those displaying symptoms, 'cohorting', or the gathering of potentially infected cases into a designated area, may be necessary.
- **Isolation provision:** Police Custody Suite leaders should be assessing their estate for suitable isolation and cohorting provision.
  - Staff and contacts who are self-isolating at home can receive support in accessing food and medication if isolating. For those living in Kingston, local support can be accessed via the [Kingston Stronger Together Hub](#).
- **Isolation of asymptomatic cell/room-sharer contacts of cases:** Where there are 2 or more people in a cell/room and one becomes a suspected/confirmed case, those cell/room sharer contacts may pose an infection control risk and should also be isolated away from the general population in accordance with relevant powers (**a period of 10 days** [maximum incubation period] is appropriate). Practical operational considerations will inform whether that means they stay where they are or can be moved to another location away from the ill cell/room-mate.
- **Contacts identified:** LCRC will work with the Police Custody setting to identify which inmates and staff meet the definition of direct / proximity / travel contacts during the infectious period of case (2 days pre-onset to 10 days post onset).
- **Swabbing of cases:** The Department for Health and Social Care (DHSC) requests that all symptomatic cases (staff and prisoners/detainees) should be tested as part of COVID-19 Outbreak management. Further swabbing of asymptomatic individuals is a measure to be considered as part of Outbreak management by the IMT.



- 6.2 The National Police Chiefs Councils (NPCC) have provided more detailed custody guidance and recommendations for the provision of police custody during the COVID-19 Pandemic. The NPCC update their policies regularly - please see the [NPCC website](#) for latest news and guidance have also set out some additional consideration.

## 6. Communications

- 6.1. A communications strategy must be agreed at the first OCT (or if no OCT assembled, a holding statement must be prepared by RBK Communications) meeting and reviewed throughout the outbreak investigation.
- 6.2. Kingston's Communications link person in the Metropolitan Police is Daniel Whitten, Inspector, Metropolitan Police: [Daniel.Whitten2@met.police.uk](mailto:Daniel.Whitten2@met.police.uk).
- 6.3. The LCRC will support in providing tailored communication resources specific to the outbreak situation.

## 7. End of outbreak

- 1.1. The outbreak can be declared over once no new cases have occurred in the 28 days since the appearance of symptoms in the most recent case.
- 1.2. Public Health England has prepared [detailed guidance on the management of outbreaks in PPD](#) which should be referred to by PPD Healthcare and management teams.
- 1.3. Outbreak reports for complex outbreaks with multiple OCTs will be prepared by the LCRC, if needed and if there is capacity to do so.







## **Appendix 8: Detailed Kingston Outbreak Control Plans (COVID-19): Universities and Colleges (including residential halls)**

**A new case of coronavirus (COVID-19) is an emergency.** This plan contains advice on confirmed cases, contacts, contact tracing and other relevant information and links to resources. **Please read through this document and be aware that national guidelines are subject to change on an ongoing basis - always check for the most up to date guidance and advice.** The COVID-19 London University Resource Pack<sup>27</sup> also provides updated detailed guidance to support risk assessment

**Universities and colleges should ensure all staff and pupils are familiar with infection control measures, testing and isolation guidance and are supported to adhere to these guidelines.**

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### **1. Introduction**

- 1.1. The primary objective in outbreak management is to protect public health by identifying the source and implementing control measures to prevent further spread or recurrence of infection.
- 1.2. This document provides operational guidance for the management of outbreaks of COVID-19 in College and University settings in Kingston.
- 1.3. The guidance aims to ensure an effective and coordinated approach is taken to outbreak management, from initial detection to formal closure and review.

[Government guidance](#) is provided to support higher education settings with the return of in-person teaching and learning for all remaining students. Outbreak control measures must be fully reflected in the re-introduction of work placements, face to face extra curricular activities, educational visits and commercial on site training facilities.

[Actions for FE colleges and providers during the coronavirus outbreak](#)

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<sup>27</sup> COVID-19 London University Resource Pack v25 (11 May 2021) is available from the London Coronavirus Response Centre, Public Health England



## WHAT HAPPENS IF A STUDENT HAS SYMPTOMS?

### WHAT ARE THE SYMPTOMS OF COVID-19?

- High temperature OR
- A new continuous cough OR
- Loss or change to your sense of smell or taste



### STUDENTS WITH SYMPTOMS MUST:



- STAY AT HOME FOR 10 DAYS



- ORDER A TEST ONLINE AT

<https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/get-a-test-to-check-if-you-have-coronavirus/> OR BY CALLING 119



- INFORM HOUSEHOLD CONTACTS SO THEY CAN SELF-ISOLATE FOR 10 DAYS
- INFORM PLACE OF STUDY AND ACCOMMODATION MANAGER

### THE INSTITUTION AND ACCOMMODATION MANAGER:

- if necessary, help student identify the household contacts who must self-isolate
- ensure student(s) are supported during self-isolation



### Did they attend the educational setting during their infectious period?

- If **No** - no further action required by the institution.
- If **Yes** - potential contacts outside of the household do NOT need to self-isolate while the test result is pending.

Please remember, other serious infectious agents are circulating amongst students (e.g. meningitis) and may explain symptoms. MenACWY and MMR vaccinations should be encouraged



Public Health  
England

## LCRC COVID-19 Flowchart for Higher Education Settings



## What happens if there is a confirmed case of COVID-19 at the University or College?

Did the positive case: attend University AND / OR stay in halls of residence or houses in multiple occupations (HMOs) during the infectious period: 2 days before symptom onset (or test date if asymptomatic) to a minimum of 10 days afterwards (longer if symptoms ongoing)



**NO** –No further action required by University beyond supporting student(s) as necessary during self-isolation



**YES** –University carries out an on-site risk assessment using checklist. Follow process below:

- Case should already be isolating in their accommodation. They should remain in isolation until 10 days have passed from symptom onset.
- Case informs their university and manager of their halls/landlord of their HMO (where relevant)

Identification of contacts of case during infectious period: Household, non-household (inc sexual contacts), health care and airline contacts\*

- Contacts are informed to self-isolate for 10 days from date of last contact, with template letters for students and staff.

- University ensures that self-isolating contacts can receive essentials, e.g. food, medicines

NHS Test and Trace have ultimate responsibility for contact tracing. Higher education institutions can support the identification of contacts by undertaking risk assessments:

University/College consider:

- group teaching sessions
- additional on-site/academic activities e.g. clubs/societies
- events/trips

University/Halls manager/HMO consider:

- Accommodation layout (sharing of kitchen/bathing facilities)

### Who is a contact?



**Direct close contacts:** direct face-to-face e.g. being coughed on/spoken to contact for any length of time OR within <1 metre for ≥1 minute



**Proximity contacts:** ≤2m for ≥15 minutes.



**Travel contacts:** shared small vehicle together

If you need advice or support, please access the **government guidance online** or contact the University helpline on **0888 046 8687 (select option 2)**

If you believe transmission is taking place in the University/College or between bubbles, contact the LCRC at **0300 303 0450** or email [LCRC@phe.gov.uk](mailto:LCRC@phe.gov.uk). This might be because you have seen:

- 3 or more households / bubbles in a single Hall of residence in 14 day period
- 5 or more (bubbles) affected (where bubble is a flat, household, tutor group), in 14 day period.
- 3 or more cases on the same course in 14 day period
- Confirmed case in a healthcare student
- Hospitalisation due to covid-19

Please remember, other serious infectious agents are circulating amongst students (e.g. meningitis) and may explain symptoms. MenACWY and MMR vaccinations should be encouraged

\*The full definition of contacts can be found below in this pack



## 2. Preparation and prevention

- 2.1. **Risk assessments** should be revisited and updated, and settings should consider whether additional controls are needed to meet Health and Safety Executive requirements. Full guidance can be found [here](#). **The LCRC Resource pack provides a risk assessment template for use in universities.**
- 2.2. **In reopening buildings and campuses**, prevention of cases and outbreaks of COVID-19 remains the priority. Guidance for FE settings on protective measures they can take to minimise coronavirus (COVID-19) transmission include **the need to reduce social contact, maintain social distance, adopt good hand and respiratory hygiene measures.** Specific guidance for educational settings on supporting students with Special Educational Needs and Disabilities (SEND) can be found [here](#).
- 2.3. Guidance on students who are clinically extremely vulnerable, or clinically vulnerable can be found [here](#).
- 2.4. **Social distancing and infection control measures on campus should continue to be considered, and risk assessments conducted** accordingly in relation to students, staff and support services.
- 2.5. **Segmentation** (such as the creation of small, sub-networks of students and staff) can make it easier to identify, manage and reduce the size and disruptive impact of an outbreak, though there is no one model that applies across all providers.
- 2.6. **International students: A traffic light system will be introduced from 17 May 2021 which will rate countries as either red, amber or green. Where you have arrived from affects whether you have to quarantine or not. Please see [government guidance](#) on rules for entering England and be aware that students returning from overseas may need to quarantine in accordance with government guidance.**
- 2.7. It is important that those managing FE settings familiarise themselves with the guidance to manage outbreaks of COVID-19 in advance of any cases to quickly respond if necessary.

## 3. Outbreak and case definition

- 3.1. **Suspected** case of COVID-19: Any student, staff member or resident with symptoms of COVID-19, i.e., high temperature (over 37.8 degrees Celsius), new continuous cough, and/or loss of, or change in, normal sense of smell or taste (anosmia).



**3.2. Confirmed case of COVID-19:** Any student, staff member or resident with a **positive** diagnosis of COVID-19, **either with a Lateral Flow Device (LFD) or Polymerase Chain Reaction (PCR) test).**

**3.3. Outbreak of COVID-19:** An incident in which **two** or more people who meet the criteria above for a **confirmed** case are linked in time (within a 14 day period) and place, and one of:

- Identified direct exposure between at least 2 of the test-confirmed cases in that setting (for example under one metre face to face, or spending more than 15 minutes within 2 metres) during the infectious period of one of the cases
- When there is no sustained local community transmission, i.e. absence of an alternative source of infection outside the setting for the initially identified cases

See guidance for [epidemiological definitions of outbreaks and clusters in particular settings](#).

**3.4. Who is a '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).

A contact can be a Direct contact:

- Anyone who lives in the same household as a case or has stayed overnight with them during their infectious period
- **Skin to skin physical contact for any length of time**
- Sexual Partners
- Anyone who has had face to face contact with a case, for any length of time, including being coughed on or talked to
- Anyone who has been within 1 meter of a case for one minute or longer

or a Proximity contact:

- Anyone who has had face-to-face contact with someone less than 1 metre away (this will include times where you have worn a face covering or a face mask)
- Anyone who has been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
- Anyone who has travelled in a car or other small vehicle with someone (even on a short journey) or close to them on a plane



- Cleaners of case's household accommodation during the exposure period (even if the case was not in the room at the time)

Further guidance on contacts, including travel and health care contacts, can be found in Section 3.3 of the Covid-19 of Local Coronavirus Resource Pack. Anyone who has been identified as a contact, will need to self-isolate for 10 days from last contact with the case, regardless of whether they have been tested or not, and that if they develop symptoms during that time they will need to get a test, and then self-isolate for a full 10 days from their symptom onset if positive. Find more information about what your test results mean at GOV.UK

### 3.5. LCRC (London Coronavirus Response Cell)

- The LCRC are the local Public Health England (PHE) Health Protection Team (HPT) for all London Boroughs (including the Royal Borough of Kingston). Where Government guidance refers to local HPTs, for Kingston, this is the LCRC.

**3.6. Testing:** Various testing options are available for higher education students, staff and visitors and this is changing regularly, see GOV.UK guidance. The testing process involves taking a swab of the nose and the back of the throat, which can be done by the person themselves (self-administered) or by someone else (assisted).

- **PCR tests (polymerase chain reaction):** PCR tests are good at finding very small amounts of the virus, especially early in infection, so these are used primarily in people who have symptoms. The swabs are sent to a lab and it will take longer to get your result. Most people get their result the next day, but it may take up to 3 days.
- **Lateral Flow Testing or Device (LFT/LFD):** These are rapid tests (results in 30 minutes) used for asymptomatic people. We know that some people have Covid-19 but do not display any symptoms. Although they remain well, they can still transmit the virus to others. Therefore asymptomatic testing is really key in helping to reduce transmission for COVID-19 in the community and settings.
  - Students and staff that test negative as part of the twice weekly testing programme should continue to follow any national restrictions.
  - If an LFT has a positive result, the individual and their household need to self-isolate immediately and take up a PCR test as soon as possible. If the PCR test result is positive students and staff are then legally required to self-isolate and continue to do so for at least the following ten full days. Contact tracing will also be initiated at this point.



- If a student or staff member takes a PCR test within 2 days of the LFD test and receives a negative result, they and their household can stop self-isolating.

Additional 'outbreak testing' will be considered in the event of a suspected or confirmed case within the setting.

#### **4. Priority actions and when to notify LCRC**

##### **4.1. Isolate the case(s)**

Settings should follow the [Department for Education guidance](#) for what to do if a student has symptoms or a positive test result. Any student or staff who is a confirmed case of COVID-19 must, along with their household, self-isolate for a period of ten days, following the [stay at home guidance](#). If the case is suspected, they must book a test and they and their household must self-isolate whilst they wait for the result. Students living in halls of residence or houses in multiple occupation (HMOs) who develop symptoms of coronavirus should self-isolate in their current accommodation. If a resident of an HMO has coronavirus symptoms, all residents must isolate for 10 days.

##### **4.2. Identify contacts**

All contacts of the case must self-isolate. The case may need assistance identifying household contacts if living in university accommodation. In addition to household contacts, identify any non-household and educational contacts who were in contact with the case during their infectious period (2 days before their symptoms started - or 2 days before the test if they were asymptomatic). This will help the NHS Test and Trace team contact and offer support to any individuals who are required to self-isolate as a result of being in contact with the positive case.

##### **4.3. Notifications**

Students or staff who develop symptoms of coronavirus should discuss this with the appropriate contact at the university or college. If students live in halls of residence they should also discuss with the residence manager, or if in shared rental accommodation they should alert their landlord. This must be done within 24 hours of identifying a single suspected case.

Initial investigations should determine any possible links between cases in time or by place, e.g. lecture halls / classrooms, residential halls or sporting teams etc.

