Kent Resilience Forum

PREPARING FOR EMERGENCIES IN KENT AND MEDWAY

Local Outbreak (COVID-19) Management Plan

TO ACTIVATE THIS PLAN, GO TO SECTION 7.2

All organisations should ensure that if printed copies of this document are being used, the latest version is obtained from the Kent Resilience Team or Resilience Direct.

Completion Date	June 2020
Version	V7.1
Review Date	16th April 2021
Classification	Official

All enquiries relating to this document should be sent to:

Kent Resilience Forum
The Godlands
Straw Mill Hill
Tovil
Maidstone
Kent ME15 6XB
Tel: 01622 212 409
Email: krf@kent.fire-uk.org

Issue & Review Register

Summary of changes	Issue number & date	Approved by
Draft with headings & introductions	v.0.1 31/05/2020	N/A
Various notes and Schools Section Added	v.0.2 03/06/2020	N/A
Various notes and Care Homes Section Added	v.0.3 05/06/2020	N/A
Updated draft incorporating comments and contributions from Colin Thompson (CT) + Wendy Jeffreys (WJ)	v.0.4 07/06/2020	N/A
Updated draft incorporating comments and contributions from CT + Allison Duggal (AD) + Steve Scully (SS) + Rachel Pudney (RP)	v.0.5 14/06/2020	N/A
Updated draft incorporating comments and contributions from CT + SS + AD + RP + WJ + Andrew Scott Clark (ASC) + James Williams (JW) + Sarah Leaver (SL) + Richard Doyle (RD) + Abraham George (AG) + Su Ormes (SO) + Nicola Wilson (NW) + Andy Jeffery (AJ) + District Council Environmental Health Teams + KRF Testing Workstream + John Littlemore (JL) + Sarah Hammond (SH) + Gail Locock (GL) + Simon Thompson (ST) + Tracey Beattie (TB) + Rob Wiles (RW) + Mariana Vasiliou (MV) + Penny Button (PB) + Sheila Davison (SD) + Alex Dawson (AD) + Michelle Cheyne (MC) + Karen Williams (KW) + David Whiting (DW) + Samantha Bennett (SB)	v.0.6 22/06/2020	N/A
Final draft incorporating comments and contributions from AD + WJ + JW + SO + SB + ASC + AJ + SS + RP + BC + MC	v.0.7 24/06/2020	N/A
Final draft incorporating comments and contributions from Barbara Edwards (BE) + MC + JW + CT	v.1.0 28/06/2020	JW + ASC + RP
Section on asymptomatic testing, care home testing, local lockdowns, and convening OCT added. Details added about additional powers of UTLA/ULA to impose closures and targeted restrictions as per contain framework. Guidance on visitation in care homes. Incorporating comments and contributions from RP + JW + ASC + AD + DW + JA	v.2.0 20/07/2020	JW + ASC + RP
PHE / NHS T&T action cards, isolation guidance for exposed HCWs, updates on support for the Clinically Extremely Vulnerable (shielders)	v.2.1 30/07/2020	N/A
Outcomes and learnings of stress tests 1&2 run on the LOMP incorporated. Final stress test scenarios and the full outcomes are included in a report and added to the appendix.	v.2.2 25/08/2020	N/A
Schools case escalation process and contact hotline to DfE, NHS T&T App and business requirements for contact tracing, local test sites, mitigation strategy for increased demand on Pillar 2 testing, outcomes of stress test 3 university outbreak scenario & university outbreak plans.	v2.3 01/10/2020	N/A
Inclusion of national lockdown information, three tier COVID-alert system, new COVID rate, glossary, new SOPs for case management in schools, new communications SOP, inclusion of upcoming LFT pilot, copy changes throughout the document to reflect tightening outbreak measures.	V3.0 09/11/2020	JW + ASC
Inclusion of LFT work, incorporation of PHE comments, referencing updates	V4.0 15/12/20	RP
Glossary- Added the terms vaccination/vaccine/immunisation, incorporated the COVID-19 novel strain to introduction, added a communication section to care homes appendix to include the limitation of visitors towards preventing community transmission, added copy in care homes appendix to communicate importance of avoiding misting devices in the prevention of COVID-19 in this setting, included new Covid testing capacity for schools and colleges from Jan (schools appendix), updated the statistics on COVID-19 cases (both Medway/Kent and global statistics, dates were also updated by using the Kent and Medway Health Protection Board Routine COVID-19 report as of December 18th 2020, updated information on testing in care homes (LFD's in care homes/staff daily testing during outbreak), added COVID-19 vaccination section (about new vaccine/delivery models), new copy on Tier 4 (stay at home), updated copy on other Tiers advising not travel to any tier 4 areas and added copy on new variant in Kent and Medway, updated reference	V5.0 24/12/20	

Inclusion of Government roadmap out of lockdown, SA variant, return to schools, updated national cases, AstraZeneca, Moderna, and Pfizer vaccine, ATS, care homes 90-day guidance links, domiciliary care testing	V6.0 23/02/21	
Updates to bring LOMP into alignment with Test and Trace's new expectations, drawing out best practice, removing mention of Tiers and updating to reflect current pandemic response (inequalities, testing, variants of concern, vaccine roll out etc). All outbreak management cards (appendixed) were updated to be brought into line with most recent changes.	V7.0 03.03.21	
Inclusion of K&M Testing Strategy slide deck, update vaccine priority groups, health protection regulations 2021 (steps), update Test and Trace Tier 1, update on community collect eligibility expansion, K&M covid-19 vaccine inequalities programme	V7.1 30.03.21	

Compiled by: Logan Manikam, Meredith Leston, Ummi Bello, Valentina Vos and Yasmin Boukarim

Date: April 2021

Approved by: KRF COVID-19 Strategic Coordinating Group **Date:** June 2020

Contents

Tables & Figures

Abbreviations

BAME	Black Asian & Minority Ethnic Groups
CAG	Confidentiality Advisory Group
CEO	Chief Executive Officer
CTAS	Contact Tracing Advisory Service
DHSC	The Department of Health and Social Care
DPH	Directors of Public Health
EHO	Environmental Health Officer
EPPR	Emergency Prevention, Preparedness and Response Team (SE regions, NHS England)
GDPR	General Data Protection Regulations
GP	General Practice
HPB	Health Protection Board
HSCC	Kent Resilience Forum – Health and Social Care Cell
JBC	Joint Biosecurity Centre
KCC	Kent County Council
KRF	Kent Resilience Forum
LA	Local Authority
LFD	Lateral Flow Device
LFT	Lateral Flow Test
LOEB	Local Outbreak Engagement board (Joint Health and Wellbeing Board)
LOMP	Kent and Medway Local COVID-19 Outbreak Management Plan
LRF	Local Resilience Forum
LHRP	Local Health Resilience Partnership
MAIC	Kent Resilience Forum – Multi Agency Information Cell
MC	Medway Council
MHRA	Medicines and Healthcare Products Regulatory Agency
NHS	National Health Service
NHS T&T	NHS Test and Trace
NPI	Non-pharmaceutical interventions
OCT	Outbreak Control Team
PCR	Polymerase Chain Reaction
PPE	Personal Protective Equipment
PHC	Public Health Consultant
PHE HPT	Public Health England South East - Kent and Medway Health Protection Team
KRF TCG	Kent Resilience Forum - Tactical Coordinating Group
KRF SCG	Kent Resilience Forum - Strategic Coordinating Group
SITREP	Situation Report
SOP	Standard Operating Procedure
SPOC	Single Point of Contact
	Tactical Coordinating Group
UTLA	Upper Tier Local Authority
ULA	Unitary Local Authority
VCS	Voluntary and Community Sector

WHO	World Health Organisation

Glossary

7-day rolling average

This a measure of incidence or how many new cases of a disease have appeared in a given period of time. The 7-day rolling average takes the average number of cases reported per day in a shifting seven-day window. Reports could read as follows: *'this is up 26% from an estimated 27,950 new cases per day for the period from October 2nd to October 8th'*.

Acute NHS trusts

Acute NHS trusts provide services such as accident and emergency departments, inpatient and outpatient medicine, surgery and in some cases very specialist medical care. They provide secondary care and refer to anything from small district hospitals to large city teaching hospitals.

Antibodies

Antibodies are proteins that help fight off infection and can provide protection against that disease occurring again (immunity). Antibodies are disease specific. Antibody tests are useful for determining if an individual has been recently exposed to COVID-19 but are not a reliable way for testing population immunity as they dissipate over time.

Antigens

Antigens are molecules that are capable of stimulating an immune response. An antigen test reveals if a person is currently infected with a pathogen such as SARS-CoV-2, the virus that causes COVID-19.

Asymptomatic testing

Also known as symptom-free testing, this refers to the testing of those who have no symptoms of COVID-19 to understand levels of asymptomatic transmission in a particular setting or the community at large. This is typically performed as part of a wider scientific study or to prevent inadvertent transmission within high-risk areas such as health and social care facilities.

Clusters

A cluster refers to the aggregation of cases in the same area at the same time. During the pandemic, the UK government has defined a cluster as two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within a 10-day period. A cluster ends when there are no test-confirmed cases with illness onset dates in the previous 10 days.

Communicable disease

These are illnesses caused by viruses or bacteria that people spread to one another through contact with contaminated surfaces, bodily fluids, blood products, insect bites, or through the air.

Community spread or transmission

This term is used to describe the spread of a contagious disease within a certain community. During community spread there is no clear source of contact or infection.

Contact Tracing

This is the process of identifying those who have interacted with an infected individual and may be at risk of developing and passing on the disease themselves. Contact tracing helps alert others that they need to be tested for a particular disease and self-isolate if necessary.

Director of Public Health (DPH)

Directors of Public Health are responsible for determining the overall vision and objectives for public health in a local area or in a defined area of public health, such as health protection. They are accountable for delivering public health objectives and reporting annually on the outcomes of interventions and future programmes of work.

Dynamic risk assessment

This is the practice of mentally observing, assessing and analysing an environment while work is underway to identify and remove risks in real-time.