##### **Universities**



You must report any **single confirmed case** of COVID-19 to the Department for Education (DfE) helpline. Call and select option 2 for advice on a single confirmed case of coronavirus in your University.

- **DfE telephone:** 0800 046 8687 (open Mon-Fri 08:00 - 18:00, Sat-Sun 10:00 - 16:00)

You must also report any **single confirmed case** of COVID-19 to the Local Authority. Please ask for the information to be passed on to the Public Health Single Point of Contact:

- **Kingston Council telephone:** 020 8547 5800

If you have **more than a single case of COVID-19 to report** and have reached the threshold for an outbreak (2 or more confirmed cases), then you must, as well as contacting the DfE and Local Authority, contact the LCRC using the details below.

- **LCRC telephone:** 0300 303 0450 (open 09:00 - 20:00, daily)
- **Email:** [lcrc@phe.gov.uk](mailto:lcrc@phe.gov.uk)

In all cases, you will be supported to review the control measures in place to minimise further spread of the virus in your setting. You will be supported to identify what action is needed based on the latest public health advice.

**Please note:** if your situation does not satisfy the thresholds for contacting any of the bodies above, but you feel you have an evolving situation not controlled by your current measures, please contact the LCRC.

## Colleges

### Contact the Department for Education (DfE) helpline

A college notified of a confirmed case must contact the DfE helpline immediately.

- **Telephone:** 0800 046 8687 selecting the option for reporting a positive case (open Monday to Friday from 8am to 6pm, and 10am to 4pm on Saturdays and Sundays)

The DfE helpline also remains available for all other queries about coronavirus (COVID-19) relating to your education and childcare setting on 0800 046 8687. Please listen carefully to the available options and select the one most appropriate to your settings current situation.



Once initial investigations and risk assessment are complete, a decision will be made by the LCRC or DfE advisors regarding an outbreak declaration. All **confirmed** outbreaks, as per the definition in **SECTION 2.3** of this document, must be declared.

## **5. Outbreak Control Team (OCT)**

- 5.1.** A decision to convene an Outbreak Control Team (OCT) will be at the discretion of the LCRC, in discussion with the local authority.
- 5.2.** The OCT should meet as soon as possible, and within 24 hours of the outbreak being declared.
- 5.3.** The suggested membership of the OCT is as follows:
  - RBK DPH: Iona Lidington (or nominated RBK Public Health Consultant)
  - RBK Public Health OCT Coordinator
  - LCRC (PHE) representative
  - University or College representative(s) (inc. Health and Safety and Communications representatives)
  - Accommodation manager or substitute (if applicable)
  - RBK Communications: Cara Coslett
  - PHE Communications

## **6. Additional advice on outbreak investigation and infection control**

### **6.1. Infection control**

Immediate control measures should be implemented as per guidance in the Covid-19 London University Resource Pack. .

Additional training and/or a walk around observational visit of infection control procedures at University/College site with Infection Prevention and Control specialist is available from Kingston Council. Settings will be given suggestions for areas of improvement, where identified. To request this via Kingston Public Health, contact [covid-19ph@kingston.gov.uk](mailto:covid-19ph@kingston.gov.uk).

### **6.2. Isolation and social distancing**

Institutions and building managers of private halls will need to design procedures with their staff to ensure that students can self-isolate. Government guidance for COVID-secure accommodation in residential educational settings can be found [here](#)

Students in Houses of Multiple Occupation (HMOs) will need to discuss their circumstances with both their landlord and their institution, who should work together to ensure that necessary support is in place.



Students in HMOs are should see [guidance for COVID-19 and renting](#) for advice about evictions, developed by the Ministry of Housing, Communities and Local Government.

### **6.3. Cleaning**

See [cleaning in non-healthcare settings guidance](#).

### **6.4. Personal Protective Equipment (PPE)**

Please see the latest [guidance for the use of face coverings in educational settings](#). Settings are advised to adopt the use of face coverings indoors where social distancing is difficult to maintain or good ventilation is difficult to provide, e.g. in a workshop, hallways, laboratories or office spaces. Please also see the [government guidance for use of PPE in educational settings](#).

A request for three days worth of **emergency** PPE can be made to the local authority by contacting:

Email: [ppe.enquiries@kingston.gov.uk](mailto:ppe.enquiries@kingston.gov.uk)

### **6.5. Testing**

On arrival at university, students should take three tests at an on-site testing facility (3- 4 days apart). If a student or staff member has had a positive PCR test in the last 90 days, they do not need to be tested again within that time period if they are asymptomatic. They are still required to self-isolate if they are identified as a close contact of a positive case, even if this is within the 90 day window.

After undertaking their initial tests on arrival at university, students and staff should test twice a week, either using home test kits or at an on-site facility.

If students are travelling from overseas, additional testing may be required, please see (SECTION 2.6).

### **6.6. Tracing**

Contact tracing will be initiated when someone receives a positive PCR or LFD test. NHS Test and Trace or Local Contact Tracing will contact positive cases directly and ask them to self isolate and find out who they have been in contact with. Those contacts will also be contacted by NHS Test and Trace directly, and asked to self isolate.

The LCRC will complete enhanced contact tracing if there are cases within the setting that have been identified as 'variants of concern' (VoC) through laboratory genomic sequencing.

Institutions should support students to receive food and medication if



isolating. Local support for people self isolating can be accessed via the [Kingston Stronger Together Hub](#).

## 7. Communications

- 7.1. During periods of sustained community transmission of COVID-19, communication expectations between staff/ students and employer/education setting should be agreed and clear messaging should be shared on the following:
- Reporting symptoms
  - Reporting positive tests
  - Ensuring self-isolation guidelines are followed
  - Supporting contact tracing process
  - Personal support, including finance and wellbeing, available to staff self-isolating
- 7.2. An outbreak communications strategy must be agreed at the first OCT (or if no OCT assembled, a holding statement must be prepared by RBK Communications) meeting and reviewed throughout the outbreak investigation.
- 7.3. The LCRC will support in providing tailored communication resources specific to the outbreak situation.

## 8. End of outbreak

- 8.1. An outbreak is considered over when there have been no new cases in a setting for 28 days or more. If a new case appears **after the 28 day period, this must be reported as a new outbreak.**
- 8.2. Where an OCT has been formed, a brief final report will be completed by Kingston Council within 4 weeks. Outbreak reports for complex outbreaks with multiple OCTs will be prepared by the LCRC, if needed and if there is capacity to do so. In both cases the report should ideally be agreed by all members of the OCT.
- See [Appendix 11 of Communicable Disease Outbreak Management: Operational Guidance](#) for a standard structure for a final outbreak investigation report.
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## **Appendix 9: Detailed Kingston Outbreak Control Plans (COVID-19): Domiciliary and Home Care settings**

Coronavirus (COVID-19) outbreak management: operational guidance for -

### **Domiciliary and Home Care settings**

**A new case of coronavirus (COVID-19) is an emergency.** This plan contains advice on confirmed cases, contacts, contact tracing and other relevant information and links to resources. **Please read through this document and be aware that national guidelines are subject to change on an ongoing basis - always check for the most up to date guidance and advice.**

**Care providers should ensure all members of staff and clients are familiar with infection control measures, testing and isolation guidance and are supported to adhere to these guidelines.**

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#### **1. Introduction**

- 1.1.** The primary objective in outbreak management is to protect public health by identifying the source and implementing control measures to prevent further spread or recurrence of infection.
- 1.2.** This document provides operational guidance for the management of outbreaks of COVID-19 in domiciliary and home care settings in Kingston. You can help prevent the spread of COVID-19 by taking the necessary measures, highlighted in this plan, and by reporting all cases of COVID-19 you become aware of.
- 1.3.** The guidance aims to ensure an effective and coordinated approach is taken to outbreak management, from initial detection to formal closure and review.



## Quick guide Domiciliary Care and Home Care actions for suspected or confirmed cases of COVID-19

**Action in domiciliary care settings starts with a single possible case of COVID-19, even when this does not meet the criteria for an outbreak.**

Daily report of coronavirus-related situation in any setting should be regularly reported to Local Authority via LG Inform Tracker and routine testing maintained.

If you have a suspected or confirmed case of coronavirus within a care setting, in any resident or staff, you must immediately **contact the London Coronavirus Response Cell (LCRC)**.

Any Children's care home settings to also inform Achieving for Children of any suspected or confirmed cases.

### LCRC DETAILS

Phone: 0300 303 0450

Email: [lcrc@phe.gov.uk](mailto:lcrc@phe.gov.uk)

### Case

The case must isolate for 10 days from the onset of symptoms.

The case's 'household' must also isolate for a period of 10 days from the onset of symptoms in the case, or the date of test if the case was asymptomatic and tested positive

### Identify contacts

Consider those who the case came into contact with during the infectious period (2 days before symptom onset and 10 days following).

### Who is a contact?

Please refer to SECTION 2.4 for contact definition and Appendix C for action for contacts

### Contacts

Contacts must be informed to self-isolate for 10 days, even if they have received a negative test result since last coming into contact with the positive case.

### Review risk assessment

Make sure you have reviewed all infection control procedures and measures to prevent any further transmission of the virus.

### Infection Control Support

You can make a request for support to manage infection control procedures in your setting by contacting the Local Authority SPoC: 020 8547 5800

### Ensure Outbreak Testing is in place

LCRC will arrange testing if needed, following a full risk assessment. Other testing options may be available via Local Authority.



## 2. Definitions

### 2.1. Suspected case of COVID-19 in a domiciliary or home care environment:

- Any service user (or worker) with symptoms of COVID-19, i.e., high temperature (over 37.8 degrees Celsius), new continuous cough, and/or loss of, or change in, normal sense of smell or taste (anosmia).

If you are a **care worker** and need a COVID-19 test because you have symptoms of COVID-19, you can [access testing through the self-referral or employer referral portals](#). **Service users** who have symptoms of COVID-19 can [access testing through the digital portal](#) or by calling 119.

Anyone who develops symptoms of COVID-19 must follow the [stay at home guidance](#).

### 2.2. Confirmed case of COVID-19:

- Any service user (or worker) with a **laboratory confirmed** diagnosis of COVID-19. A positive Lateral Flow Device test result should be followed up with a PCR test, to be sent to the laboratory (until national guidance advises against this).

### 2.3. Outbreak of COVID-19:

- An incident in which **two** or more confirmed or suspected cases of COVID-19 among individuals associated with a specific domestic household (though the individuals do not need to live together), or receiving care from the same provider or agency, or from working in the same home care organisation, with illness onset dates within 14 days.

### 2.4. What is a '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).

**Please note:** If domiciliary care workers who are providing personal care are trained in the use of PPE, are donning, doffing and using PPE appropriately with no breaches, they would not be considered as a close contact. However, the use of less stringent PPE does not guarantee effective prevention of transmission or acquisition of coronavirus infection in other settings, eg. staff



room or canteen, therefore will not necessarily exclude an individual from being considered a close contact. For more details, go to [GOV.UK](https://www.gov.uk).

A contact can be a **Direct contact**:

- Anyone who lives in the same household as a case or has stayed overnight with them during their infectious period
- Sexual Partners
- Anyone who has had face to face contact with a case, for any length of time, including being coughed on or talked to
- Anyone who has been within 1 meter of a case for one minute or longer

or a **Proximity contact**:

- Anyone who has had face-to-face contact with someone less than 1 metre away (this will include times where you have worn a face covering or a face mask)
- Anyone who has been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
- Anyone who has travelled in a car or other small vehicle with someone (even on a short journey) or close to them on a plane

Anyone who has been identified as a contact, will need to self-isolate for 10 days from last contact with the case, regardless of whether they have been tested or not, and that if they develop symptoms during that time they will need to get a test, and then self-isolate for a full 10 days from their symptom onset if positive. Find more information about what your test results mean at [GOV.UK](https://www.gov.uk)

**2.5. Testing:** 'Routine testing' options are available for domiciliary and home care workers, see [GOV.UK guidance](https://www.gov.uk/guidance). The testing process involves taking a swab of the nose and the back of the throat, which can be done by the person themselves (self-administered) or by someone else (assisted).

- **PCR tests (polymerase chain reaction):** PCR tests are good at finding very small amounts of the virus, especially early in infection, so these are used primarily in people who have symptoms. The swabs are sent to a lab and it will take longer to get your result. Most people get their result the next day, but it may take up to 3 days.
- **Lateral Flow Testing or Device (LFT/LFD):** These are rapid tests (results in 20-30 minutes) used for asymptomatic people. If an LFT has a positive result, the individual is expected to



then take a confirmatory PCR test (until government guidance advises against this).

We know that some people have Covid-19 but do not display any symptoms. Although they remain well, they can still transmit the virus to others. Therefore asymptomatic testing is really key in helping to reduce transmission for COVID-19 in the community and settings.

Additional 'outbreak testing' will be considered in the event of a suspected or confirmed case within the setting.

### 3. Reporting requirements and when to contact LCRC

- 3.1. Domiciliary care should be reporting regularly on the Capacity Tracker site of any suspected or confirmed cases, and no later than 24 hours after an outbreak has been declared. This will alert the Local Authority.
- 3.2. If you have a **suspected or confirmed case** of coronavirus within a home care setting, in any client or staff, you must immediately **contact the London Coronavirus Response Cell (LCRC)** who will provide advice and arrange testing if needed, based on risk assessment

LCRC (London Coronavirus Response Cell):

- **Telephone:** 0300-303-0450
- **Email:** [lcrc@phe.gov.uk](mailto:lcrc@phe.gov.uk) (or [phe.lcrc@nhs.net](mailto:phe.lcrc@nhs.net) for patient identifiable information)

### 4. Priority actions if there is a suspected or confirmed case

- 4.1. The LCRC will work with the reporting officer to undertake a risk assessment and will also provide the appropriate Infection Prevention and Control (IPC) guidance. To help this process, you should:
  - Review your infection control measures
  - Identify and inform the case contacts that they must self-isolate for 10 days since their last contact with the positive case
  - Consider options for wider testing in your setting (if necessary)
- 4.2. If during initial investigations and risk assessment a second linked COVID-19 case (confirmed or suspected) is ascertained, an outbreak will be declared by the LCRC. All **confirmed** outbreaks, as per the definition in **SECTION 2.3** of this document, must be declared.

### 5. Outbreak Control Team



- 5.1.** The LCRC will advise whether an Outbreak Control Team (OCT) needs to be assembled given the circumstances of the outbreak.
- 5.2.** The suggested membership of the OCT is as follows:
- RBK DPH: Iona Lidington (or nominated RBK Public Health Consultant)
  - RBK Public Health Outbreak Coordinator
  - LCRC (PHE) representative
  - RBK Adult Social Care: Miriam Smith / Michelle Murray
  - RBK ASC Infection Control Lead: Adeline Thomas
  - Domiciliary / home care manager
  - Your Healthcare Infection Control: Ana Naveira
  - RBK Communications: Cara Coslett
- 5.3.** The chair of the OCT should be appointed at the first meeting. This will usually be the Director of Public Health or Public Health Consultant, however it may be another OCT member if appropriate.
- 5.4.** In the event that an OCT is not assembled, national guidance must be followed and any particular action as advised by the LCRC and RBK Director of Public Health (DPH).

## **6. Additional advice on outbreak investigation and infection control**

### **6.1. Infection control**

Immediate control measures should be implemented as per guidance received by the LCRC. Also see [Infection Prevention and Control \(IPC\) guidance](#).

### **6.2. Isolation and social distancing**

Service users and workers in domiciliary and home care settings should follow the same [guidance as the wider population on social distancing](#). The LCRC will provide additional isolation and social distancing advice as required.

The government has also issued [guidance on provision of home care](#), which includes dividing people who receive care into care groups where this is possible. There is further guidance available on [how the Mental Capacity Act applies to a person's ability to make decisions around receiving care](#).

Support with food access, medication delivery and befriending can be accessed by anyone who is self isolating in Kingston via the [Kingston Stronger Together Hub](#).



### **6.3. Cleaning**

See [cleaning in non-healthcare settings guidance](#) - including information about PPE disposal, waste and laundry.

### **6.4. Personal Protective Equipment (PPE)**

For advice on the use of PPE in supported living settings and in home care settings, please refer to [Personal protective equipment \(PPE\) - resource for care workers delivering homecare \(domiciliary care\) in England](#).

A request for three days worth of **emergency** PPE can be made to the local authority by contacting:

Email: [ppe.enquiries@kingston.gov.uk](mailto:ppe.enquiries@kingston.gov.uk)

PPE stock levels should be reported in CQC's 'Update CQC on the impact of COVID' online form. Home care providers will have been contacted by CQC to advise on this process.

### **6.5. Testing**

The LCRC will organise any additional testing that may need to take place to control the outbreak. Care workers who need a test can access [testing through the self-referral or employer referral portals](#). Service users can [access testing through the digital portal](#) or by calling 119 to book a test.

If needed, and available, Kingston's DPH will request additional support with local testing via Mobile Testing Units (MTUs).

### **6.6. Tracing**

The LCRC will lead on the necessary contact tracing that must follow a domiciliary or home care outbreak. They will identify and ensure that the appropriate advice is given to any direct, proximity and/or travel contacts to prevent onward spread of the virus.

When someone tests positive for COVID-19 they will also be contacted separately by NHS Test and Trace – either online, by text or over the phone – and be asked to provide information about where they've been and who they have seen to inform further contact tracing efforts.

### **6.7. Additional risk factors that you are concerned about**

If you become aware of any additional risk factors within your setting or surrounding environment that might be contributing to an outbreak, please notify RBK Public Health team at [covid-19ph@kingston.gov.uk](mailto:covid-19ph@kingston.gov.uk). Please note, this inbox is only monitored Monday-Friday. For urgent enquiries, contact RBK Single Point of Contact (020 8547 5800)



## 7. Communications

- 7.1. A communications strategy must be agreed at the first OCT meeting if an outbreak has been declared (or if no OCT assembled, a holding statement must be prepared by RBK Communications) and reviewed throughout the outbreak investigation.
- 7.2. The LCRC will work with the domiciliary and home care provider to provide communication materials to update other staff or service users where necessary.
- 7.3. During periods of sustained community transmission of COVID-19, communication expectations between staff and employer (care setting) should be agreed and clear messaging should be shared on the following:
  - 7.3.1. Reporting symptoms
  - 7.3.2. Reporting positive tests
  - 7.3.3. Ensuring self-isolation guidelines are followed
  - 7.3.4. Supporting contact tracing process
  - 7.3.5. Personal support, including finance and wellbeing, available to staff self-isolating
- 7.4. If you require additional communications materials, please find resources on Kingston Council website.

## 8. End of outbreak

- 8.1. An outbreak is considered over when there have been no new cases in a setting for 28 days or more. If a new case appears **after the 28 day period, this must be reported as a new outbreak.**
- 8.2. Where an OCT has been assembled to manage an outbreak, a brief final written report should be prepared. This will be led by RBK and a preliminary report must be completed and agreed by members of the OCT within 4 weeks of the end of the outbreak.

Outbreak reports for complex outbreaks with multiple OCTs will be prepared by the LCRC, if needed and if there is capacity to do so. See [Appendix 11 of Communicable Disease Outbreak Management: Operational Guidance](#) for a standard structure for a final outbreak investigation report.



## **Appendix 10: Detailed Kingston Outbreak Control Plans**

### **(COVID-19): Early Years settings**

#### **Royal Borough of Kingston upon Thames**

Coronavirus (COVID-19) outbreak management: operational guidance for -

**Early Years settings** (including childminders and nurseries)

**A new case of coronavirus (COVID-19) is an emergency.** This plan contains advice on confirmed cases, contacts, contact tracing and other relevant information and links to resources. **Please read through this document and be aware that national guidelines are subject to change on an ongoing basis - always check for the most up to date guidance and advice.**

**Early Years Settings and Childcare Providers should ensure all members of staff; parents and carers; and visitors are familiar with infection control measures, testing and isolation guidance and are supported to adhere to these guidelines.**

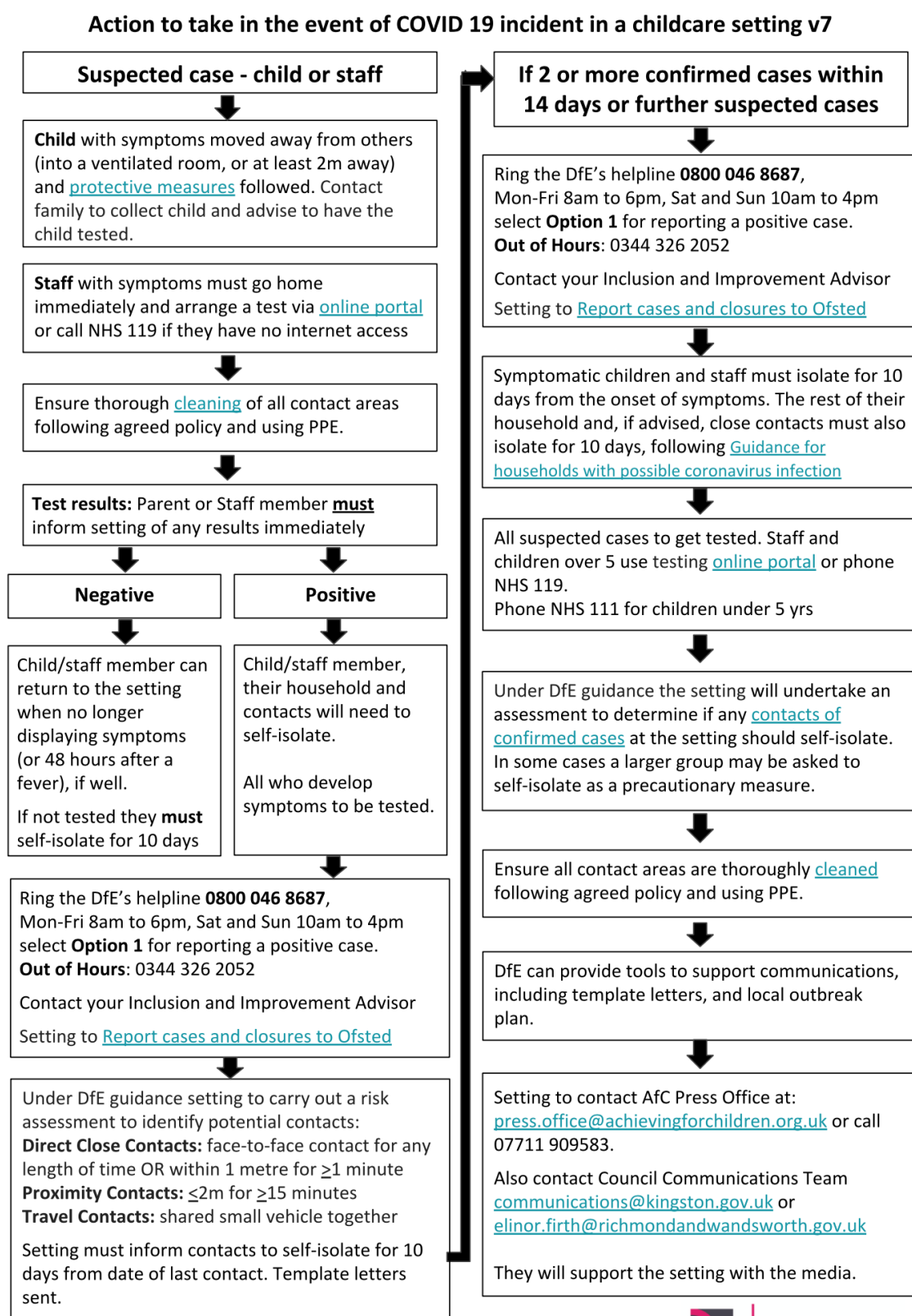
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#### **1. Introduction**

- 1.1.** The primary objective in outbreak management is to protect public health by identifying the source and implementing control measures to prevent further spread or recurrence of infection.
- 1.2.** This document provides operational guidance for the management of outbreaks of COVID-19 in early years settings in Kingston. You can help prevent the spread of COVID-19 by taking the necessary measures, highlighted in this plan, and by reporting all cases of COVID-19 you become aware of.
- 1.3.** The guidance aims to ensure an effective and coordinated approach is taken to outbreak management, from initial detection to formal closure and review.
- 1.4.** This document is intended to provide a framework for our local response to outbreaks of COVID-19 and directs to detailed guidance and information where appropriate including the COVID-19 London Schools Resource Pack. Every case is different and this guidance should be used alongside expert advice in response to individual circumstances.

**Action to be taken in the event of COVID-19 incident in an early years setting**





25/01/2021

**Early Years**

## 2. Definitions: See further guidance on [GOV.UK](https://www.gov.uk)



**2.1. Possible case** of COVID-19 in an early years location:

- Any child or staff member with [symptoms of COVID-19](#) (new continuous cough; or temperature over 37.8 degrees Celsius; or loss of, or change in normal sense of smell or taste).
  - Anyone who displays these symptoms must be asked to [self-isolate](#) and arrange to have a [test](#). Settings should refer to the COVID-19 London School Resource pack for more information.

**2.2. Confirmed case** of COVID-19 in an early years setting:

- Any child, young person or staff member with laboratory confirmed diagnosis of COVID-19. A positive LFD test result should be followed up with a PCR test, to be sent to the laboratory (a follow up PCR test may soon not be required - check national guidance).

**2.3. Outbreak** of COVID-19 in a early years setting: Two or more test confirmed cases of COVID-19 among children, young people or staff in the setting with illness onset days within a 14 day period and one of the following:

- Direct exposure is identified between at least 2 of the test-confirmed cases in that setting (for example under one metre face to face, or spending more than 15 minutes within 2 metres) during the infectious period of one of the cases.
- When there is no sustained local community transmission, i.e. absence of an alternative source of infection outside the setting for the initially identified case

-OR-

- An overall increase in sickness absence reporting where parents/ carers report illness with suspected COVID-19 (but where no tests have been done or results are available).

**2.4. What is a '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). Contacts will need to self-isolate for 10 days from last contact with the case, regardless of whether they have been tested or not, and that if they develop symptoms during that time they will need to get a test, and then self-isolate for a full 10 days from their symptom onset if positive



- A contact can be a **Direct contact**:

- Anyone who lives in the same household as a case or has stayed overnight with them during their infectious period
- Sexual Partners
- Anyone who has had face to face contact with a case, for any length of time, including being coughed on or talked to
- Anyone who has been within 1 meter of a case for one minute or longer

- or a **Proximity contact**:

- Anyone who has had face-to-face contact with someone less than 1 metre away (this will include times where you have worn a face covering or a face mask)
- Anyone who has been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
- Anyone who has travelled in a car or other small vehicle with someone (even on a short journey) or close to them on a plane

Anyone who is symptomatic or has been identified as a contact, and gets a test must isolate themselves whilst they wait for the test results. Find more information about what your test results mean at [GOV.UK](https://www.gov.uk)

**LCRC (London Coronavirus Response Cell):** The LCRC are the local Health Protection Team (HPT) for all London Boroughs (including the Royal Borough of Kingston) in issues relating to Coronavirus. Where Government guidance refers to local HPTs, for Kingston, this is the LCRC.

**Testing:** Various testing options are available for staff and [visitors](#) and this is changing regularly, see [GOV.UK guidance](#). The testing process involves taking a swab of the nose and the back of the throat, which can be done by the person themselves (self-administered) or by someone else (assisted).

- **PCR tests (polymerase chain reaction):** PCR tests are good at finding very small amounts of the virus, especially early in infection, so these are used primarily in people who have symptoms. The swabs



are sent to a lab and it will take longer to get your result. Most people get their result the next day, but it may take up to 3 days.

- **Lateral Flow Testing or Device (LFT/LFD):** These are rapid tests (results in 20-30 minutes) used for asymptomatic people. If an LFT has a positive result, the individual is expected to then take a confirmatory PCR test (check govt guidance to see if PCR confirmatory test is required).

We know that some people have Covid-19 but do not display any symptoms. Although they remain well, they can still transmit the virus to others. Therefore asymptomatic testing is really key in helping to reduce transmission for COVID-19 in the community and settings.

### 3. Priority Protective Measures

- 3.1. Prevention of cases and outbreaks of COVID-19 remains the priority. Guidance for early years and childcare settings on protective measures they can take during the coronavirus (COVID-19) outbreak can be found [here](#)
- 3.2. Guidance on safe working, including the use of personal protective equipment (PPE) can be found [here](#)
- 3.3. Early Years Settings are responsible for planning and implementing an infection prevention and response 'system of controls'-a set of principles to minimise risk of transmission.