Epidemiological modelling

An epidemiological model is usually defined as *'a mathematical and/or logical representation of the epidemiology of disease transmission and its associated processes'*. These mathematical models can project how infectious diseases progress to show the likely outcome of an epidemic and help inform public health interventions. A variety of parameters are used to model the impact of a variety of interventions on the spread of an infectious disease within a given population; these models can help decide which interventions to avoid and which to trial.

Essential services

These are the occupations or services that are vital for the health and safety of the public during the pandemic. These should be open and active even in periods of lockdown.

Exposure

This term is used to describe coming into contact with someone positive for COVID-19. Risk of exposure can be reduced by following hand washing, maintaining social distance and wearing face-coverings. Bespoke information for health and social care workers on limiting exposure can be found here.

Furlough

A furlough is a temporary layoff, involuntary leave, or other modification of normal working hours for a specified duration. Over the course of the pandemic, the government has supported employers to furlough staff that they can no longer maintain due to the disruption COVID-19 has caused. The Coronavirus Job Retention Scheme provides employers with a grant to cover a portion of their furloughed employees' monthly salaries. More information on this scheme can be found here.

Hand hygiene

This term refers to the regular practice of hand washing. The government recommends hand washing or at least 20 seconds using soap and water or hand sanitiser. Hands should be washed when arriving at work or returning home, after blowing the nose or coughing or sneezing and before eating or handling food.

Health Protection Board (HPB)

This entity monitors and responds to any rise in cases in a given area; they identify patterns of transmission and create local outbreak management plans for constituent councils.

Home Testing

Those who are symptomatic of COVID-19 can order home testing kits within the first 7 days of symptom onset. The test involves taking a swab of the inside of the nose and the back of the throat, using a long cotton bud. This swab can be performed by the patient (or their caregiver if aged under 11 or under). A home testing kit must be registered before it is sent back.

Immunisation

A process by which a person becomes protected against a disease through vaccination. This term is often used interchangeably with vaccination and more details can be found here.

Incident Management Team (IMT)

This term is used synonymously with Outbreak Control Team. More details can be found here.

Information Governance

This term refers to the legal framework that governs the use of personal confidential data in healthcare. This framework allows organisations and individuals to ensure that personal information is handled legally, securely, efficiently and effectively in order to support delivery of the best possible care.

Joint Biosecurity Centre (JBC)
The Joint Biosecurity Centre (JBC) provides evidence-based, objective analysis to inform local and national decision-making in response to COVID-19 outbreaks. This includes helping to inform action on testing, contact tracing and local outbreak management in England, informing an assessment of the risks to UK public health from inbound international travel and advising on the COVID-19 alert level. More information can be found here.

Key workers

Key, critical or essential workers are those who have jobs that are vital to public health and safety during the pandemic. Because their work is so vital, the government is attempting to enable them to carry out their jobs with as little restriction as possible. Key workers are provided with streamlined testing services and are able to put their children in school and use necessary transport links even during national lockdown. The list of key workers can be found here.

Mobile testing units

These units visit different locations and can be set up to test clients in as little as 20 minutes. These units are generally operated by the Armed Forces and respond to areas of highest demand to augment existing testing services and increase daily testing capacity in that area.

Mutual Aid

Mutual aid groups are self-organised groups of volunteers dedicated to supporting and helping people in

need in their communities. There is no uniform way to develop a group and each group is advised to work in a way which best benefits their community. Tasks may include leafleting, providing emotional support or contact for the isolated or running errands and shopping for those who cannot do so themselves.

NHS Test and Trace

NHS Test and Trace (NHSTT) is England's COVID-19 contact tracing programme. It was launched on 28 May and is a central part of the UK's COVID-19 response strategy. This work is dedicated to testing for COVID-19 in the community and tracing contacts of all those who prove to be positive for the virus. The new NHS COVID-19 app is the Official NHS contact tracing app for England and Wales. It is the fastest way of knowing when you're at risk from Coronavirus.

Non-essential services

These are occupations or services that are not absolutely necessary for the health of the public during the pandemic. These would be closed or forced to pivot to 'working from home' arrangements in periods of lockdown or when rates of disease transmission are high in a community.

Non-pharmaceutical interventions (NPI)

These are public health measures that aim to prevent and/or control disease transmission in the community. NPIs are one of the most effective public health interventions against COVID-19. Specific recommendations to protect the most vulnerable include enhanced surveillance, comprehensive testing, and intensified infection prevention and control practices in settings that host high-risk individuals, such as long-term care facilities. When community transmission is a factor, NPIs include the use of face coverings, social distancing, hand hygiene and respiratory etiquette.

Outbreak Control Team (OCT)

The decision to convene an Outbreak Control Team is made on a case-by-case basis, generally by the Director responsible for infection prevention and control in a given unit, facility or area. The Outbreak Control Team is responsible for the following: reviewing outbreak evidence, recommending control measures based on risk assessment, agreeing further investigations, establishing OCT membership, assigning individual responsibilities to OCT members, determining what resources are needed in a given area, entering surveillance data to monitor progress, communicating with the public/media, deciding criteria for declaring the outbreak over and producing and circulating a final report. An Outbreak Control Team is composed of representatives from a variety of fields of medicine including Virology, Toxicology, Epidemiology, Microbiology as well as regulators (e.g. representatives from health and safety, food standards agency, environmental agencies etc) and communication and legal experts. More details can be found here.

Outbreaks

During the pandemic, the UK government has defined an outbreak as two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within 10 days and one of the following two criteria: 1) identified direct exposure between at least 2 of the test-confirmed cases in that setting during the infectious period of one of the cases or 2) when there is no sustained local community transmission. The threshold for the end of an outbreak is higher than the end of a cluster: here there must be no test-confirmed cases with illness onset dates in the previous 28 days in that setting. More information on this can be found here.

Personal Protective Equipment (PPE)

PPE refers to the items of clothing worn by medical and social care professionals to limit their exposure to a disease or hazard. HEE has created a comprehensive guide to PPE which can be accessed here. To help prevent transmission of COVID-19, guides have also been made to direct PPE usage in a range of both clinical and non-clinical settings. These can be accessed here.

Pillar 1 testing

This refers to all swab testing carried out in Public Health England laboratories and NHS hospitals for those with a clinical need and for health and care workers.

Pillar 2 testing

This refers to all swab testing that is conducted amongst the wider population, as set out within government guidance.

Pillar 3 testing

This refers to serology testing to show if people have antibodies from having had COVID-19 in the past.

Pillar 4 testing

This refers to all blood and swab testing that is conducted for national surveillance purposes to learn more about the prevalence and spread of the virus and for other testing research purposes.

Polymerase Chain Reaction Testing (not-rapid)

The PCR test looks for evidence that the virus is currently in your body, by detecting the presence of its RNA in a swab sample from the nose/throat. The PCR test detects the genetic material in the virus called RNA. When the sample reaches the lab, a solution known as a 'reagent' is added to it. If there is virus present this reagent starts a 'chain reaction' and creates billions of copies of the genetic material in the virus so that there is enough that it can be detected and analysed by scientists to provide a positive result. The test usually takes between 12 and 24 hours to return a result.

Positivity rates

The positivity rate is the percentage of people who test positive for the virus out of those who have been tested overall.

Prevalence

This is a measure of the proportion of cases in the population at a given time.

Primary Care

This refers to healthcare services that are provided in the community and represent an initial approach to a medical practitioner or clinic for advice or treatment.

Public Health England Health Protection Team (PHE HPT)

Local health protection teams provide specialist support to prevent and reduce the effect of infectious diseases, chemical and radiation hazards, and major emergencies. Their activities include; local disease

surveillance, maintaining alert systems, investigating and managing health protection incidents and outbreaks and delivering and monitoring national action plans for infectious diseases at local level.

Quarantine

The time in which an infected individual should self-isolate in their own homes. If living with others, this person should eliminate all interaction with co-inhabitants; this includes living in a separate room and using separate cutlery, plates, cooking instruments and towels, for example, as well as bathroom facilities.

Rapid Testing – multiple types Antigen Testing, LAMP testing, Lateral Flow Technologies

Most current diagnostic tests that detect SARS-CoV-2 genetic material are PCR-based, due to its high levels of sensitivity and specificity. However, this method can be expensive, slow, and requires sophisticated equipment and well-trained personnel; it is not suitable for point-of-care use. Rapid tests are designed to tell in a few minutes whether a person is positive or negative for a given pathogen. Rapid testing is appealing because receiving fast results means a person knows sooner whether they need to isolate to avoid transmitting the virus to others. A variety of rapid testing types are available for COVID-19 including Covid Nudge, Sofia, Veritor, BinaxNow and LumiraDx (which are all rapid antigen tests) and ID NOW, conas, Cue COVID-19Test, Xpert Xpress and Accula (which are all real time polymerase chain reaction tests). Loop-mediated Isothermal Amplification (LAMP) is another method being leveraged for rapid COVID testing; like PCR, this also amplifies DNA/RNA. Lateral Flow Tests have also been piloted for use in mass surveillance studies; these utilise paper-based assays for the rapid detection and quantification of COVID-19 antigens.

Regional Test Sites

These test sites are permanent testing hubs in a given region. They are either walk-in or drive-in.

Risk-factor

These are the variables which would make an individual more likely to develop or contract a disease than those who were not affected by said variable.

Satellite testing units

These testing units are processed by private labs and are set up in places like care homes or hospitals. Like mobile testing units, satellite testing units also increase a region's testing capabilities and are primarily dedicated to testing health and social workers.

Secondary Care

This refers to healthcare services that are provided by health professionals who generally don't have first contact with a patient. Secondary care services are usually based in a hospital or clinic though some may still reside in the community.

Self-isolation

This term refers to the period of time that those who have become symptomatic of COVID-19 or have recently been exposed to COVID-19 should remove themselves from work, school and all forms of in-person socialising to stay within the home. Current government guidance on self-isolation can be found here.