#### **Infection Prevention System of Controls**

- 1) Minimise contact with individuals who are unwell by ensuring that those who have coronavirus (COVID19) symptoms or who have someone in their household who does or have been advised by NHS test and trace to self-isolate, do not attend settings
- 2) Where recommended, the use of face coverings
- 3) Clean hands thoroughly and more often than usual
- 4) Ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
- 5) Maintain enhanced cleaning, including cleaning frequently touched surfaces often using standard products, such as detergents
- 6) Minimise contact between groups of children where possible
- 7) Where necessary, wear appropriate personal protective equipment (PPE)
- 8) Keep occupied spaces well ventilated
- 9) Promote and engage with 'rapid testing' (asymptomatic LFT testing)

-Numbers 1, 3, 4, 5 and 8 must be in place in all settings all the time.  
-Numbers 2 and 6 must be properly considered, and settings must put in place measures that suit their particular circumstances.



- Number 7 applies in all specific circumstances.
- See **SECTION 4 and 6** for further details on response to infections.
- See [Actions for early years and childcare providers](#) for other safety in setting controls

- 3.4. Settings must comply with health and safety law, which requires them to assess risks and put in place proportionate control measures. See [annex A of the guidance for schools](#) for what is required.
- 3.5. Guidance on protecting staff and children who are clinically extremely vulnerable can also be found [here](#).
- 3.6. Guidance on funding:
  - [financial support for education, early years and children's social care](#)
  - [check if you can claim for your employees' wages through the Coronavirus Job Retention Scheme](#)
  - [Self isolation support pay](#)
- 3.7. It is essential that those managing early years settings familiarise themselves with this guidance to manage outbreaks of COVID-19 in advance of any cases and respond quickly when necessary.

#### **4. Actions for confirmed, suspected or multiple cases and when to notify Ofsted, Achieving for Children and the Department for Education (DfE) helpline**

You must manage and report to Ofsted, DfE helpline and Achieving for Children any confirmed cases of coronavirus (COVID-19) in the setting

##### **4.1. Initial action by the early years setting**

- If cases of COVID-19 or an outbreak are suspected or confirmed, immediate risk assessment and control measures should be implemented to clarify the nature of the situation and limit spread of infection. You will be able to manage many of the situations that arise in your setting with support from the COVID-19 London Schools Resource Pack. The setting should follow the actions outlined in **SECTION 1- Action to be taken in the event of COVID-19 incident in an early years setting.**
- In general, you will need to take the following steps to manage a confirmed case of coronavirus in your setting:
  1. **Isolate case:** Ensure the case has been tested and is isolating as appropriate
  2. **Identify contacts of PCR positive case:** Conduct a risk assessment (template in COVID-19 London Schools Resource Pack) to identify contacts who will need self isolate, and provide them with the appropriate advice
  3. **Escalate as appropriate**



4. **Share information:** Provide information to parents and staff (template for letters in COVID-19 London Schools Resource Pack). Notify Achieving for Children (see **SECTION 4.2**)
5. **Notify:** DfE, Ofsted and Achieving for Children as required
6. **Seek advice:** If you need advice or support, you can contact the DfE helpline on 0800 046 8687.
  - When someone has tested positive, all settings should call the **DfE helpline on 0800 046 8687 and select option 1**. Settings will then be directed to the dedicated advice service introduced by PHE and delivered by an NHS team of advisors for early years and childcare settings, schools and colleges (open Monday to Friday from 8am to 6pm, and 10am to 4pm on Saturdays and Sundays). The dedicated advice service will work with settings to carry out a rapid risk assessment to confirm who has been in close contact with the person during the period that they were infectious, and ensure they are asked to self-isolate. If, following triage, further expert advice is required the adviser will escalate your call to the LCRC.
  - Once initial investigations and risk assessment are complete, a decision must immediately be made regarding an outbreak declaration. All confirmed outbreaks, as per the definition in **SECTION 3.3** of this document, must be declared.

#### 4.2. Notify Outbreak to Achieving for Children

Confirmed outbreaks in early years and childcare locations must immediately be reported via this [form](#) or to the following:

- Director of Children's Services (Ian Dodds)  
**Email:** [ian.dodds@achievingforchildren.org.uk](mailto:ian.dodds@achievingforchildren.org.uk)
- Director of Education Services (Charis Penfold)  
**Email:** [charis.penfold@achievingforchildren.org.uk](mailto:charis.penfold@achievingforchildren.org.uk)
- Associate Director for School Standards and Performance (Rosemary Hafeez)  
**Email:** [rosemary.hafeez@achievingforchildren.org.uk](mailto:rosemary.hafeez@achievingforchildren.org.uk)
- Contact should also be made with your Inclusion and Improvement Advisor directly or via [early.years@achievingforchildren.org.uk](mailto:early.years@achievingforchildren.org.uk) or 020 8547 5215.
- Achieving for Children (AfC) will receive notification of a confirmed outbreak from the setting and AfC will also alert the Director of Public Health
- AfC will support the setting with correspondence to parents/carers (if applicable)
- If required, the Local Authority should support the setting with communication to parents.
- The Local Authority should support the educational setting in accessing further PPE in the case of an emergency email: [ppe.enquiries@kingston.gov.uk](mailto:ppe.enquiries@kingston.gov.uk)



#### **4.3. Notify Ofsted**

You must notify Ofsted of any confirmed cases in the setting (either child or staff member). Please read [guidance on reporting incidents](#) to ensure all the information that is required is included. You must report within 14 days of a confirmed positive test for COVID-19.

### **5. Outbreak Control Team**

5.1. Public Health England (PHE) advisers will jointly consider with the Local Authority and advise whether an Outbreak Control Team (OCT) needs to be assembled given the circumstances of the outbreak.

5.2. If formed the suggested minimum membership of the OCT is as follows:

- RBK Director of Public Health: Iona Lidington (or nominated RBK Public Health Consultant)
- RBK Public Health OCT Coordinator
- London Coronavirus Response Cell (LCRC) (PHE) representative
- Headteacher (or equivalent manager from childcare settings)
- Achieving for Children (AfC) representative: Matthew Paul or Elanor Hughes
- YourHealthcare representative: Joanna Reynolds
- RBK Communications: Cara Coslett

5.3. The chair of the OCT should be appointed at the first meeting. This will usually be the Director of Public Health or Public Health Consultant, however it may be another OCT member if appropriate. See [Communicable Disease Outbreak Management](#) for OCT suggested Terms of Reference. There must be absolute clarity about the outbreak lead at all times with appropriate handover consistent with handover standards.

5.4. In the event that an OCT is not assembled, the LCRC and RBK Director of Public Health will advise on any particular action required (in addition to the actions set out for early years settings in standard guidance).

### **6. Additional advice on outbreak investigation and infection control**

#### **6.1. Infection control and response**

Immediate control measures should be implemented as per guidance received by the advice service or LCRC. Also see [Safe working in education, childcare and children's social care settings](#).

Additional support can be requested for a walk around observational visit (can also be done via a 'remote walkaround' of infection control procedures at school site with Infection Prevention and Control specialist. Schools/ settings will be given suggestions for areas of improvement, where identified. To



request this via Kingston Public Health, contact [covid-19ph@kingston.gov.uk](mailto:covid-19ph@kingston.gov.uk) and notify AfC.

## **6.2. Isolation and social distancing**

Based on PHE advice received, the manager should communicate the positive result to parents and staff in the same group or room and advise them to self-isolate if they have been in close contact with the person during the period that they were infectious. They should follow [guidance for households with possible coronavirus infection](#).

Support with food access, medication delivery and befriending can be accessed by anyone who is self isolating in Kingston via the [Kingston Stronger Together Hub](#).

## **6.3. Cleaning**

See [cleaning in non-healthcare settings guidance](#) - including information about PPE disposal, waste and laundry.

## **6.4. Personal Protective Equipment (PPE)**

- See [Safe working in education, childcare and children's social care](#) for guidance on PPE.
- Emergency PPE requests can be made to the local authority by contacting:
  - **Email:** [ppe.enquiries@kingston.gov.uk](mailto:ppe.enquiries@kingston.gov.uk)

## **6.5. Testing**

- Settings must engage with the NHS Test and Trace process
- **Asymptomatic Testing:** Staff in school-based nurseries, maintained nursery schools, private, voluntary and independent nurseries will be supplied with lateral flow device (LFD) test kits to self-swab. Staff will be asked to take their test kits home and carry out the test twice a week.
- Critical workers who cannot access asymptomatic testing through other routes, are being prioritised for community testing where possible.
- All those with symptoms should arrange a [COVID-19 test](#). All children can be tested if they have symptoms, including children under 5.
- The advice service or LCRC will manage cases and contacts, and provide advice on any additional testing that may need to take place to control the outbreak.
- If needed, and available, Kingston's DPH will request additional support with local testing via Mobile Testing Units (MTUs).

## **6.6. Tracing**

Following any confirmed cases, the NHS Test and Trace programme will endeavour to find out who the diagnosed individual has been in contact with.



These contacts will be asked to self isolate. Local support for people self isolating can be accessed via the [Kingston Stronger Together Hub](#).

#### **6.7. Additional risk factors that you are concerned about**

If you become aware of any additional risk factors within your setting or surrounding environment that might be contributing to an outbreak, please notify RBK Public Health team at [covid-19ph@kingston.gov.uk](mailto:covid-19ph@kingston.gov.uk). Please note, this inbox is only monitored Monday-Friday. For urgent enquiries, contact RBK Single Point of Contact (020 8547 5800)

### **7. Communications**

- 7.1. A communications strategy must be agreed at the first OCT meeting if an outbreak has been declared (or if no OCT assembled, a holding statement must be prepared by RBK Communications) and reviewed throughout the outbreak investigation.
- 7.2. Draft letters for parents and staff can be found in the COVID-19 London Schools Resource Pack. DfE helpline advisors will work with the school or childcare location to provide communication materials to update other members of staff of the outbreak.
- 7.3. All settings have been advised in the case of two or more confirmed cases or further suspected cases of COVID-19 to contact the AfC press office and the council communication team for assistance with the media:
- AfC press office email: [press.office@achievingforchildren.org.uk](mailto:press.office@achievingforchildren.org.uk)
  - AfC press office telephone: 07711 909583
  - RBK council communication email: [communications@kingston.gov.uk](mailto:communications@kingston.gov.uk)
- 7.4. During periods of sustained community transmission of COVID-19, communication expectations between staff and employer (care setting) and clear messaging should be shared on the following:
- Reporting symptoms
  - Reporting positive tests
  - Ensuring self-isolation guidelines are followed
  - Supporting contact tracing process
  - Personal support, including finance and wellbeing, available to staff self-isolating

### **8. End of outbreak**



- 8.1. An outbreak is considered over when there have been no new cases in a setting for 10 days or more. If any new cases appear **after the 10 day period, these must be reported to the DfE helpline and would be recorded as a new outbreak.**
- 8.2. Where an OCT has been assembled to manage an outbreak, a brief final written report should be prepared. This will be led by RBK and a preliminary report must be completed and agreed by members of the OCT within 4 weeks of the end of the outbreak.

Outbreak reports for complex outbreaks with multiple OCTs will be prepared by the LCRC, if needed and if there is capacity to do so. See [Appendix 11 of Communicable Disease Outbreak Management: Operational Guidance](#) for a standard structure for a final outbreak investigation report.



## **Appendix 11: Terms of Reference for Governance Groups:**

### **C-19 Health Protection Board (Kingston Health Protection Forum)**

- Lead development and delivery of local plans (DsPH)
- Partnered with regional PHE teams, local NHS, GPs & community partners
- Provide infection control expertise & preventative activity

#### **Membership**

Existing Kingston Health Protection Forum

### **Kingston Covid-19 Outbreak Control Strategic Coordination Group - (members of the Borough Resilience Forum)**

- Swift resource deployment (e.g., localised testing & capacity)
- Primary connection with JBC & Whitehall
- Link directly to LRFs for coordination & mutual aid

#### **Membership**

Director of Public Health - Iona Lidington

Met Police - Dan Whitten / Roger Arditti

London Fire Brigade - John Ryan

Kingston First - Kirsten Henley

Kingston Uni - Jen Edwards

South London College - Peter Mayhew

London District (Military) - Major Ian Kemp or Major Wilson

Kingston Hospital - Sally Brittain

SWL CCG - Fergus Keegan

GPs - Dr Naz Jivani

Your Healthcare - Grant Henderson

KVA - Sanja Djerić-Kane

Borough Resilience Manager - Chris Begley

Public Health - Laura MacLehose



Environmental Health - Kim Stevens

Licensing - David Kingstone

NHS London - TBC

PHE (London) - Anna Sexton

NHSE/I - TBC

### **Terms of Reference**

Review epidemiology of Covid-19

Deploy resources to support outbreak management

Feed in to Engagement Board

## **Local Outbreak Control Engagement Board - Kingston Strategic Partnership**

- Provide public-facing “place leadership”
- Provide comprehensive & timely communications to the public
- Promote Test and Trace
- Act as liaison to Ministers as needed - Leader to communicate

### **Membership**

Cllr Caroline Kerr (Chair - tbc)

Iona Lidington

KSP Membership

### **Guidance**

The Group has been established in accordance with national guidance relating to outbreak control, Test and Trace.

The Director of Public Health is required to establish measures for containing outbreaks locally and to set these out in local plans overseen by a Covid-19 Health Protection Board supported by Council Gold command and Strategic Co-ordination Group.

This should be supported by a public facing group led by council members to engage and communicate with the public in order to build trust and participation with the



programme. In Kingston this function will be performed by the Kingston Strategic Partnership.

### **Purpose**

The Group is established in accordance with national guidance relating to outbreak control, test and trace. The group provides political oversight of the outbreak response, using community intelligence and feedback to inform communications campaigns and provide external leadership to any outbreak response.

RBK Council Gold retains responsibility for council resource allocation / prioritisation and operational arrangements in the Covid-19 response. Partnership engagement, prioritisation and resource deployment is via the Kingston Covid-19 Outbreak Control Strategic Coordination Group.

### **Membership**

Regular updates will be provided to the Kingston Local Strategic Partnership. Any changes to the membership shall be reported to the following meeting for information.

*Areas of focus:* The impact from Covid-19 has affected the whole community, therefore the outbreak control, test and trace planning needs to consider how to engage with everyone in Kingston, so that the plans can be adapted regardless of where / when / how an outbreak occurs.