Shielding

This term refers to the self-isolation imposed by those from clinically extremely vulnerable groups who are attempting to reduce their likelihood of contracting COVID-19. Those identified as being eligible for shielding will have received a letter from the NHS or their GP to inform them of their high risk and provide them with guidance on how to shield effectively. In the first wave of the pandemic this advice was particularly stringent and isolating – the advice available today (available here) is significantly less restrictive.

Social distancing

Social distancing, also called "physical distancing," means keeping a safe space between yourself and other people who are not from your household. To practice social or physical distancing, stay at least 2 meters from other people who are not from your household in both indoor and outdoor spaces. If this is not possible then face coverings should be worn, particularly in indoor spaces.

Statutory Sick Pay

If a person is too sick to work, they are awarded a minimum of £95.85 per week for up to 28 weeks. SSP is awarded to those who are self-isolating or living in an area with local restrictions in place.

The Reproduction (R) Value

The reproduction value is a way of rating coronavirus or any disease's ability to spread. It's the number of people that one infected person will pass on a virus to, on average. For example, an R Value of 6.7 would mean each sick person was expected to pass the illness on to between 6 and 7 other people.

VCS organisations

This term refers to all organisations that make up the volunteering and community sector. These can include community groups, social enterprises and co-operatives.

Vaccination

The act of introducing a vaccine into the body to produce immunity to a specific disease. A simple, safe, and effective way of protecting people against harmful diseases before they come into contact with them. This term refers to the administering of safe agent-specific antigenic components that in vaccinated individuals can induce a protective immunity against the corresponding infectious agent. More information can be found here.

Vaccine

This term refers to a product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease. Vaccines train the immune system to create antibodies, just as it does when it's exposed to a disease. However, because vaccines contain only killed or weakened forms of germs like viruses or bacteria, they do not cause the disease or put one at risk of its complications. More information can be found here.

Variants of Concern

Variants of concern (VOC) suggests that the genome mutation might have an impact on transmission, immune control, and virulence. There are currently four variants of concern, three of which have been detected in the UK. These include VOC-202012/01 (Variant first detected in Kent), VOC-202102/02 (Variant

first detected in South West England) and VOC-202012/02 (Variant first detected in South Africa). The fourth variant of concern, VOC-202101/02 (Variant first detected in Brazil) has only very recently been detected in the UK. The ability of these Variants of Concern to evade antibody elimination is of major concern and may justify the creation of booster vaccines going forward. Release from Lockdown and border constraints will be in large part determined by the containment of these variants.

Executive Summary

As part of the UK government's COVID-19 recovery strategy, the NHS Test and Trace service was launched on 28th May 2020 with the primary objective to control the COVID-19 reproduction (R) rate; by reducing the spread of infection, it is possible to save lives, protect the nation's health and care services and get the UK back to a place of 'normality' and economic prosperity. Achieving these objectives requires a coordinated effort between local government, the National Health Service, Public Health England, the police and other relevant organisations at the centre of outbreak response. These ways of working are set out in a Local Outbreak Management Plan.

In Kent and Medway, the *Kent Resilience Forum COVID-19 Local Outbreak Management Plan* builds on existing health protection plans already in place between Kent County Council, Medway Council, Public Health England - South East, the 12 Kent District and Borough Council Environmental Health Teams, the Strategic Coordinating Group of the Kent Resilience Forum, Kent and Medway Clinical Commissioning Group and other key partners. Summarised in 8 themes, the Kent Resilience Forum COVID-19 Local Outbreak Management Plan sets out how local actors aim to protect Kent and Medway's population by:

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

Said 8 themes are summarised below:

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

6. Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (**Section 8**)
7. Supporting vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities (**Section 9**)
8. Communicating with the public and local partners in Kent and Medway; essential for managing outbreaks effectively (**Section 10**)

On 26 February 2021, the Department of Health and Social Care requested that Local Outbreak Management Plans be updated to reflect the changed landscape of the pandemic and to consolidate the best practice that has emerged locally in its first year. The objectives of this update are outlined below:

- To ensure that updated fit for purpose local outbreak management plans are in place.
- To identify what further support Local Authorities need from the national and regional teams, particularly in relation to surge activity.
- To learn how the current response is working in local areas and future opportunities for more to be delivered locally and regionally and nationally supported and enabled.
- To identify good practice – most particularly in respect of NPIs in responding to non-common problems.eg. port issues and food the production industry.
- To use these insights to feed back into national strategy and policy development, including on recovery; to refine the operational response; and inform the design of the NIHP, in particular regional and local teams.
- To ensure the governance of and roles/responsibilities on each aspect of the response is clear.
- To ensure Local Outbreak Management Plans reflect cross-cutting considerations, such as inequalities.
- To provide ongoing assurance and justification of the need for financial support from the Covid Outbreak Management Fund (COMF) and self-isolation funding.

As described above, a Best Practice Document has been created to summarise the key learnings that have improved local response to date. For the sake of transparency, accountability and freedom of information, this document and *The Kent Resilience Forum COVID-19 Local Outbreak Management Plan* as a whole (including its Appendices of setting-specific action cards) should be available to all members of the public, including local decision makers, businesses, advisors and stakeholders most likely to be affected by COVID-19.

We are grateful to our teams and many colleagues from the Councils, Kent and Medway Clinical Commissioning Group, the Kent Resilience Forum, Public Health England and our other key central partners for their unwavering support during this time and the contributions they have made to our own efforts to protect Kent and Medway's population from harm.

James Williams
Director of Public Health
Medway Council

Andrew Scott-Clark
Director of Public Health
Kent County Council

1. Introduction

Under the Health and Social Care Act 2012 [7], Directors of Public Health (DPH) in upper tier (UTLA) and unitary (ULA) local authorities have a specific duty to protect the population's health. They must ensure plans are in place to respond to and manage threats such as communicable disease outbreaks which present a public health risk. DsPH fulfil this duty through collaboration across a range of partners. These include local authority (LA) environmental and public health teams (including consultants in public health), Public Health England (PHE), National Health Service (NHS) organisations and other agencies. On 29 March 2021, a new Office for Health Promotion was created which will sit within the DHSC. As England cautiously eases restrictions over the coming months, preventing the onset of avoidable physical and mental illness and protecting the nation's health will be the top priority for this government. Therefore, the new Office will combine Public Health England's health improvement expertise with existing DHSC health policy capabilities, in order to promote and deliver better health to communities nationwide.

As part of the UK Government's COVID-19 recovery strategy, the DHSC has mandated the development of local COVID-19 Local Outbreak Management Plans (LOMPs) by UTLA and ULAs. National government has provided Local Authorities with £300 million in additional funding to support delivery of these LOMPs.

On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of an unknown cause detected in Wuhan City, Hubei Province, China [1]. On 12 January 2020 it was announced that a novel coronavirus had been identified; this virus was classified as SARS-CoV-2 and its resultant disease became known Coronavirus Disease 2019 - COVID-19 for short [2]. On 11 March 2020 the WHO declared the COVID-19 outbreak a pandemic [3]. As of 18 February 2021, 109,206,497 cases of COVID-19 have been reported including 2,407,469 deaths [4]. Updated figures for the UK - alongside local breakdowns - can be obtained via this government dashboard.

On 2 December 2020, the MHRA approved the Pfizer vaccine for use within the general population. In the same month, the use of the AstraZeneca vaccine (developed by Oxford University) was authorised for use in the UK followed close behind by the Moderna vaccine in January 2021. To date, over 32 million UK citizens have already received either the Pfizer or AstraZeneca vaccine; the Moderna vaccine will be deployed later this year for use amongst younger demographics.

Three major COVID-19 Variants of Concern (VOCs) have been detected in the UK between December 2020 and February 2021. In December, a variant of COVID-19 (VOC-202012/01) was identified; its point of origination was potentially identified in Kent. This variant has gone on to become the dominant form of COVID-19 in circulation nationally. The following month, a variant

believed to have originated in South Africa (VOC-202012/02) was first detected in the UK. Soon after a third variant (VOC-202101/02), believed to have originated within Brazil, was identified within 3 UK residents on 22 February 2021. Further details on variants identified in the UK can be found here.

As well as being significantly more transmissible, preliminary evidence now suggests that these new variants may cause more severe illness amongst those infected, leading to increased risk of hospitalisation. More concerningly still, laboratory evidence suggests that antibodies generated by vaccination work less well on the variant originating in South Africa. It is therefore of utmost important that these Variants of Concern not be permitted to spread and undermine the success of the National Vaccine Programme.

Individuals coming into the UK from countries that have reported cases of the South African variant are required to isolate either in quarantine facilities or at home and perform PCR tests on day 2 and 8. Although no surge testing for new variants have been required in MC and KCC, door-to-door testing was launched in the ME15 postcode (Maidstone area) in Kent for 3 days from 2 February 2021. This was to better understand the prevalence of novel strains in the community, particularly that of the South African variant. Over 9,600 test kits were disseminated. Initial findings have not at this stage identified new variants, but sequencing of these tests is ongoing.

That said, the successful roll-out of the UK vaccination programme has enabled the UK Government to design and announce a roadmap out of lockdown in the hopes that this exit will be the last required. A comprehensive breakdown of this 4-step plan can be found here. The government has also begun to consider how to facilitate post-pandemic recovery, both economically and societally; up to date information on these plans can be found here.

While WHO predictions suggest that this pandemic is likely to extend into 2022, the availability of vaccines, clinically effective treatments and local and national best practice puts Kent County Council and Medway Council in a strong position to protect and support its residents effectively while this virus continues to pose a threat.

1.1. Purpose & Scope

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

The LOMP is based on Public Health Outbreak Management Standards [8], and health protection functions for local government. These functions are outlined in Health Protection in Local Government Guidance [9] placing primary health protection roles at both District/Borough and County Council level, with other functions sitting with PHE and the Guiding Principles for Effective Management of COVID-19 at a Local Level [10]. Alongside the LOMP, Kent and Medway have developed a publicly available Testing Strategy Slide Deck (hyperlink to be inserted once

published) providing information on current testing strategies for various settings including community testing, education, care homes, hospitals, and workplace. These strategies include what test to take, frequency of test, and what methods are available to obtain tests.