*The following outlines the areas of focus for the Group:* Reviewing and informing public health messages and campaigns, giving particular focus on overcoming any local communication barriers through data and evidence led approaches Promote public health messages and campaigns Providing external leadership in relation to outbreak planning, test and trace, connecting and engaging with communities to give reassurance of local plans Connect and engaging with key organisations within the community, via the Local Strategic Partnership, to use their strengths and networks to reach all areas of the community Using community intelligence and feedback to identify any risks to public health messaging, and consider appropriate responses

### **Community Leaders**

The Group has a key role in coordinating community leaders to ensure messages and campaigns have the greatest effect, such as ward Councillors, community and faith leaders. Key to success will be ensuring that these leaders, wherever they are, have the correct public health information, messages and campaigns. Through this approach, we will ensure a consistent, clear message reaches as many people in Kingston as possible, giving them confidence and trust in the outbreak plans.



## **Meetings**

All meetings will be chaired by the Leader of the Council. In the absence of the Leader of the Council, a Deputy will be appointed by the Group for the meeting. A meeting quorum will be three (3) members of the group, or one third of the current membership, whichever is greater. Meeting agendas and minutes will be provided by Kingston Council. This includes: preparing agendas and supporting papers; preparing meeting notes and information.

Frequency of meetings will be determined by the Chair, in consultation with the Group members.

**Accountability.** The group will be provided with input from the Covid-19 Health Protection Board and Gold command. Each group retains its independence and key roles within the Outbreak Control Plan.

These Terms of Reference may be amended, varied or modified by the Chair of the Engagement Board.

v2 3 August 2020, updated 12/10/2020



## **Appendix 12: Keep Kingston Safe Communications and Engagement Plan**

# **Keep Kingston Safe Version 4**

## **Communications and engagement strategy**

**Author:** Cara Coslett

**Created:** 04 March 2021

**Circulation:** Iona Lidington, Laura MacLehose, Paula Tribe, Nighat Taimuri

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### **Background** (eg national/local context, current situation (data), existing policies)

NHS Test and Trace launched in England at the end of May 2020 to identify new cases of COVID-19 through testing for anyone who has symptoms and reduce the spread of the virus by identifying their contacts and asking them to self-isolate. Over the summer the country gradually opened up following a nationwide lockdown, but the virus was still present and spreading. Cases rose again in winter, leading to two further lockdowns. The country is now beginning the gradual process of reopening following the government's 4 stage roadmap.

Local outbreak control planning and response, and contact tracing through NHS Test and Trace and Kingston's local contact tracing team, which launched in early November, play a core role in our ongoing response to COVID-19. This work is vital in preventing the further spread of infection and local outbreaks, but for it to work, a high level of compliance across the borough is vital.

In addition, the roll out of rapid lateral flow testing for people without symptoms (asymptomatic testing) began in November, and is now a crucial part of efforts to control the virus. The tests are available to anyone who has to leave their home to work or volunteer at 4 community test sites and a number of pharmacies across the borough. As pupils return to school on 8 March, all school staff and secondary pupils will be offered twice weekly rapid tests, and families and bubbles of staff and pupils will also be able to access rapid testing.

Alongside testing, the COVID-19 vaccine continues to be rolled out at pace across the UK, in the priority order set by the JCVI. More than 20 million people across the UK have received their first dose. Uptake in Kingston has been very high, with 93% of over 70s vaccinated as of the start of March 2021.

This plan sets out how we will raise awareness and understanding of the key public health messages around prevention, symptoms, testing (including the asymptomatic testing), self isolation and contact tracing. It also sets out how we will raise awareness and understanding



of the rules at each stage of lockdown easing. By doing this, we will help our residents feel informed, reassured and safe to comply with the rules and engage with the national test and trace system.

It also refers to how we will work with the NHS to build confidence in the COVID-19 vaccine and encourage uptake, however there is a separate but linked communications and engagement plan for vaccine rollout. Each plan mutually supports and reinforces the other.

This is an iterative document that sets out the broad framework for communications and engagement. We are working in a fast changing environment as more is learnt about the virus.

National guidance is changing regularly and the impact of the virus at borough and London-wide level is constantly shifting. We need to be flexible and responsive as the situation changes.

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## **Communications and engagement objectives (SMART)**

### **Overall aim**

- To stop the spread of COVID-19 to prevent people becoming ill or dying.

### **Objectives**

- Deliver simple and effective communications to minimise the spread of COVID-19 and ensure all of our diverse communities are informed, safe, reassured and inspired to play their part in controlling the virus.
- Increase symptomatic and asymptomatic testing in the borough by raising awareness across all communities of the symptoms of COVID-19 and how and why to get a test.
- To raise awareness and understanding of, and compliance with the rules at each of the 4 stages of the government's roadmap out of lockdown.
- Work with NHS communications colleagues to build confidence in and encourage uptake of the COVID-19 vaccine, among our own staff and across the whole community - see linked plan.
- Develop and deliver communications and engagement in a collaborative way with our Public Health team, local partners, other London boroughs and the lead agency in the event of any local outbreak (PHE, NHS or RBK depending on setting).
- Prevent confusion and misinformation with quick, clear and accessible communications and engagement.

### **Target audiences**

- All residents - particularly those in our vulnerable and diverse communities
- Vulnerable and protected groups



- Voluntary and community sector organisations
- Community and faith leaders
- Businesses – from small businesses to large organisations
- Early years settings, schools, universities
- Staff in high-risk settings – e.g. care homes
- Media – including media aimed at specific communities
- Council staff/contractors/partners
- Elected Members

## Key messages

**Overarching** (\*Please note: these may be adapted as the situation changes and we respond to new challenges posed by the virus.)

- We all have a vital role to play in stopping the spread of COVID-19 and protecting our family and friends - particularly those who are most vulnerable to the severest impacts of the disease.
- You can help prevent the spread of COVID-19 by remembering Hands, Face, Space.
  - Wash your hands regularly for more than 20 seconds.
  - Wear a face covering in shops, on public transport and where you cannot maintain a 2 metre distance.
  - Keep a safe distance of 2 metres from people not in your household or support bubble
- If you have any symptoms of COVID-19 - a new cough, a high temperature or a loss or change in your sense of taste or smell - you must self isolate, that means stay at home, and book a free test at [www.nhs.uk/coronavirus](https://www.nhs.uk/coronavirus) or call 119.
- 1 in 3 people with Covid have no symptoms, so act as if you have the virus to protect others.
- If you have to leave home to work or volunteer, you should access free, regular, rapid coronavirus tests at one of our community test sites for people without symptoms. To book visit [www.kingston.gov.uk/rapid-testing](https://www.kingston.gov.uk/rapid-testing)

**Specific messaging** (technical/background info for specific audiences)

### Rapid testing for school communities

- All school staff and secondary pupils will be offered regular, twice-weekly rapid tests using home test kits when they return to school on Monday 8 March, to help keep school communities as virus free as possible.
- If your child tests positive for COVID-19, you should inform their school straight away.
- From 1 March 2021, members of households, childcare or support bubbles of school staff and pupils can also get twice-weekly tests. [Visit gov.uk to find out](https://gov.uk)



[more.](#)

## Self isolation

- If you test positive for COVID-19, you **must** self isolate for 10 days from when your symptoms started. Anyone you live with must self isolate for 10 days from when your symptoms started.
- If you are contacted by NHS Test and Trace and told you have been in close contact with someone who has tested positive for COVID-19, you **must** self isolate for 10 days. You should book a free test if you develop any symptoms.
- The council and other agencies will support you if you and your family need to self isolate. To find out what support and advice is available, visit [www.kingston.gov.uk/Covid19-needhelp](http://www.kingston.gov.uk/Covid19-needhelp) or call us on 020 8547 5000
- The government has announced financial support for those on low incomes and in receipt of benefits who cannot work from home if they are required to self isolate. For more information visit [www.kingston.gov.uk/self-isolation-payment](http://www.kingston.gov.uk/self-isolation-payment)
- The government will be imposing fines starting at £1,000 and rising to £10,000 for those who do not follow the rules on self isolation. This will be enforced by the Police.

## Why should I follow the rules?

- The rules are here to protect everyone, and to help us protect each other. If you increase your risk of exposure to the virus, you increase the risk of everyone around you.
- By following the rules and playing our part, we can also protect jobs and protect our local hospital and NHS services. We need to prevent the spread of COVID-19 to ensure the NHS can continue to provide all the essential services people across our borough rely on.

## Strategy

To prevent an outbreak happening in the first place, we will support all of our residents, communities and businesses to understand and continue to comply with rules and the public health advice. This includes encouraging people to follow self isolation rules, get tested if they have any symptoms, and to help trace people they've been in contact with to prevent further spread of infection. It also includes informing and encouraging anyone who has to leave home to work or volunteer, and anyone who is in a household or bubble with school staff or pupils, to get regular, rapid coronavirus tests.

We will also raise awareness and understanding of, and encourage compliance with, the rules at each stage of the easing of lockdown by sharing timely, accurate and relevant



information across our channels and using trusted community voices.

By developing messages and an overarching narrative, we can support everyone in the borough to feel safe and reassured to follow government rules and guidance, engage with testing and tracing and follow public health guidance. Communicating the same consistent messaging - and a single point of truth - across the borough will also avoid confusion among our communities and reinforce the role testing and tracing plays in keeping our communities safe.

Activity will focus on delivering key public health messaging and government guidance, information and advice through our established channels as well as through trusted community spokespeople. We will use these community influencers to help us deliver key messages through their own networks as well as disseminating their messages through council and partner channels. Written, video and audio messages will be translated into community languages.

We will undertake targeted work with community groups to empower them to deliver public health information to the communities they work with in the most effective ways, as they know their communities best. We will also learn from these groups what the main barriers are that we need to address and use this to inform our communications and engagement.

We will work with local partners including the voluntary sector, NHS, Kingston University, the Police, London Ambulance, the business community and others through the Health Protection Forum, Strategic Coordination Group South West London CCG, to disseminate local messaging and encourage residents to play their part in containing the virus.

We will work with London Councils to support the continuing development of London specific messaging - Keep London Safe - with assets that can be localised.

### **Local outbreak control**

In the event of a local outbreak, will work closely with an organisation affected through a local outbreak control meeting. If needed, we will support them to communicate quickly and effectively with people at risk of catching the virus with advice about what they need to do, including any testing arrangements. This will be key to preventing further spread of infection. If needed, we will work closely with stakeholders to develop reactive communications, including press statements, to allay community concerns and prevent the spread of misinformation.

### **Hotspots**

We will work with Public Health and Data colleagues to identify any areas where cases are particularly high. When areas are identified, we will work with the neighbourhood rangers and regulatory services colleagues to develop and deliver targeted communications to households and businesses to raise awareness of the high rates and encourage uptake of local prevention and testing offers.

### **Surge testing**



In the event of the need to undertake surge testing in the borough, we will support the rollout with clear, timely and effective communications. We will develop clear, concise messages to be sent to those who need to test. This will be supported by wider communications across the council's channels to reassure the public. We will also work with local media to get clear, accurate and timely information into the public domain.

### COVID-19 vaccine

We are working closely with the NHS to build confidence in the COVID-19 vaccine and encourage uptake. There is a separate but linked communications and engagement plan for vaccine rollout. Each plan mutually supports and reinforces the other.

## Communications tactics and engagement methods

Main activity	Audience	Digital/print/ face-to-face	Lead	Rough cost
<b>Overarching communications</b>				
Information on RBK website	All	Digital	RBK comms	
Social Media - key messages and sign post to further information	Followers on Twitter, FB, NextDoor, Instagram, Linked In	Digital	RBK comms	
Videos from key community influencers to share public health messages.		Digital	RBK Comms	
Share public health messages in weekly resident e-newsletter	Kingston Residents	Digital	RBK comms	
Share public health messages in Your Kingston magazine	Kingston Residents	Print	RBK comms	
Adverts on JCD boards across the borough - key messages	All	Digital Print	RBK comms	
Proactive press statements to promote mobile testing / other newsworthy elements	Residents through media	Digital Print	RBK comms	
Local media ads/ features	Residents	Digital	RBK	



Surrey Comet Salmon magazine Good Life Kingston Echo		Print	comms	
Other out of home advertising opportunities including lamppost banners, banners, lamppost skirts.	Residents in town centres	Print	RBK Comms	
Offer local media interviews with DPH to push key public health messages	Residents	Print and digital	RBK comms	
Share public health messages in weekly business briefing	Kingston employers / businesses	Digital	RBK business team	
Work with AfC to share messaging about action that must be taken to curb rising cases among school children in their newsletter to schools / letters to schools from DPH and any other channels.	schools, to cascade to parents and carers	Digital	RBK comms / AfC	
Work with AfC to get messaging out to parent and carer forums as above.	Parents and carers		RBK comms / AfC	
Digital boards in Guildhall	Staff	Digital	RBK comms	
Weekly staff e-newsletter RBK Matters	Staff	Digital	RBK comms	
Employee Voice staff group	Staff	Virtual face to face	RBK HR	
Staff networks	Staff	Virtual face to face	RBK HR	
Members to share messaging through their networks	Borough wide	Digital / virtual face to face	RBK members	



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**Funding Source:** Test & Trace grant, Contain 1& 2 grant, Contain 3 grant

Outline of targeted engagement with vulnerable, socially excluded and protected groups (includes Vaccination rollout)					
Main activity	Audience	Digital/print / face-to-face	Lead		Achieved 1st Mar 21
Continue with: Engagement sessions with the VCS on Test & Trace programme / Vaccine updates	VCOs supporting communication & engagement and the communities they work with	Virtual/face to face	CD Team		Weekly Keeping up with the Data information session. Average 30 individuals attend
Continue with targeted sessions requested by VCS	VCOs	Virtual/face to face	CD Team		Provided targeted support to Mencap
Continue funding to selected VCO groups to undertake bespoke engagement activities	Existing groups (first round funding <a href="#">here</a> ) Additional group - see areas below Total 25 groups	Via funding	CD Team		So far 17 groups funded. 6 More in the pipeline.
<b>New</b> Target and engage with <b>new</b> front line groups that live in areas of deprivation	super output areas and wards to be identified for example Cambridge Road Estate, Kingsnympton, Chessington, Maldon Manor Berrylands	Via funding	CD Team		Surbiton and Tolworth  Maldon Manor  Exploring groups in Kingsnympton Chessington and Alpha Road



	plus other identified areas				
<b>New</b> Work with Adult Social Care and identify VCOs that have care work representations within their client base	Care workers Home care workers Retail and sales assistants	Via funding	CD Team Adult Social Care commissioners		Included occupations within the
<b>New:</b> Target and engage with places of worship that have high BAME representation.	Mosques and other places of worship with high BAME backgrounds	Via funding	CD Team		Working with Kingston Mosque Hindu and sikhs reached via Milaap
<b>New</b> Work in partnership with Surrey County partners via their established service to deliver in depth T&T Messages and build on this work longer term and ensure sustainability within Community Development Team	Residents who have barriers around literacy and suffer poorer health outcomes	Engagement digital	CD team		Final plan in process to agree and take forward
Translated key messages and FAQs to share with community groups and use on social media (Community languages and Easy Read)	Residents who do not speak English / have low literacy levels but who <b>have digital access</b> - such as	Digital Print	RBK CD team	Via T&T funding (Test & Trace grant)	Matrix of language Bitesize messages updated regularly



	refugees/migrants /NRPF/Bame groups / Gypsy Roma Travellers				
Translated key messages and FAQs to share with community groups (Community languages and Easy read)	Residents who do not speak English or have low levels of literacy and <b>who are digitally excluded</b> - such as refugees/migrants/NRPF/BAME groups/Gypsy Roma Travellers / homeless and rough sleepers	Print	RBK CD team	Via T&T funding (Test & Trace grant)	Via funded groups
Key public health messages shared via <b>audio</b> messages, user friendly RBK website, key media and links to national websites	Blind and partially sighted residents	Via funding to Kingston Association for the Blind deliver own bespoke methods to deliver messages	RBK CD team		Via Kingston Association for the Blind
Key public health messages shared in <b>British Sign Language</b> (BSL) video, email, SMS text, letters	Deaf Communities	Captioned video Via KCIL to deliver own bespoke methods of communication	RBK CD team		Via KCIL
Continue Key public health	Cambridge Road Estate	Digital, print	RBK regeneration		Via CREST



messages shared through Cambridge Road Estate residents groups, women's group and via existing regeneration comms channels d	residents		on team RBK comms RBK CD Team		
Deliver Long term conditions training/Cancer Screening under COVID-19 to assist in managing LTC during COVID (prevention)	VCOs	online	CD Team	none	In progress
BAME communities outside the remit of front line groups ( Black Churches and other faith groups)	John Azah (KREC)				Via KREC
Children and young people	Leaving Care Team UASC Team Foster Carers Achieving for Children				Via Leaving Care Team
Prison leavers	TBC				



### **Appendix 13: Additional Testing Capacity through MTUs: Mobile Testing Units**

Additional testing capacity through the national resource of 'Mobile Testing Units (MTUs)' may be made available to the Director of Public Health (DPH) for local outbreak management. The details of this are held with the DPH. Contact: [iona.lidington@kingston.gov.uk](mailto:iona.lidington@kingston.gov.uk)



## **Appendix 14: Local Powers for Control Measures (July 2020)**

### **Health Protection (Coronavirus Restrictions) (England) (No.3) Regulations 2020 (S.I. 2020/750)**

#### **Procedural flowchart for making directions (updated diagram, September 2020)**

Examples when powers under Regulations may need to be considered –

- Regulatory Services received a report of a serious breach of the social distancing rules in an individual premises that requires consideration of immediate action for the purpose of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection by coronavirus.
- Intelligence Data from Director of Public Health (DPH) provides indicates a serious increase in the number of infected people within the Borough and a direction may need to be given in respect of the use of a public outdoor place.
- Due to prevailing rates of positive tests in the Borough measures may be need required to be taken to prohibit, restrict or impose requirements in respect of the holding of a specific event, or events of a specified description.
- Council receives notification from another London Borough, or adjacent authority, (the initiating authority advising it has given a direction or revoked a direction) the Council must as soon as reasonably practicable consider whether to exercise it powers under the Regs and notifying the initiating authority of what it has decided to do.
- The Secretary of State has directed the Council to make a direction.

Incident Control Group (ICG) convened to consider the evidence and any notification from another authority, take advice from DPH (or acting DPH), data analysts, Project Lead, EHO, Communications Team. Police (if the direction concerns a public outdoor place or an event).

Other interested parties attend as appropriate e.g. Highways, Parks, Community Safety Team

Meeting considers whether the 3 pre-conditions for giving a direction under Regulation 2(1) are met: -

- a) a direction responds to a serious and imminent threat to public health,



- (b) it is necessary for the purpose of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection by coronavirus in the Council's area, and
- (c) the prohibitions, requirements or restrictions imposed by the direction are a proportionate means of achieving that purpose.

or whether the use of alternative legislation is necessary.

Taking into account: -

a direction must not be given for any premises which-

- (a) form part of essential infrastructure,
- (b) consist of vehicles, trains, vessels or aircraft used for public transport or the carriage or haulage of goods, or
- (c) is a vessel not within (b), where direction likely to prevent crew change-over.

Before giving a direction must have regard to the need to ensure the public have access to essential public services and goods.

Recommendation and agreement whether direction, or other intervention under other powers, is appropriate.

Meeting minuted to provide contemporaneous record of decision-making and reasons for actions.

If Direction considered the appropriate response: -

Direction drafted, including prohibitions, requirements or imposing restrictions and agreed.

Must take reasonable steps to give advance notice of direction to:

Premises Direction - person carrying on the business and, if different, the owner or occupier by Regulatory Services

Events Direction - the organiser and, if different, the owner or occupier

Public Outdoor Place Direction - person carrying on the business in that place and the owner or occupier or responsible for any land or premises in the place.



Police not required to give advance notice but will be involved in decision making stage for Events and Public Outdoor Place Directions

#### Publicity etc. (Reg 10)

A Direction or Notice of Revocation to a named person must be given in writing and may be published in such manner as the Council considers appropriate to bring it to the attention of others who may be affected by it.

Where a Direction or Notice of Revocation is not given to named person e.g. it specifies events of a specified description, it must be published on Council's website and may be published in such manner as the Council considers appropriate to bring it to the attention of others who may be affected by it

#### Notification Reg 11

After making a direction, or revoking it, every London Borough and every other adjacent authority must be notified.

Note - If the Council is not the initiating authority and receives a notification from another Authority it must as soon as reasonably practicable consider whether to exercise its powers under the Regs and notifying the initiating authority of what it decides to do.

Note under Reg 2(2) the Secretary of State notified as soon as reasonably practicable after the direction is given

#### Monitor/Enforcement

Monitor compliance with Directions by Regulatory Services and other Council teams and through daily data meetings to ensure that the 3 pre-conditions in Reg 2 continue to be met and whether there is a more proportionate approach requiring revoking and replacing.

Take necessary action to secure compliance with directions liaising with Police for Events and Public Outdoor Place Directions -

Council designated officer may take such action as is necessary to enforce a Direction in respect of Premises, an Event or Public Outdoor Place  
Prohibition Notice considered where appropriate for Premises or Events Directions  
Fixed Penalty Notices  
Prosecution

Appropriate action taken and reviews made following the intervention of the SoS

#### Review

Review meeting of ICG at least once every 7 days of direction to consider whether the 3 pre-conditions continue to be met and whether:

- a Direction should be revoked without replacement or



- It should be revoked and replaced by a further direction which does satisfied the conditions.

Other interested parties attend, as appropriate, e.g. Highways, Parks, Community Safety Team

Recommendation and agreement whether direction should be revoked and replacement given, or other intervention under other powers, is appropriate.

Meeting minuted to provide contemporaneous record of decision-making and reasons for actions.

Terms of any replacement Direction drafted and agreed.

Notification and publicity requirements, as appropriate, for any directions or Notice of Revocation of direction.

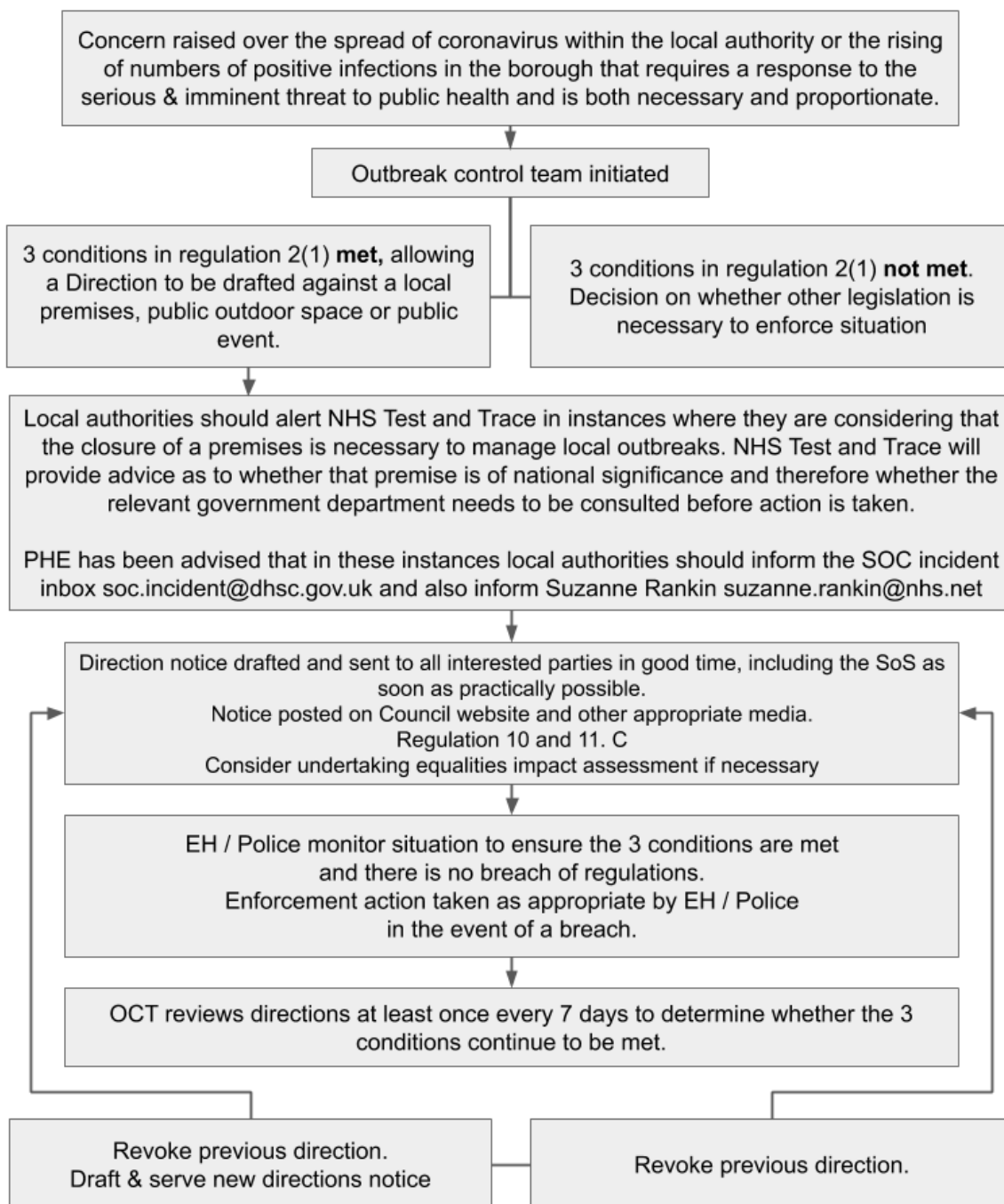
Further Review at least once every 7 days until revoked.







### Health Protection (Coronavirus Restrictions) (England) (No. 3) Regulations 2020 (S.I. 2020/750) Procedural Flowchart for Making Decisions









## **Appendix 15: Are we Getting the Basics Right? (December 2020 Survey)**

The borough conducted a survey with Strategic Coordinating Group and Health Protection Forums members, together with RBK SILVER members in December 2020. The survey covered the following 9 areas. Feedback was reviewed in early January 2021 and the plan was updated accordingly where needed. The survey covered the following areas:

- 1. How well do we understand the epidemic in our borough? How well do we understand the epidemic in our borough?**
- 2. Are we communicating and engaging effectively with our residents about what they need to do and what is available to help them?**
- 3. Are we doing all we can to support public compliance with social distancing and other COVID measures?**
- 4. Are we doing all we can to support business compliance with COVID measures?**
- 5. Are we doing all we can to get people with symptoms tested promptly?**
- 6. Are we doing all we can through local contact tracing to prevent transmission?**
- 7. Are we processing Self Isolation, COVID Winter Grant Scheme and any other hardship payments swiftly and signposting wider support to help and encourage people to self-isolate?**
- 8. Is our Outbreak Control Plan robust and are we implementing arrangements to deal with outbreaks swiftly and effectively?**
- 9. Are our partnerships strong and are we working effectively together to help minimise the spread and impact of the epidemic in our borough?**









## **Appendix 16: LCRC/ LA agreement**

Available on request



## **Appendix 17: London outline ('6 Point Plan for Local Authority Wider Response', 08/06/2020)**

**London outline ('6 Point Plan for Local Authority Wider Response', 08/06/2020):**

 <b>Point 1: Core requirements</b>	 <b>Point 2: Vulnerable groups</b>	 <b>Point 3: Community and economic impact</b>	 <b>Point 4: Local partnership response</b>	 <b>Point 5: Connecting and engaging communities</b>	 <b>Point 6: London regional resilience</b>
Establish a LA Contact Tracing Lead and WG	Identifying potentially vulnerable groups	Understanding local community and economic impact	Partnership engagement	Mitigating low take-up of the national model	Local and regional resilience
Focus on Outbreak Management	Understanding vulnerability	Community Impact Checklist	Joining-up local intelligence with partners	Understanding barriers to engagement	Potential voluntary secondment to LCRC
Establish a local Data Hub	Role of shielding and 'shielding plus' services	Workforce Impact Checklist	Developing joint-action plans with partners	Focus on vulnerable groups and personas	Mutual-aid arrangements
Workplaces and buildings				Baseline and enhanced communications	
<b>Developing a toolkit:</b> In addition to the six-point plan set out above a toolkit of practical guides, structures, role profiles, scripts, and best-practice examples is being developed for LA's to access, co-design and develop,					



## **Appendix 18: London Outbreak Control Plan**

Current objectives:

- Keep the reproductive (r) number below 1 to ensure London does not have a resurgence of Covid-19 (which may lead to re-introduction of lockdown restrictions)
- Use an early warning system to monitor areas where incidence is rising so these areas are supported in taking effective action
- Maximise community awareness and support to keep safe, engagement in taking up testing and responding to contact tracing advice
- Ensure partners involved in outbreak identification and response are trained and have the capacity and tools required for action
- Ensure that London learns from international evidence and experience from elsewhere in the country

London will work together as an integrated system, and in the majority of cases local teams working in partnership with PHE London will be able to control outbreaks. However in exceptional cases additional support or interventions may be required.