The LOMP includes:

- Kent County Council (KCC) and Medway Council's (MC) resilience and recovery strategies including their work with key settings, communities, and populations to prevent, identify and control outbreaks, facilitate communication, and meet any additional needs.
- Specific roles, responsibilities, and individual arrangements across Kent Resilience Forum (KRF) partner organisations in relation to the prevention, identification, and reaction to COVID-19 outbreaks.
- KRF-wide information and communication flow maps including key processes to be followed proactively day-to-day (e.g. infection control) and in the case of COVID-19 outbreaks.
- Trigger points for escalation and deployment of certain processes
- Existing national, regional, and local level plans (e.g. Action Cards & Standard Operating Procedures) for high-risk locations & vulnerable populations
- Proactive and reactive communications and engagement plans including prepared / example materials and data usage to tailor messaging.

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

1.2. Linked plans

The LOMP builds on the following plans:

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

2. Kent and Medway in Context

An estimated 1.8 million people live in Kent and Medway [11]. KCC is an UTLA and comprises 12 borough & district councils inhabited by circa 1.5 million people [12]. MC is a ULA with circa 280,000 residents [13]. Together, they make up one of the most densely populated areas in England.

2.1 Health Needs of Residents

- Life expectancy at birth is similar to England's national average [14] in Kent and lower than national average in Medway for men (79.9 in Kent, 79.0 in Medway) and women (83.4 in Kent, 82.6 in Medway) [15].
- Adult smoking (15% in Kent, 14.7% in Medway) and overweight or obesity prevalence (64.2 % in Kent, 69.6% in Medway) are similar to England's national average [15]. Obesity is known to be a COVID-19 risk-factor [16].
- Increasing age is known to be a COVID-19 risk factor [16] and 19.4% of Kent's [17] and 15.9% of Medway's residents [13] are aged 65+.
- Non-white ethnicity is also known to be a COVID-19 risk-factor [16]. In Kent, 6.6% of the population are of Black Asian and Minority Ethnic (BAME) origin with the largest single BAME group represented by Asian Indians at 1.2% of the total population [18]. In Medway, 10.4% of the total population identified as BAME with Asian Indians the largest proportion at 2.7% [19]
- A 2016 report found there to be significant inequalities in the health outcomes, health behaviours, risk factors and wider health determinants among Kent and Medway's residents, with premature mortality from respiratory disease 3 times higher amongst the most deprived compared with the least deprived [20].
- The mortality gap between least and most deprived is widening suggesting increasing health inequalities [14].

2.2 Health & Social Care Landscape

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

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

- 1 Ambulance Service
- 1 Clinical Commissioning Group (CCG)

2.3 The Impact of COVID-19

Cases

As of 29 March 2021, there has been a total of 113,901 and 26,032 lab-confirmed cases of COVID-19 in Kent and Medway respectively since the beginning of the pandemic [21]. That said, Medway and Kent's weekly infection rate has reduced substantially from 75.4 and 66.6 cases per 100,000 on 18 February 2021, to 34.5 and 36.1 cases per 100,000 respectively [21]. This decline in case numbers across both Medway and Kent has been accredited to lockdown measures and the success of the vaccine programme and asymptomatic testing efforts; that said, these declines have appeared to level off in several districts, suggesting considerable care must still be taken as we look to loosen social and economic restrictions.

Furthermore, there are still continued worries about compliance with social distancing and infection control measures across both care and commercial settings at this time, particularly in the context of novel Variants of Concern. Testing and PPE fatigue remain major issues for key workers and the public alike.

COVID-19 Vaccine

The UK has authorised the following vaccines for use:

- Pfizer/BioNTech vaccine
- Oxford/AstraZeneca vaccine
- Moderna vaccine

Vaccination for COVID-19 requires two doses be given, spread 12 weeks apart; while one dose is sufficient to confer significant protection from the virus, two doses are optimal.

To date, the UK has inoculated over 22 million people, primarily coming from key groups identified by the Joint Committee on Vaccination and Immunisation (JCVI). These include:

- Residents in a care home for older adults and their carers
- All those 80 years of age and over and frontline health and social care workers
- All those 75 years of age and over
- All those 70 years of age and over and clinically extremely vulnerable individuals.

The impressive speed of the vaccination programme (further detailed here) has meant that those over 50 years old, those with pre-existing health conditions in younger age groups, and those will learning disabilities have also started to be invited for inoculation. It is hoped that by the end of July, all adults will have been offered their first dose of a vaccine. Research is currently underway to verify the safety of these vaccines for children and pregnant women and the viability of Vaccine Passports.

Vaccination is not enforced, and any instances of vaccine hesitancy are being monitored locally and nationally to inform targeted support and outreach programmes. Within previous national vaccination programmes in the UK, reported vaccine uptake has been lower amongst certain groups, including those from minority ethnic groups, homeless populations and those living in areas of deprivation [22]. Therefore, in response to barriers to vaccine uptake including access barriers, perception of risk, health literacy, socio-demographic context, vaccine distrust, and experience of minority ethnic groups, MC and KCC developed the COVID-19 Vaccine Inequalities Programme Oversight Group (POG). This group seeks to reduce barriers to and variation in the uptake of the COVID-19 vaccine amongst key population groups to contribute to a reduction in healthcare inequalities in Kent and Medway (see Annex 13).

Diverse delivery models are used to maximise uptake and reduce vaccine inequalities:

- Hospital Hubs - places where the vaccine is received and administered (William Harvey, MFT etc)
- Vaccination centres - larger sites to vaccinate staff not on hospital sites and general populations; includes culturally familiar locations (e.g., Churches, Mosques, community centres etc.) to reduce public scepticism and vaccine hesitancy.
- PCN centres - to vaccinate NHS community staff.
- Roving Model - for those who are in care homes, are housebound or who are unlikely to seek vaccination otherwise.

COVID-19 Response Spring 2021 (Roadmap)

The success of the national vaccination programme has renewed discussions around how to safely exit from lockdown through the cautious easing of restrictions. On 22 February 2021, the Prime Minister presented the Government's roadmap for leaving lockdown. This is a four step, data-driven process designed to maximise the likelihood that this exit from lockdown shall be the nation's last. Graduation from each step will be determined by its performance against four key tests: 1) the vaccine deployment programme continues successfully 2) there is continued evidence for the efficacy of vaccines in reducing hospital admissions and deaths is available 3) infection rates show no sign of risking surges in hospitalisation rates and 4) there is no new change in risk due to new Variants of Concern. There will be a minimum of 5 weeks between each step. Further details about the 4 steps can be accessed here.

The process began with the careful reopening of schools scheduled for 8 March 2021 (Step 1). While face-to-face tuition for all students is supposed to start on this date, larger secondary schools have staggered this restart over two weeks to facilitate screening via rapid testing and for the safety of staff and pupils alike. This first step out of lockdown has expanded allowances for outdoor social gatherings and sports activities from 29 March 2021.

Step 2, starting no earlier than 12 April 2021, will aim to see the return of non-essential retail, public buildings, leisure facilities, hospitality venues (for outdoor service) and personal care services (hairdressers and nail salons). Most outdoor attractions and settings will also reopen although wider social contact rules will still apply to prevent indoor mixing between different households. Self-contained accommodation, including holiday lets for those in single households,

can also reopen.

Step 3, starting no earlier than 17 May 2021, will aim to see the end of most social contact rules – although gatherings of over 30 people will remain illegal. Indoor entertainment will still apply the rule of 6 or 2 household caps, though this will remain under close review.

Step 4, starting no earlier than 21 June 2021, will aim to see the end of all legal limits on social contact, the reopening of nightclubs, large events and performances and, potentially, the removal of all limits on weddings and other major life events.

3. Legal Context

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

3.1. Coronavirus Act 2020

Under the Coronavirus Act [23], The Health Protection (Coronavirus, Restrictions) (Steps) (England) Regulations 2021 as amended [24] sets out the current restrictions and regulations in place as well as the powers that DPHs from UTLAs and ULAs can draw on in order to respond to an outbreak and control the transmission of COVID-19 in its area. They will have the authority to close individual premises and public outdoor places as well as restrict events with immediate effect if they conclude it is necessary and proportionate to do so without making representations to a magistrate. The use of these powers should be an option of last resort where individuals or organisations are unable, unwilling, or opposed to taking actions that reduce the spread of this virus. The powers of the police to enforce restrictions, closures and lockdown measures also flow from these regulations (see **Annex 9**).

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

In exercising any of these powers the UTLA/ULA must notify the Secretary of State as soon as reasonably practicable after the direction is given and review to ensure that the basis for the direction continues to be met, at least once every 7 days. UTLA/ULAs may also seek support from ministers to use powers under the Coronavirus Act 2020 [23] to close schools or limit schools to set year groups attendance, to cancel or place restrictions on organised events or gatherings, or to close premises.

3.2. Health Protection Regulations 2010 (as amended)

The powers contained in the suite of The Health Protection (Coronavirus, Restrictions) (Steps) (England) Regulations 2021 sit with district, borough council and ULA Environmental Health teams. This legislation has come into force as legislation for the National Spring Roadmap and allows LA the authority to apply step-by-step restrictions, close individual premises and public outdoor places as well as restrict events with immediate effect if they conclude it is necessary and proportionate to do so without making representations to a magistrate.

The Health Protection Regulations 2020 [24] allows a LA to apply restrictions on holding gatherings, close businesses or premises during emergency periods including under local COVID-19 Alert Levels.

The Health Protection (Local Authority Powers) Regulations 2010 [25] allows a LA to serve notice on any person with a request to cooperate for health protection purposes to prevent, protect against, control or provide a public health response to the spread of infection which could present significant harm to human health.

The Health Protection (Part 2A Orders) Regulations 2010 [26] allow a LA to apply to a magistrates' court for an order requiring a person to undertake specified health measures for a maximum period of 28 days. These Orders are a last resort, requiring specific criteria to be met and are labour intensive. These Orders were not designed for the purpose of 'localised' lockdowns, so it is possible that there may be a reluctance by the Courts to impose such restrictions and the potential for legal challenge.

3.3. Data Sharing

There will be a proactive approach to sharing information between local responders, in line with the instructions from the Secretary of State, the statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act 2004 [27]. Further details regarding data sharing and information governance can be found in **Section 8.4.**

Local NHS Trusts have requested access to pre-admission COVID 19 test data (particularly Pillar 2) from PHE before Christmas. The purpose of this is to improve and optimise inpatient care management and flows in order to reduce nosocomial infection and hospital mortality rates. PHE have responded, stating there are two option for accessing:

1. NHS Digital who should be able to release the data via existing NHS secure routes, subject appropriate authorization and controls in place.
2. PHE have entered into an enhanced data sharing agreement with LAPH to assume full data controller rights to testing data via the COVID19 Situational Awareness Explorer dashboard. This means LAPH teams have the authority to share testing data (for their population footprint) onward with other parties, subject to the same controls and legal bases as mentioned above.

An urgent request was escalated via the regional NHS E/I incident control centre by the Kent PH team just before Christmas 2020, but no positive response was received in time. In light of rising case and death numbers locally, it was agreed for Kent Public Health to proceed at risk and make interim arrangements to extract and flow data via secure encrypted email to East Kent Hospital Trust BI team, who were the first to request this. The data being shared is simply NHS number of patient, date of test and Pillar type. A DPIA and DPA was prepared and submitted to the Trust who raised no objections to arrangement. Submission was also made to KCC DPO team who responded in early March citing a number of corrections and suggestions DPIA quality improvement.

The data sharing project is mentioned here on the ODI Leeds website. To date, over 1500 in patients in EKUHFT had their pre-admission testing status updated as a result of this data sharing project and delays in arranging additional testing for admitted patients were reduced

considerably. Despite repeated emails and requests, there has been little progress made from NHS Digital to share such data with local acute trusts on a routine basis.

Data is currently being shared with 3 out of the 4 acute trusts within the local area. A statistical evaluation is under way to determine whether there could be any further improvements made to key hospital indicators but so far, the response from local Trust BI teams has been overwhelmingly positive.

4. Theme 1 - Governance Structure

The *Guiding Principles for Effective Management of COVID-19 at a Local Level* sets out that ULA and UTLA Chief Executives, in partnership with the Director of Public Health and Public Health England Health Protection Team, are responsible for signing off the Local Outbreak Management Plan [10]

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

4.1. Kent and Medway Health Protection Board

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

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

4.2. Kent Resilience Forum – Strategic Coordinating Group

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

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

4.3. Kent and Medway Local Outbreak Engagement Board

As stipulated by the DHSC, there is a need for a Local Outbreak Engagement Board (LOEB) to provide political ownership & facilitate public and stakeholder engagement for the COVID-19 Local Outbreak Management Plan. In Kent and Medway, the LOEB will be the Kent and Medway Joint Health and Wellbeing Board. Operationally there are additional layers of engagement and

governance, that sit within the structures of KCC and MC. These structures serve to enable the LAs to discharge their specific public health responsibilities. They also serve to ensure oversight of other elements of LA specific responsibilities. For example, there will be regular member engagement through the Kent Leaders Forum comprising elected council leaders from all LAs across Kent and Medway.

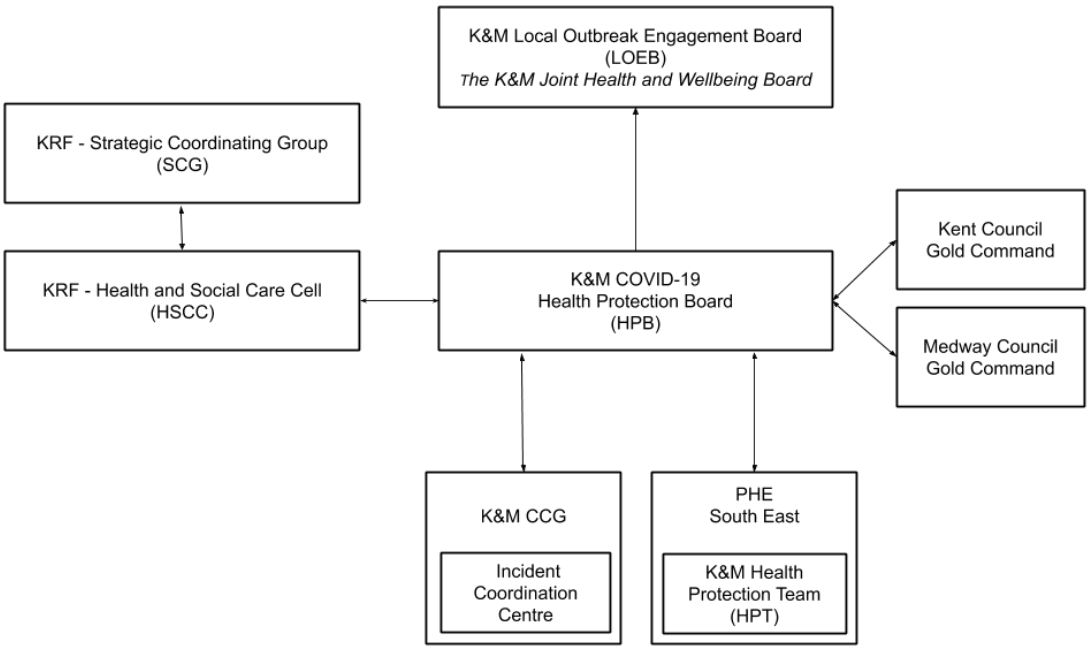

Figure 1 – Governance Structure of Local Boards

5. Themes 2 & 3 - Identification of Complex Settings

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

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

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

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

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

Complex Setting	Location of Action Card
Care Settings	Appendix 1
Schools & Other Educational Settings	Appendix 2
Other Health and Social Care Settings	Appendix 3
Shelter Refuges and Hostels	Appendix 4
Prisons & Detention Facilities	Appendix 5
Other Workplace Settings	Appendix 6
Transport arriving at Ports and Borders	Appendix 7
Other Transport	Appendix 8
Outdoor Settings	Appendix 9

6. Theme 4 - Testing

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

The national testing response was initially grouped around four pillars – information on each is provided below:

- Pillar 1: PCR swab testing in PHE labs and NHS hospitals for those with a clinical need, for health and care workers, and to help manage outbreaks - including in care homes. Tests are conducted in hospitals and outbreak locations. P1 capacity is made up of NHS and PHE labs across the devolved administrations. Each devolved administration is responsible for the utilisation of their testing capacity.
- Pillar 2: PCR swab testing for the wider population administered by commercial partners across the UK. Tests are provided through regional testing sites, mobile testing units, surveillance sites and home testing kits and are processed at Lighthouse labs.
- Pillar 3: Antibody testing administered by PHE. These are serology tests to show if people have antibodies from having had COVID-19.
- Pillar 4: PCR swab testing for large-scale surveillance studies on the spread of COVID-19. Tests are administered by PHE and commercial partners.

For the purposes of the LOMP, we will primarily discuss PCR antigen testing as this is the core method used for testing, contact tracing and outbreak management in Kent and Medway. However, new rapid testing technologies are being deployed across the UK and are starting to be operationalised in clinical settings e.g., LamPORE rapid tests and options that utilise lateral flow technology.

6.1. Access to Tests

Depending on the situation and setting, there are different routes by which a person can access testing. The NHS Test & Trace (NHS T&T) system is the main route of public access to tests for COVID-19 [28]. These include home test kits, drive through regional test sites, satellite test sites, mobile testing units and dedicated local testing centres. In addition to these, there are testing systems set up by NHS hospitals and other commercial testing facilities.

Residents are only eligible for PCR testing if they are symptomatic of COVID-19. However, in light of new evidence showing that people infected with COVID-19 who are either pre-symptomatic or have very mild or no respiratory symptoms (asymptomatic) can transmit the virus to others without knowing, both KCC and MC have instituted their own asymptomatic testing offering. All residents are eligible to opt into this service; those who are key workers or are unable to work from home are most encouraged to take part in regular asymptomatic lateral flow testing.

Lateral Flow Tests (LFTs) for COVID-19 process human nasal swabs, throat swabs, or sputum samples with a Lateral Flow Device (LFD). If SARS-CoV-2 antigens are present in the person's sample, a coloured line appears on the device after 10-20 minutes, signalling a positive result; its absence – after 30 minutes of waiting - indicates a negative result. LFTs have previously been used to great effect in mass testing pilot studies. In Liverpool, over 122,000 residents have tested for COVID-19 using LFTs; just over 1,200 LFTs have returned positive tests. Liverpool's success reducing their rate from 635 per 100,000 in mid-October to 106 per 100,000 was largely attributed to these mass testing efforts.

Kent and Medway's asymptomatic testing programme is operating in accordance with a framework provided by the Department of Health and Social Care: those identified as most appropriate for regular testing are contacted via text, NHSNoreply or letter and all tests are booked in advance via an online self-registration form. Once completed, individuals will be allocated a test slot and/or test group. Once at the test site, test subjects will have to register their attendance via the digital platform RegLite (this will be accessible through a QR code or weblink). Finally, test operatives at the testing site will be able to log results using the mobile app "Log Results". If the result of LFD is positive, the person in question will be asked to perform a confirmatory PCR swab and self-isolate for 10 days (in line with normal NHS Test and Trace procedures). The details of positive cases and their most recent movements and contacts will then be entered into local and national Test and Trace records to alert said close contacts to seek testing if symptomatic and to break additional chains of infection.

To better monitor staff health and facilitate safer entry, Lateral Flow Devices (LFDs) are now utilised within healthcare, educational, care and workplace settings. The use of LFDs prioritised key and essential workers (and their dependants) in the first instance including those that work within blue light services, social care, education, the military, and within critical infrastructure. Access was then rolled-out to those residing in local COVID-19 hotspots and those unable to work from home. This programme is now ubiquitous, and residents in both Kent and Medway are encouraged to seek asymptomatic testing. The MHRA has explored the value of enabling personal, at-home use of this technology amongst the public with LFD home test kits available to eligible individuals including school staff and adults with primary and secondary schoolchildren.