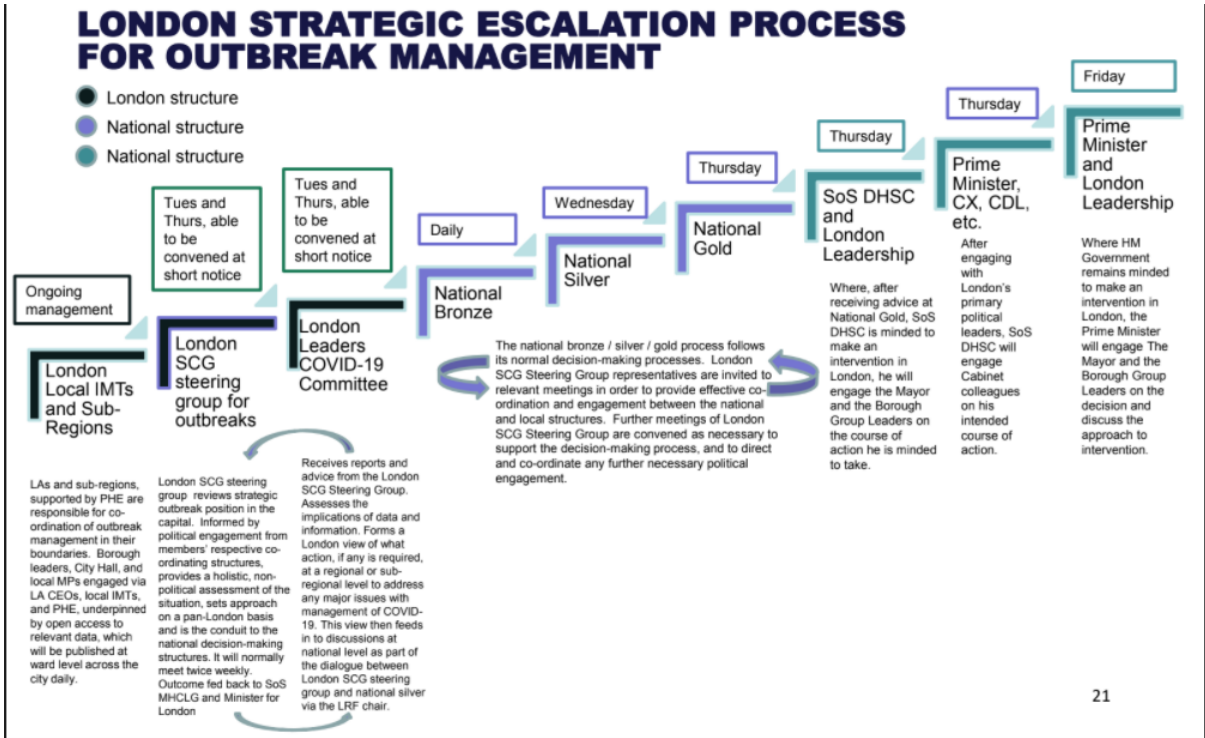
Potential outbreaks will be reviewed daily by PHE London LCRC, including identifying potential outbreaks in complex settings, complex cases and analysing 'red' boroughs to assess what may be causing their rise in cases. A comprehensive set of reporting and assessment mechanisms are in place to monitor outbreak levels in each LA which will identify the need for an escalating response.

### **There are four escalation categories:**

- Areas Requiring a Watching Brief: **0-20 cases per 100,000/ week**
- Areas of National Concern: **20 – 25 cases per 100,000/ week**
- Areas of Enhanced Support: **25 - 50 cases per 100,000/ week**
- Areas of Intervention: **> 50 cases per 100,000/ week**

In the event of measures being required to control major outbreaks that span several boroughs, complex situational settings (eg. care homes) or those relating to the capitals infrastructure (eg. transport), London has agreed an escalation process. A coordinated approach is necessary due to the potential of certain actions having knock on effects both economically and socially, as well as having consequences for Londoner's themselves who may live, work, go to school and socialise in different boroughs. Wherever possible, actions to address outbreaks will be undertaken in partnership with local communities with informed engagement and consent.







**Appendix 19: Summarised roles by setting (LAs and LCRC) (June 2020)**

	Setting						
	Care settings	School and Early Years	Work place	Primary care	Prison/ custodial institutions	Homeless and/ or hostel	Community cluster
<b>London Coronavirus Response Centre (LCRC) response</b>	<ul style="list-style-type: none"> <li>- Receive notification from Tier 2</li> <li>- Gather information and undertake a risk assessment with the setting</li> <li>- Provide advice and manage cases and contacts, testing and infection control</li> <li>- Provide information materials to the setting</li> <li>- Recommend ongoing control measures</li> <li>- Convene IMT if required</li> <li>- Provide information to DsPH and advice/recommendations for ongoing support</li> </ul>						<ul style="list-style-type: none"> <li>- Receive notification from Tier 2</li> <li>- Support Local Authority in their risk assessment of and response to an identified community cluster</li> </ul>
<b>Local authority response</b>	<ul style="list-style-type: none"> <li>- Prevention work and respond to enquiries (As per Appendix 1, 2 and 4)</li> <li>- Support vulnerable contacts who are required to self isolate</li> <li>- Liaise with setting to provide ongoing advice and support for testing, communications, infection control and PPE</li> <li>- Participate in IMT if convened by LCRC</li> <li>- Local communications e.g. briefings for Cllrs, local press inquiries, comms with the public</li> <li>- Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting</li> </ul>						<ul style="list-style-type: none"> <li>- Receive notification from Tier 2</li> <li>- Convene IMT</li> <li>- Provide support to community which may include translated materials, support to self-isolate, advice and enforcement</li> <li>- Liaise with the local CCG, GPs and other healthcare providers</li> <li>- Local communications (e.g. Cllr briefing, local press inquiries, comms with public)</li> </ul>



## **Appendix 19: Resources: Test and Trace Grant ('Outbreak Control Fund') (Allocated areas of spend)**

Item	Purpose	Time Period	Cost
<b><i>1. Infection Control Training:</i></b>	<p><u>1. Further Infection Control training for key venues not covered by the CCG training:</u> sheltered housing, domiciliary care workers, and possibly others (eg library staff etc)</p> <p><u>2. Care sector specialist infection control PH support lead for the next 3-4 months:</u> supporting any outbreaks, supporting the flu immunisation programme to ensure all care homes/ domiciliary care/ sheltered housing etc immunised (work up a plan with NHSE/ CCG/ ASC)</p> <p><u>3. Schools - provide a person to support infection control in schools</u> specialist infection control person to AfC/ schools to give extra support on outbreak prevention and control</p>	<p><b>Cost for items 1-3:</b> 6 months: £1200 (4 days per month) x 6 (plus possible on costs) = £10,000 for lead nurse, 1 day per week plus, £50,000 approx for 4 days week x 2 people x 6 months) <b><u>TOTAL approx: £60,000 for 6 months</u></b></p>	£60,000
<u>2. Behavioural insights lead:</u> <u>Funding Local Outbreak Control Officer post)</u>	To support behavioural insights to inform the development of education programmes over the summer for schools (and other venues as needed/ hostels/ sheltered housing) for September re handwashing etc and programmes to support those with long term conditions including diabetes, plus other behavioural insights work in Year 2.	2 years	£140,000
3. Environmental Health:	<u>Increase capacity in the Kingston part of the Environmental Health team:</u> to conduct additional educational and monitoring visits to	One year	£80,000



increase capacity	food preparation and other high risk venues, support outbreak management and provide an oncall weekend service		
4. Comms and Community engagement:	<u>Comms and Community engagement:</u> paid for social media ads (on promoting testing/ how to get it and what KST can offer to target age groups/ demographics), promoting prevention measures (further amplification of national messaging), translation of materials into local languages, flu immunisation paid promotion. £21,000 (VCS) plus £20,000 for RBK translations, posters and targeted social media ads, £9,000 additional community engagement, £20,000 RBK engagement with business and other venues £20,000 flu campaigns	One year	£90,000
5. PH Health Protection Officer	<u>Health Protection Officer:</u> 'Health Protection Officer' post (originally in team plan) to support flu immunisation, outbreak control events, further plan development: £60,000/pa	2 years	£120,000
6. Homeless Housing (reallocated to Public Health Consultant time)	Continued provision of housing for homeless residents to help reduce COVID-19 transmission in this vulnerable population (UPDATE: this component was covered with other grant funding. Reallocated to additional Public Health Consultant time and support).	3 months	£100,000
7. Support to isolating residents (now Local Contact Tracing)	Support as needed through Kingston Stronger Together (reworded after GOLD meeting, upon GOLD request)	1 year	£100,000
8. Surge staffing (now Local Contact Tracing)	Any additional emergency extra staff as required (eg call handlers, call staff, expertise) - to kept in case of need/ will be reallocated to other infection control activities if not used (Budget can be linked with item above if needed)	1 year	£100,000
9. Data and Insight staff time	Additional Data and Insight time	1 year	£60,000
10.	Additional tests/ equipment as needed in	1 year	£90,000



Equipment/ tests (now Local Contact Tracing)	support of infection control (NOTE: if RBK is required to pay for Mobile Testing Units, then this budget line will be increased using budget in other lines)		
			£940,000



## **Appendix 20: Resources: Contain Funding 1 & 2 ('COMF') (agreed areas of spend)**

Spend area	Planned Amount	When
<b>Hub to support shielding and socially isolating</b>		
KST Hub measures Nov 2020-September 2021	£350,000	Including funding for Hub from when London went in to High (17/10/2020) - funding for one year. <a href="#">Gold approved proposal</a>
Food warehouse (if different to costs charged elsewhere)	£30,000	October 2020-Nov 2021
<b>Comms and Engagement:</b>		
Comms and Engagement: Additional Comms capacity for one year	£50,000	Oct 2020 - Nov 2021
Engagement and outreach work with marginalised communities including half time additional staff member to support Test and Trace	£80,000	Dec 2020 - Dec 2021
Social media targeted work (1 additional person) and social media targeted marketing	£80,000	Nov 2020 - Nov 2021
<b>Mass Testing (Revised proposal for this element - approved by GOLD, March 2021 - see proposal outline below table and Appendix 23)</b>		
Pilot of local asymptomatic testing	£5,000	Nov/Dec 2020
Additional staff resources: Organisation (x 3 people), support for swabber staff, (lead for asymptomatic testing / swabbing team / quality control / performance framework). Outreach team, orientated around Primary Care Networks ( x 5) with aim of reducing disproportionality and building community participation	£490,000	Dec 2020-Dec 2021



Equipment (partitions, mobile vehicle hire for outbreak team (to go to schools, University, homeless hostels and other venues), cleaning equipment)	£100,000	Nov 2020-Nov 2021
<b>Local Contact Tracing:</b>		
Staff time for contact tracers, associated staffing costs (training, equipment, expenses)	£134,535	September 2021-March 2022
Engagement and Enforcement - additional capacity for engagement with businesses and advice re: Covid-secure operation; enhanced enforcement where required	£100,000	September 2020-November 2021

*Revised proposal for highlighted element (Mass Testing) approval by GOLD, March 2021: This component is now funded by the 'Community Testing Annex A Grant detailed in Annex 23. It is proposed that this funding (£590,000) is now used to support ELEMENT 6 '**ENDURING TRANSMISSION**': Measures to address enduring transmission sectorally/ locally/ regionally'. A detailed proposal will be resubmitted to GOLD with more details on the proposed activities shortly.*



## **Appendix 21: Resources: Contain Funding 3 (COMF) (agreed areas of spend)**

### **Proposed Funded Activities for Kingston (using Contain 3):**

<b>Testing</b>	<u>Outbreak emergency response testing, liaison and distribution of communication materials:</u> <ul style="list-style-type: none"> <li>Emergency targeted response: Outbreak Control Officer - Targeted Outbreak Interventions (12 months) (leading response to local hotspots/ clusters - testing, messaging, links with tracing service) (£55,000)</li> <li>Testing lead for targeted response (£35,000 12 months)</li> <li>LFT/ PCR emergency response testers (12 months - time as needed) (£35,000)</li> </ul>	<b>£55,000</b> <b>£35,000</b> <b>£35,000</b>
<b>Tracing</b>	<ul style="list-style-type: none"> <li>Local Contact Tracing Team - additional capacity for tracing within Kingston Hospital (12 months, 7 days a week, part time) (£25,000)</li> </ul>	<b>£25,000*</b>
<b>Compliance measures</b>	<ul style="list-style-type: none"> <li>Additional staff time for Regulatory Services team to investigate workplace outbreaks, support 'COVID secure' workplaces, carry out spot checks, give training (additional staff time, training materials, comms) 12 months</li> </ul>	<b>£64,000</b>
<b>Communication and marketing</b>	<ul style="list-style-type: none"> <li>Specialist staff time (1 person) Sept 2021-July 2022 (£70,000)</li> <li>Social media campaigns (£10,000)</li> <li>Physical materials for display around borough (£20,000)</li> <li>Hot spot and other materials (£10,000)</li> <li>Distribution of 'hotspot/ outbreak/ other materials (£10,000)</li> <li>Advertising costs (£5,000)</li> </ul>	<b>£125,000</b>
<b>Support for the clinically extremely vulnerable</b>	<i>(Separate funding has been received from government for these groups, Contain Funding 1&amp;2 supporting KST staff)</i>	
<b>Support for wider vulnerable groups, including rough sleepers</b>	Time of one full time staff to support homeless/ temporary housed population with: daily calls, tracing, outbreak control, vaccination support (12 months)	<b>£35,000</b>
<b>Support for those self isolating</b>	Staff time for daily calls to self isolating (2 staff, part time), 7 days per week, part time (Local Contact Tracing Team staff, additional time)	<b>£40,000</b>