As part of the expansion of the asymptomatic testing to support the return to a more normal way of life and ease lockdown restrictions in the coming weeks, the Government has increased the ways in which people will be able to access rapid lateral flow self-tests so that they can test themselves on a regular basis at home. Both Medway and Kent have the discretion to expand eligibility for the use of home-test kits via community testing in accordance with local priorities. This expansion will enable disproportionately impacted communities and groups most at risk of transmission or infection to have access to self-tests or home test kits.

Furthermore, the expansion of asymptomatic testing includes community click and collect from nearest collection points of which residents can find their nearest point here. Additionally, pharmacy collect is underway, enabling asymptomatic people to collect LFD test kits free of charge from community pharmacies so they can undertake self-administered regular testing away

from pharmacy e.g., their homes. The pharmacy however is not involved in the generation of test results, supporting the reporting of results or the next steps for the person taking the test. With all community testing at an asymptomatic testing centre, via home-test kits including pharmacy collect, a confirmatory PCR test is required following a positive LFD test result.

Medway and Kent County Council have launched 5 and 24 permanent asymptomatic testing sites for residents to choose from respectively; the exact addresses of these testing facilities can be found within **Annex 11.** Multiple pop-up sites have been provided to meet surges in local asymptomatic testing requirements. Over 600,000 tests have been conducted since this asymptomatic offering was made more broadly available for residents.

The NHS T&T locations for Kent and Medway are demand responsive and therefore change on a continual basis. A combination of regional, local, satellite, mobile and asymptomatic test sites provide coverage for Kent and Medway residents either by foot or by car. Details of current locations of the Kent and Medway NHS T&T sites are available from hscc@medway.gov.uk.

Further details on ensuring adequate testing access for Kent and Medway's workforce can be found in **Section 6.3.**

6.2. Testing Results and Outcomes

National guidance for the public concerning test results can be found here [29]. In the event of a negative result, no further action is needed from the NHS T&T service. However, those who have been notified to have been in close contact with someone with COVID-19 or know themselves that they have been in contact with a person who has COVID-19, must self-elf-isolate for 10 days [30]. In the event of a positive test result, contact tracing services will be initiated. The PHE HPT is notified when individuals from high-risk settings require follow up. NHS Trusts inform PHE about outbreaks, but not single cases. All results processed through accredited labs are added to the SGSS which feeds into NHS test and trace. Support for those that need to self-isolate can be found in **Appendix 11**.

6.3. Assuring Local Testing Capacity

An assessment of the current use of mobile, satellite and drive through testing units, levels of need and COVID-19 infection rates in Kent and Medway, will enable risk and interventions to be aligned to support outbreak management. Testing data will be reviewed by the KRF COVID-19 Testing Cell who have oversight of arrangements for testing of:

- Essential workers (including staff from Kent and Medway's local public sector agencies, national public agencies based in or assigned to Kent and Medway, suppliers of essential services/contractors, agency workers, interims or consultancies directly engaged by Kent and Medway's public agencies, and other organisations or businesses who are directly assigned to support the response). A list of key workers can be found here [31]
- Wider resident testing as per government guidance (including care home residents and those in group living settings such as extra care, supported living and prisons in Kent and Medway)
- Asymptomatic testing is underpinned by additional point of care testing laboratory capacity.

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

KCC and MC will be required to support Pillar 1 of the national testing strategy [32]; to scale up NHS swab testing for those with a medical need and, where possible, the most critical key workers and also for outbreak management. If enhanced support and testing capacity is required, DPHs can escalate to the national government command structure.

In the instance of increased demand on the testing system leading to a reduction in availability of booking for Pillar 2 testing, the COVID-19 Testing Workstream will work with acute trusts to ensure key workers are still able to access testing under Pillar 1, that Pillar 1 testing can be used to respond to outbreak and that PCR testing is prioritised over antibody tests.

It is hoped that the widespread adoption of lateral flow testing will reduce the burden placed on central and local PCR testing capacities.

7. Theme 5 - Contact Tracing & Outbreak Management

7.1. Contact Tracing

The Trace component of NHS T&T is an integrated service to identify, alert and support those who need to self-isolate. It is run by the Contact Tracing and Advisory Service (CTAS) which is jointly led by NHS England and PHE and is made up of three tiers of contact tracers. The roles of each CTAS tier are outlined in **Figure 2**.

All positive cases are initially referred to Tier 2 CTAS from a range of NHS T&T testing sources who will then obtain further information on details of places they have visited, and people they have been in contact with. These contacts are risk-assessed according to the type and duration of that contact. Those who are classed as 'close contacts' are contacted and provided with advice on what they should do e.g. self-isolate. Depending on the case or setting complexity, contact tracing and other health protection functions may be escalated to be handled by one of the higher CTAS tiers.

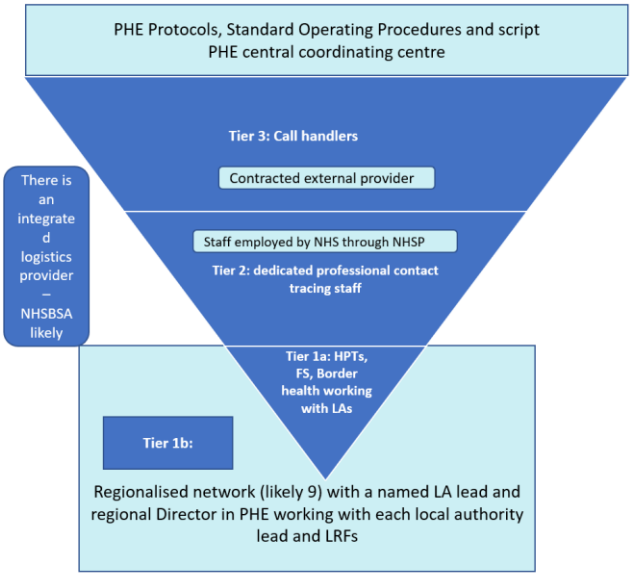

Figure 2 – Contact Tracing Advisory Service (CTAS) Contact Tracing Tiers

- **Tier 3** – Around 20,000 call handlers have been recruited by external providers under contract to DHSC to provide advice to contacts using national standard operating procedures (SOPs) and scripts as appropriate.
- **Tier 2** – Around 3,000 dedicated professional contact tracing staff have been recruited by NHS providers to interview cases to determine who they have been in close contact with in the two days before they became ill and since they have had symptoms. They will also handle issues escalated from Tier 3. Appropriate advice following national guidance is given to cases their close contact and settings/communities as appropriate. These cases will include healthcare and emergency services, complex and/or high-risk settings such as care homes, schools, prisons/places of detention, workplaces, health care facilities and

transport. Hard to reach cases are referred onwards to the LA's local Test and Trace services and Service Hub under DHSC Team for further investigation.

- **Tier 1** – As of 18 March 2021 individual cases are no longer escalated to Tier 1. Specific cases are now escalated to Tier 1 under a revised referral criterion to be processed by HPTs. These criteria include:

- Cases with concern about identifying a person. For instance, a case refuses to provide information on who they work with.
- Cases or contacts who are unable to comply with restrictions. For instance, complex social issues or homelessness.
- Case identifies potential outbreak. For instance, reports of other cases in the workplace or the location/setting where case came from has limited social distancing.
- Safeguarding concerns. For instance, welfare concerns that cannot be followed up through local authority welfare protocols.
- Cases attempting to leave the country.
- Case has unidentified direct contacts within their household. For instance, a shared house where case does not have contact details of other residents.
- Likely media/political concerns/interest. For instance, high profile individuals or those likely to attract media interest.

For the Kent and Medway localities, Tier 1 contact tracers are the PHE HPT available at ICC.kent@phe.gov.uk or 0344 225 3861. As outlined in **Section 7** and **Figure 3,** complex cases can be referred to PHE HPT contact tracers via several routes:

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

In addition, there is the NHS T&T App, which has been designed to work alongside the traditional tiers of contact tracing services detailed above. Contact tracing through the App works by detecting and logging other nearby App users. If any of those users later test positive for COVID-19, any other users who have recently been in close contact will receive an alert advising them to isolate. Local businesses have been asked to support this aspect of contact tracing by creating and displaying an NHS T&T QR code for their venue.

Outbreak Investigation and Rapid Response (OIRR) plan is currently used in MC and KCC as an enhanced service of contact tracing led by LA Public Health and Environmental Health Officers. In addition, the Local Contact Tracing Partnership (LTP) was rolled out in November 2020 to provide a balance between both local and national responsibilities whilst recognising the local context of contact tracing. MC and KCC have both delivered a locally supported contact tracing

service in association with the wider national NHS T&T programme. If the national NHS T&T team cannot contact a Medway or Kent resident who has tested positive for COVID-19 within the first 24 hours of receiving a result, they are then then passed to the councils' contact tracing team via CTAS, who use local data and community knowledge to follow up. This has enabled a more tailored approach to contact tracing and to supporting local residents.

Those who are asked to go into self-isolation by NHS Test and Trace (after returning a positive test or after being identified as a close contact of a case) can apply for £500 in central government support. Eligibility requirements for making this claim can be found here.

7.2. Outbreak Definition & Plan Activation

An outbreak is defined as two or more cases (suspected and/or confirmed) linked in place and time [33]. The LOMP may therefore be triggered when there are suspected or confirmed COVID-19 outbreaks in any setting type. It should be noted that most outbreaks will be managed through business-as-usual measures.

The LOMP will also be triggered when there is clear indication of community spread of the virus locally (i.e. a rising tide situation where either a number of different locations report outbreaks or there are a number of community cases with no obvious immediate links between them in the context of increasing incidence rates) or there are indications that the additional capabilities of the SCG may be needed.

The LOMP and its relevant mechanisms will only be activated following appropriate risk assessment and discussion between agency partners (as detailed in **section 7.3**)

7.3. Outbreak Response

In the event of an outbreak occurring in a particular setting, the steps listed in **Table 2** will be taken. A summary overview of the outbreak response within a defined setting can be found in **Figure 3**. In the event there is indication of community spread of the virus (as defined in **Section 7.2**) required the steps listed in **Table 3** will be taken.