<b>Targeted intervention for specific cohorts within the community</b>	Additional support to Gypsy / Roma/ Traveller Community ('GRT') (outreach to complete contact tracing/ access support)	<b>£8,000*</b>
	Round 3 of grants to 20 community groups to reach target groups with key messaging on prevention/ testing/ tracing/ vaccination	<b>£40,000</b>
<b>Utilisation of local sectors (Academic, volunteers etc.)</b>	<i>Separate funding has been received from NIHR for one staff member and part time Consultant support)</i>	
<b>Support for educational outbreaks</b>	Schools and early years outbreak control special team: daily calls, infection control training, outbreak control assessment of venues where cases, testing training (12 months) 1.5 staff	<b>£70,000</b>
<b>TOTAL</b>		<b>£532,000</b>

- Bids for these costs being submitted to DHSC for innovation pilots - if successful, proposed use of these funds will be resubmitted to GOLD



## **Appendix 22: Resources: Community Testing ('Annex A') Grant (plan of action)**

Kingston	<p><i>Programme comprises an incremental increase in targeted population asymptomatic testing. Phase 1 already in progress and learning from implementation supporting Phases 2 and 3.</i></p> <p><b>Phase 1</b> Community Testing programme for communities with high rates of infection (taking over Kingston University site) with offer to front line local authority Health and Care workers using LFT Central testing site with managed booking system, launching 21/12/2020 to 23/12/2020</p> <p>Establishment of mobile 'Outbreak Control Team for LFT Testing'</p> <p><b>Phase 2</b> 11/01/2021 - 19/02/2021 Community Testing programme for communities with high rates of infection with offer to front line local authority Health and Care workers using Community Pharmacy workforce and LFT: At risk/vulnerable cohorts Respite Care and Day Centres Unpaid carers Outreach work with associated testing Waste services, library and leisure, parking</p> <p><b>Phase 3</b> 01/02/2021 - 19/02/2021 One (or two) dedicated LFT Test Site: Centrally located, open to groups as above and also members of the public</p>	<p>6 week programme starting 21/12/2020 to 19/02/2021 (paused between 24/12/2020 to 11/01/2021)</p> <p>Total Number of Tests over 6 week phase: 60,000</p>
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## **Appendix 23: Resources: Enduring Transmission (Reallocated Resources from Contain 1 & 2, approved by RBK GOLD in March 2021)**

<b>Revised proposal for Contain 1 &amp; 2 Monies</b> to support Element 6 of the Local Outbreak Control Plan <b>Enduring Transmission</b> : measures to address enduring transmission sectorally/ locally/ regionally' (which has been updated to support the updated Contain Framework - of which, final national draft pending).		
Health inequalities posts (x3), linked with the 5 Primary Care Networks with aim of reducing disproportionality and tackling the factors associated with enduring transmission (@£120kpa), plus 12 month extension for PH project officer role.	£400,000	April 2021- March 2024
Enhanced support for Connected Kingston Programme: digital and community champion development (x 1 post @£33kpa)	£96,000	April 2021- March 2024
Resources to support programme implementation	£14,000	April 2021- March 2022
Shared contribution to SWL Population Health Approach - consultant in public health and data analyst (all 6 boroughs and NHS) - @£40kpa. Sub-regional support to tackle enduring transmission.	£80,000	April 2021- March 2023
<b>Total</b>	<b>£590,000</b>	



**Appendix 24: Resources: Contain Grants ('COMF') 4-7**

Proposed Funded Activities for Kingston (Contain 3 is already signed off, provided below for information, Contain 4, 5, 6, 7 for consideration and agreement):

		Contain 3	Contain 4-7 total
<b>Testing</b>	<u>Contain 3:</u> <u>Outbreak emergency response testing, liaison and distribution of communication materials:</u> <ul style="list-style-type: none"> <li>Emergency targeted response: Outbreak Control Officer - Targeted Outbreak Interventions (12 months Jan 2021-Jan 2022) (leading response to local hotspots/ clusters - testing, messaging, links with tracing service) (£55,000)</li> <li>Testing lead for targeted response (£35,000 12 months)</li> <li>LFT/ PCR emergency response testers (12 months - time as needed) (£35,000)</li> </ul>	<b>£55,000</b> <b>£35,000</b> <b>£35,000</b>	
	<u>Contain 4, 5, 6, 7</u> Enduring Transmission hyper-localized testing bus and pop up testing and linked activities for target residential areas and also key vulnerable groups (July-June 2022)	-	<b>100,000</b>
	<b>Testing related costs incurred</b>		<b>109,000</b>
	Public Health Health Protection Officer (3rd Year of funding Dec 2023-Dec 2024)		<b>60,000</b>
<b>Tracing</b>	<u>Contain 3:</u> <ul style="list-style-type: none"> <li>Local Contact Tracing Team - additional capacity for tracing within Kingston Hospital (12 months, 7 days a week, part time) (£25,000)</li> </ul>	<b>£25,000*</b>	
	<u>Contain 4, 5, 6, 7:</u> Local Contact Tracing Team - ongoing costs (April 2022-April 2023 period)	-	<b>180,000</b>
	Team expansion to cover tracing of 'contacts' (NEW) in addition to 'cases' (summer 2021 to April 2023)		
	Additional Year of Public Health Outbreak Control Officer (3rd year of post, Local Contact Tracing)		<b>60,000</b>



	Manager and other responsibilities) (Oct 2023-Oct 2024)		
	Data and Insight overtime costs to support 7 day service of Local Contact Tracing		20,000
Compliance measures	<u>Contain 3:</u> <ul style="list-style-type: none"> <li>Additional staff time for Regulatory Services team to investigate workplace outbreaks, support 'COVID secure' workplaces, carry out spot checks, give training (additional staff time, training materials, comms) 12 months</li> </ul>	£64,000	
	<u>Contain 4, 5, 6, 7:</u> <ul style="list-style-type: none"> <li>Additional staff time for Regulatory Services team to investigate workplace outbreaks, support 'COVID secure' workplaces, carry out spot checks, give training (additional staff time, training materials, comms)</li> </ul>	-	80,000
	<ul style="list-style-type: none"> <li>ASC Quality Assurance Officer (0.5wte) time for daily care home/ care sector checks on cases/ follow up actions (20/21 costs plus costs for 21/22)</li> </ul>		40,000
Communication and marketing	<u>Contain 3:</u> <ul style="list-style-type: none"> <li>Specialist staff time (1 person) Sept 2021-July 2022 (£70,000)</li> <li>Social media campaigns (£10,000)</li> <li>Physical materials for display around borough (£20,000)</li> <li>Hot spot and other materials (£10,000)</li> <li>Distribution of 'hotspot/ outbreak/ other materials (£10,000)</li> <li>Advertising costs (£5,000)</li> </ul>	£125,000	
	<u>Contain 4, 5, 6, 7:</u> <ul style="list-style-type: none"> <li>Specialist staff time</li> <li>Social media campaigns</li> <li>Physical materials for display around borough</li> <li>Hot spot and other materials production</li> <li>Distribution of 'hotspot/ outbreak/ other materials</li> <li>Advertising costs</li> </ul>	-	180,000
Support for the clinically extremely vulnerable	<u>Contain 3:</u> <i>(Separate funding has been received from government for these groups, Contain Funding 1&amp;2 has been used to support KST staffing)</i>		



	<u>Contain 4, 5, 6, 7:</u> Kingston Stronger Together Hub staff costs (6 month extension whilst transformation programme proceeds)	-	<b>175,000</b>
	Costs incurred for KST staffing		<b>94,755</b>
	Contribution for additional Infection Control capacity (one 0.6wte post) x 2 years to give support to outbreaks/ disease prevention focussed on settings for vulnerable residents (£84,000)		<b>84,000</b>
	Training for Care providers of vulnerable residents on infection prevention/ control/ related measures/ provider forums (RBK ASC)		<b>20,000</b>
	Costs incurred in 20/21 of support to KST/ self isolating (part of £218,000 C00002 costs)		<b>109,000</b>
<b>Support for wider vulnerable groups</b>	<u>Contain 3:</u> Time of one full time staff to support homeless/ temporary housed population with: daily calls, tracing, outbreak control, vaccination support (12 months)	<b>£35,000</b>	
	<u>Contain 4, 5, 6, 7:</u>  Enduring Transmission targeted services work to prevent ongoing transmission, and enhanced vulnerability to contracting COVID-19. A focus on deprivation areas, which are showing over x 4 levels of COVID-19 cases:		
	<ul style="list-style-type: none"> <li>targeted additional support to priority areas/ residents (e.g. Maternal Early Childhood Sustained Home-visiting programme), PAUSE programme)</li> </ul>		<b>518,920</b>
	<ul style="list-style-type: none"> <li>physical activity programmes/ active travel promotion in target areas for children and young people and parents, including equipment provision</li> </ul>	-	<b>300,000</b>
	<ul style="list-style-type: none"> <li>Diabetes type 2 targeted focus in high case transmission areas - combined case reduction and targeted approach to reduce/ manage more effectively Diabetes Type 2</li> <li>Obesity prevention - whole council approaches</li> <li>Stop Smoking Services to areas of higher need; Tobacco Control programmes with schools</li> </ul>		<b>200,000</b> <b>300,000</b> <b>131,000</b>



<b>Support for those self isolating</b>	<u>Contain 3:</u> Staff time for daily calls to self isolating (2 staff, part time), 7 days per week, part time (Local Contact Tracing Team staff, additional time)	<b>£40,000</b>	
	<u>Contain 4, 5, 6, 7:</u>		
	Discretionary payments for those not eligible for Test & Trace payment (pilot, 200 x £500)		<b>100,000</b>
	Staff time for daily calls to self isolating (2 staff, part time), 7 days per week, part time (Local Contact Tracing Team staff, additional time)		<b>40,000</b>
<b>Targeted intervention for specific cohorts within the community</b>	<u>Contain 3:</u> Additional support to Gypsy / Roma/ Traveller Community ('GRT') (outreach to complete contact tracing/ access support) (->Oct 2021)	<b>£8,000*</b>	
	<u>Contain 3:</u> Round 3 of grants to 20 community groups to reach target groups with key messaging on prevention/ testing/ tracing/ vaccination	<b>£40,000</b>	
	Additional support to Gypsy / Roma/ Traveller Community ('GRT') (outreach to complete contact tracing/ access support) (Nov 2021 -> April 2022)		<b>16,000</b>
	<u>Contain 4, 5, 6, 7:</u> VCS Round 4 grants - targeted work with key vulnerable groups - to reduce transmission/ link to key services		<b>80,000</b>
	<u>Enduring transmission:</u> a focus on identified areas in the borough and applying learning		<b>100,000</b>
<b>Specialist support i.e. behavioural science</b>	<u>Contain 3:</u>		
	<u>Contain 4, 5, 6, 7:</u> One behavioural science data and insight officer (2 years, £150,000 over two years)		<b>150,000</b>
<b>Utilisation of local sectors (Academic, volunteers)</b>	<i>Separate funding has been received from NIHR for one staff member and part time Consultant support)</i>	<b>0</b>	
	<u>Contain 4, 5, 6, 7:</u> Behavioural insight work to support self isolation/		<b>70,000</b>



etc.)	uptake of prevention/ control measures		
<b>Support for educational outbreaks</b>	<u>Contain 3:</u> Schools and early years outbreak control special team: daily calls, infection control training, outbreak control assessment of venues where cases, testing training (12 months) 1.5 staff	<b>£70,000</b>	
	<u>Contain 4, 5, 6, 7:</u> Support for schools & education with hygiene and infection control training (primary and secondary)		<b>30,000</b>
<b>TOTAL</b>		<b>Contain 3: £532,000</b>	<b>Contain 4-7: £3,347,675</b>

\*Bids for these costs being submitted to DHSC for innovation pilots - if successful, proposed use of these funds will be resubmitted to GOLD/SLT



## **Appendix 25: International travel**

Conditions imposed on arrivals to foreign countries from the UK will depend on the rules set by each individual country and should be checked prior to travel. General guidance for travelling abroad can be found at: <https://www.gov.uk/travel-abroad>. Please check this for the latest update.

From 17th May 2021 for people returning to England from overseas a red, amber and green classification will be in force. The requirements will be different depending on whether, in the 10 days prior to arrival in the UK, you have visited a red, amber or green country.

Countries are classified based on the current situation in relation to coronavirus. The classifications are reviewed regularly and can change at short notice. It is therefore essential to check the up to date rules and classifications prior to travelling.

The rules are set out in detail here including links to the current classification of countries:

<https://www.gov.uk/guidance/coronavirus-covid-19-testing-for-people-travelling-to-england>

In summary the rules for entry to England are as follows:

### **RED**

If you have visited a country classified as red in the 10 days prior to arrival in the UK you will only be permitted to enter the UK if you are a British or Irish national or have residence rights in the UK. Prior to arrival in the UK you must

- 1) Have a negative coronavirus PCR test taken within 3 days prior to the day of departure to the UK.
- 2) Book hotel quarantine upon arrival in England and have completed a passenger locator form.

Upon arrival in the UK you must complete your pre booked hotel quarantine for a period of 10 days from the date of arrival.

### **AMBER**

If you have visited an amber country (but not a red) in the 10 days prior to arrival in the UK you must:

- 1) Have a negative coronavirus PCR test taken within 3 days prior to the day of departure to the UK.
- 2) Book a day 2 and day 8 coronavirus test
- 3) Complete a passenger locator form prior.

Once you have arrived in the UK you must



- 1) Quarantine at home or the address specified in your passenger locator form for 10 days
- 2) Perform a Coronavirus test prior to or on day 2 and on or after day 8.

### GREEN

If you have only visited green countries in the 10 days prior to arrival in the UK then prior to arrival in the UK you must:

- 1) Have a negative coronavirus PCR test taken within 3 days of the day of departure to the UK
- 2) Book a day 2 coronavirus PCR test
- 3) Complete a passenger locator form

Once you have arrived in the UK you must complete a coronavirus PCR test on or before day 2 post arrival. There is no need to quarantine unless this test is positive.



If you have difficulty reading this document because of a disability or because english is not your first language , we can help you.  
Please call our helpline on 020 8547 5000, or ask someone to call on your behalf.