These steps may vary slightly depending on the situation and circumstance of the outbreak and will be tailored to the nuances of each situation drawing on local intelligence (see **Section 8**). This is in line with the LA PHE Joint Action Plan SOP (see **Annex 2**) and the National Government's Contain Framework [34]

Table 2 – Steps to be Taken in Response to an Outbreak within a defined setting (e.g. school, care home)

STEP 1 – Initial Risk Assessment & Contact KCC/MC Single Point of Contact (SPOC)
After being alerted of new outbreaks, the PHE HPT will contact the relevant setting to ensure all actions have been taken by the setting in question to identify contacts and manage any ongoing risk of transmission in line with national guidance. The PHE HPT will provide public health advice either by email or verbally. They would then conduct a risk assessment to determine the complexity of the situation and whether further measures may need to be taken. If it is decided that additional support may be required, PHE HPT will inform the relevant DPH by email or phone via the existing emergency planning route. Together they will have a joint discussion to develop a deeper understanding of what caused the issue, identify possible solutions and the next steps to be taken. Based on the outcomes of the expert risk assessment and these discussions, the DPH and PHE HPT will also decide whether it is necessary to convene an Outbreak Control Team (OCT).
STEP 2 – Infection Control & Response to Enquiries
If it is decided that an OCT should be convened, PHE HPT and the DPH will identify and contact key stakeholders to form the OCT. The OCT will be responsible for agreeing the outbreak response plan moving forward including deciding the roles of the multi-agency response, the measures they will take and what resources will be required to deliver the response (see **Annex 3**). The relevant members of the OCT would also follow up with the setting's occupational health departments or other points of contact and support the affected setting on operational issues (e.g. sourcing PPE, staff capacity, removal of dead bodies & care provision). Any situation updates will be fed back to the Health Protection Board, a multi-agency meeting led by the Public Health Departments of both counties and incorporating stakeholders from the local Public Health England Health Protection Team, the 12 district and borough council Environmental Health teams, the Kent Resilience forum, the local CCG and other key decision-making partners. This Board meets weekly to provide strategic oversight for Kent and Medway's Local Outbreak Management Plan and address key challenges to curbing transmission rates.
STEP 3 - Perform Enhanced Testing & Contact Tracing
Testing of people within complex settings may be advised by the OCT. Testing will be done in collaboration between the local authority, PHE and the DHSC, including mobilising existing Mobile Testing Units where necessary. KCC and MC may need to supplement testing and contact tracing efforts through NHS mutual aid, mutual aid from environmental and public health teams at district (see **Annex 7**) and borough councils, external partners who have undergone training (see **Section 6.3**).
STEP 4 – Continue to Monitor Intelligence
The setting will continue to be monitored by the OCT closely using regular intelligence updates as detailed in **Section 8.**
STEP 5 – Facilitate Closures and/or Targeted Restrictions of that Setting

If the virus continues to spread, activities at that setting may be restricted or required to close (see S**ection 3.1**). This will be decided by the OCT based on a risk assessment. Additional multi-agency national incident resources will be deployed to bolster local resources to respond to the incident if necessary. Special powers may also need to be invoked, depending on the resistance that is put up by the setting or persons required to isolate. There are several that can be utilised so the OCT will need to determine the most appropriate. If any legislative powers are used, the DPHs are required to notify the Secretary of State as soon as reasonably practicable after the direction is given and review to ensure that the basis for the direction continues to be met, at least once every 7 days.

Table 3 Steps to be taken in response to the community spread of COVID-19 (i.e. rising tide scenario)

STEP 1 – HPB Monitors Intelligence
The HPB continuously monitors the local situation and through intelligence and situation reports presented at the weekly meeting. The KRF COVID-19 Enforcement Cell will also review, and risk assess any upcoming events against this for recommendation for approval (see **Section 8**).
STEP 2 – Indication of Community Spread and Decision to Convene an OCT
If there is indication of community spread of the virus (see S**ection 7.2**) or where it looks like the capabilities of the SCG may be required, then the HPB will convene an OCT. The DPH would invite key members and stakeholders to the OCT including representatives from the KRF SCG.
STEP 3 – Role of OCT & Facilitation of Enhanced Restrictions/Closures/Outbreak Control Measures
The OCT will allow for dedicated time to discuss the situation, gather more detailed intelligence, and decide what additional communicable disease control measures may need to be put in place. The OCT will need to anticipate and respond early as any measures taken will take several weeks to have an effect. They may therefore start by implementing some smaller targeted Outbreak Control measures and restrictions early on – especially in response to soft intelligence e.g. police reporting raves, no mask wearing. Depending on the prevalence of cases within that LA, the OCT may also decide to encourage people in the community to get tested. KCC and MC may need to supplement testing and contact tracing efforts through NHS mutual aid, mutual aid from environmental and public health teams at district (see **Annex 7**) and borough councils, external partners who have undergone training (see **Section 6.3**). All decisions made should be in partnership/consultation with people in the community and settings who would be affected. Any situation updates will be fed back to HPB.
STEP 4 – Escalate Concerns to National Stakeholders
If all previous measures taken are unable to stop the spread of the virus within the community or the scale/type of outbreak calls for the use of wider or more intrusive powers, then decision-making may be escalated to the national level. Escalation to this point may be requested by LAs themselves or come at the direction of the national government.

In addition to this, national government will work with local leaders on a case-by-case basis to determine if there should be additional bespoke restrictions and measures should be implemented that go beyond this baseline – this may include the closure of gyms, casinos and leisure centres or the resumption of shielding, and the accompanying support, for clinically vulnerable residents within that area. Non-essential retail, school and universities will remain open in all levels, however. These measures will be kept under constant review.

Any decision about local restrictions will involve discussion with LA members and MPs; these restrictions must be balanced with the overarching need to maintain long-term community compliance and goodwill and must factor in how the financial impact of these restrictions might differentially impact portions of the overall population.

If a tactical response is required, the KRF SCG will be stood up (see **Section 7.4**) and additional multi-agency national incident resource will be deployed to bolster local resources to respond to the incident.

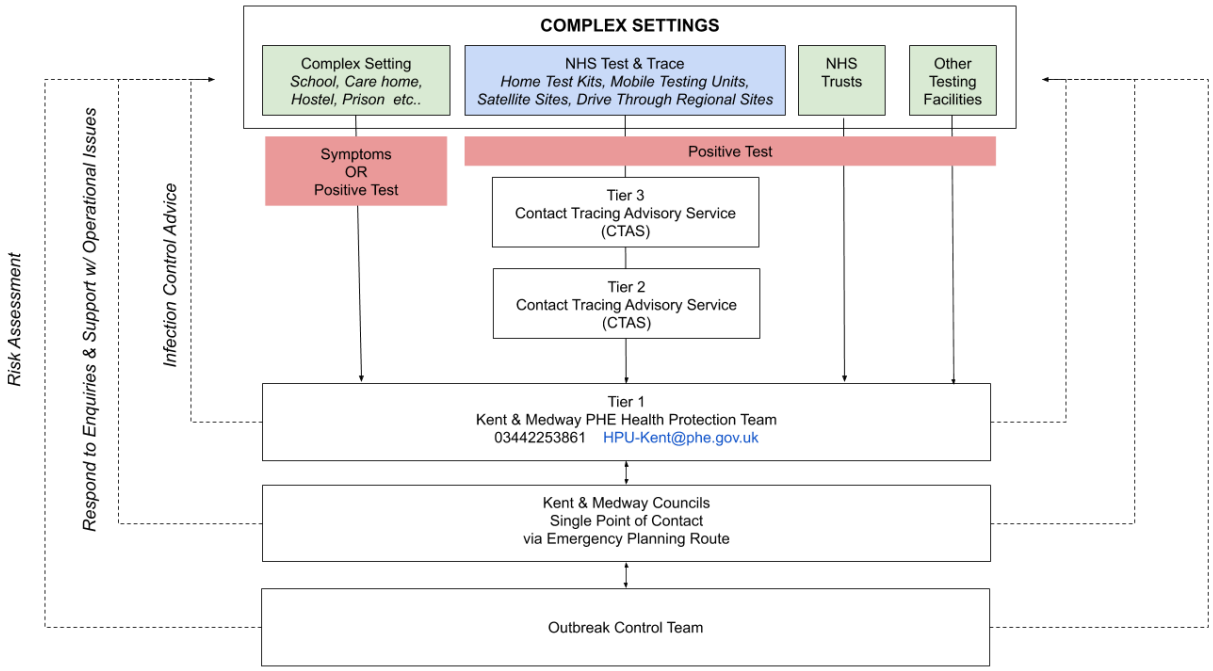

Figure 3 – Referral Routes of Cases in Complex Settings to the PHE HPT and the Required Responses. The different routes by which a positive or suspected case of COVID-19 in a complex setting can be referred to the PHE HPT. BLUE boxes = testing facilities that are part of the NHS T&T system and results are therefore automatically fed through to PHE CTAS. GREEN boxes = testing facilities that may need to manually notify PHE HPT of a positive test result to ensure timeliness of notification.

7.4. Decision to Escalate and Stand Up KRF SCG

The decision to escalate and stand up the KRF SCG will be scenario dependent and will need to account for a variety of factors rather than any single trigger. This decision will most likely be in response to a scenario whereby there is a sustained increase in positivity rates and/or case

numbers that are not being managed by standard infection control measures and which look to result in enhanced infection control and/or supportive measures being put in place within a particular area.

An OCT would be responsible for making the final decision about whether to escalate and stand up the SCG (if not already stood up). This decision would usually occur in tandem with the decision to escalate to the Chief Executive of the affected Local Authorities.

The DPH and/or SCG members of the OCT (if applicable) would request the KRF SCG to stand up via the procedures outlined in the *KRF Pan Kent Strategic Emergency Response Framework.* Other KRF cells, such as the KRF COVID-19 Vulnerable People and Communities Cell, may also need to be activated by the KRF SCG. The KRF SCG will ensure all their activities, including COVID-19 response updates, are then communicated to local, regional and national partners as well as other key stakeholders via the KRF - Media & Communications Cell. If the KRF SCG decides an operational response is required, they will communicate this to the KRF TCG who will coordinate the response as detailed in the *KRF Pan Kent Strategic Emergency Response Framework*.

To ensure partner agencies have oversight and are fully informed of any upcoming situation, the following communication channels are also in place; (i) a weekly HPB meeting (ii) regular TCG meetings on which KCC and MC public health representatives sit (iii) a twice weekly HSCC meeting on which TCG representatives sit (iv) regular SCG Chairs meetings on which the DPHs sit.

7.5. Infection Control

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

If there are debilitating shortages, eligible health and social care providers within Kent and Medway can also order PPE through this dedicated government portal. Lateral Flow Tests are also distributed to highly sensitive settings via the DHSC; NHS staff members and school and care home employees are encouraged to self-test using Lateral Flow Devices twice weekly to minimise the risk of community infections being brought into these highly sensitive settings.

8. Theme 6 - Data Integration & Analytics

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

8.1. Objectives

The available data will be used to:

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

8.2. Data Sources & Arrangements

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

8.3. Data Integration

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

The JBC *COVID-19 Outbreak Management Toolkit for England* states that, according to the risk level within an area based on key metrics, there will be different guidance on how to provide Non-Pharmaceutical Interventions. To determine the risk level, both quantitative and qualitative data will be utilised with **Table 4** stating the threshold of each risk level.

This data is not granular or timely enough to inform a systems management approach to responding to COVID-19 outbreaks. Therefore, as part of the delivery of the LOMP, the HPB have developed a regular situation report (SITREP) that is an aggregate of several key local data sources. This will enable the following:

1. **Early warning and surveillance** – to identify potential outbreaks / clusters that may be discernible by time, place (i.e. workplace setting, residence), location.

Both K&M intelligence teams currently have access (for their respective populations) to sets of PHE dashboards and reports:

- LA exceedance and contact tracing reports.
- LA store network diagrams of new outbreaks and clusters showing method of transmission.
- PHE COVID-19 Situation Awareness Explorer showing person identifiable data of Pillar 1 and 2 testing (consolidated surveillance reporting carried out by Medway PH team for HPB reporting).
- PHE weekly analyses of ONS COVID 19 mortality numbers and excess deaths.
- National COVID19 tracker for bespoke district level reporting.

These reports have been used for weekly reporting to the Health Protection Board, District Council CEOs and Members, NHS and wider KRF resilience via the MAIC. A daily COVID-19 excel spreadsheet dashboard (using the national tracker data) is generated by the Kent Public Health Observatory alongside daily report for LFT testing. Feasibility testing currently underway by KPHO team to migrate Kent regular reporting using Power BI platform

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

A group of senior analysts and officers representing NHS (EI, KM CCG and acute trusts), PH, KRF (MAIC) known as the Kent & Medway COVID19 Modelling and Surveillance group meet every Wednesday to discuss latest assumptions and modelling outputs, led by representatives from Whole Systems Partnership. Modelling conclusions and insights are fed back through regular HPB, CCG and KRF reporting arrangements mentioned above. Modelling on deaths successfully helped in the decision to step up additional body storage capacity at Aylesford just before Christmas several weeks before the Kent & Medway hit its highest weekly peak of >750 in second week of January. This cushioned the extreme demand for body spaces within a relatively short space of time. Further success was achieved in generating early insight for senior leadership towards vaccination effectiveness and lockdown restrictions from January onwards. As a result, the Kent & Medway modelling approach has been applied across the South East across to different public health and NHS teams (same model applied to 19 different footprints). This is being led by Head of System Improvement at NHSEI for the Southeast Region.

3. **Identification of at-risk populations** – includes identifying groups who are at most risk of rejecting invitations for vaccination or testing, contracting COVID-19 or of not complying with NPI measures or 'stay at home' or self-isolation requests. Proactive identification / risk stratification of at-risk groups was not feasible due to lack of available accessible real time data caused by delays to the linked data development. Between 28 January and 19 February, a report on the public's perception towards the COVID-19 vaccine in Kent was compiled from a

survey with findings of over 1,300 responses. The report came about as a result of low uptake of COVID-19 vaccines among the BAME (Black Asian Minority Ethnic) communities in some parts of England. This report aimed to understand perceptions towards the uptake of COVID-19 vaccine across the diverse communities in Kent and to better understand whether BAME communities were hesitant and if so where this hesitancy stemmed from. Findings from the survey can be found here.

8.4. Information Governance

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

However, in emergency response situations, permissions under the Civil Contingencies Act 2004 [27] requires Category 1 & 2 responders to share information with each other as they work together to perform their duties under the Act. Further guidance was provided by the *Data Protection and Sharing – Guidance for Emergency Planners and Responders (2007)*, published by the Cabinet Office. Its purpose was to inform organisations involved in the preparation for, response to, and recovery from emergencies on when they can lawfully share personal data under data protection legislation. This has subsequently been replaced by the *Data Sharing in Emergency Preparedness, Response and Recovery* guidance which, as of June 2020, is out for consultation.

In addition, the Secretary of State for Health and Social Care has issued a general notice under the Health Service Control of Patient Information Regulations 2002 [34] to support the response to COVID-19. This allows NHS Trusts, LAs, and others to process confidential patient information without consent for COVID-19 public health, surveillance, and research purposes. The notice is currently in force until 30th September 2020 and provides a temporary legal basis to allow a breach of confidentiality for COVID-19 purposes. Agencies should therefore assume they are able to adopt a proactive approach to sharing the data they need to respond to COVID-19.

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

Finally, the *Kent and Medway Information Sharing Agreement* is an agreed inter-agency information sharing protocol that is available for all organisations within Kent and Medway and includes sharing information during incident response.

Table 4 – Joint Biosecurity Centre Risk Level Thresholds

Risk Level	Quantitative	Qualitative
Low	• Average (seven day) daily new positive confirmed cases of COVID19 is <1 per 100,000 resident population • Average (seven day) daily new hospital admissions of COVID19 is <0.1 per 100,000 resident population • Contact tracing teams are tracing & advising to isolate 80% or more contacts within 48 hours. • Continuous monitoring of trends in local measures show low-risk	• There is no data or intelligence reports suggesting an outbreak in the area. • There are no identified additional concerns about socially vulnerable populations, clinically vulnerable populations, or hard to reach groups.
Medium	• Average (seven day) daily new positive confirmed cases of COVID19 is 1 to 10 per 100,000 resident population • Average (seven day) daily new hospital admissions of COVID19 is 0.1 to 1 per 100,000 resident population • Contact tracing teams are tracing & advising to isolate 70% or more contacts within 48 hours. • Continuous monitoring of trends in local measures show medium risk	• Multiple outbreaks (5 to 10) are identified in low to medium risk settings, which are contained to those settings and a small geographic area • There are very small concerns or outbreaks in socially vulnerable populations, clinically vulnerable populations, or hard to reach groups.
High	• Average (seven day) daily new positive confirmed cases of COVID19 is >10 per 100,000 resident population • Average (seven day) daily new hospital admissions of COVID19 is >1 per 100,000 resident population • Contact tracing teams are tracing & advising to isolate 70% or less contacts within 48 hours. • Continuous monitoring of trends in local measures show high-risk	• Multiple outbreaks (5 to 10) are identified in medium to high risk settings and multiple geographic areas. Local teams are unable to effectively respond to the outbreak. • There are outbreaks in socially vulnerable populations, clinically vulnerable populations, or hard to reach groups; which requires local teams to gain further resources to contain the outbreak.

9. Theme 7 - Supporting Vulnerable Populations

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

These populations may have increased vulnerability due to any combination of the following factors:

1. Socially vulnerable and impacted by restrictions including the requirement to self-isolate
2. Those at higher risk of transmission
3. Those at higher risk of death from COVID-19

Their needs may be far reaching and include:

1. enhanced communication of transmission risks and public health advice,
2. help accessing testing,
3. financial, food and/or housing support &
4. support with mental and physical healthcare.

Public Health England has released an array of action cards to support reporting outbreaks in different sectors and sensitive settings. These can be accessed here. In addition, those looking to learn about Kent and Medway's own efforts to support vulnerable populations should refer to the ***KRF Identifying & Supporting Vulnerable People Plan*** which is available from the Resilience Direct upon request. This may need to be reactivated in the event of a local lockdown (see **Section 7.3**). Please refer to **Section 8** and **10** that describe the data analytics and communications strategies specific to these populations.

10. Theme 8 - Communication & Engagement Strategy

To ensure the impact of COVID-19 in Kent and Medway is minimised, it is crucial that there are clear communication lines between key stakeholders and the general public. There are already several well-established internal communication channels between working groups and committees involved in Kent and Medway's COVID-19 planning and response (see **Section 7.4**) This section therefore outlines the Kent and Medway communications and engagement strategy for the; (1) public (2) complex settings (read in conjunction with **Section 5 & 7**) & (3) voluntary organisations (read in conjunction with **Section 9**)

10.1. The Public

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

This comprises of:

1. Wider public warning and informing messaging regarding:
    - Identified outbreaks in their local area.
    - Implementation of local outbreak control measures and their results
    - Scam or fake news and messaging relating to COVID-19.
    - Scam or fake news and messaging relating to COVID-19 Vaccines.
2. Communications campaigns pertaining to the latest government advice & guidance including:
    - Understanding where to access information regarding COVID-19.
    - Understanding the importance of testing and providing information on where to get tested.
    - Correct usage of facemasks, handwashing and all other NPIs.
    - Understanding the importance of vaccination and providing information on where to get vaccinated.
    - Understanding the requirements and rationale for asymptomatic close contacts of cases to self-isolate and the support mechanisms that are available when doing so.
    - Data privacy assurances to boost public confidence that their personal information will be held in the strictest confidence and will not affect personal matters such as immigration status or reveal illegal activities.
    - Awareness of local and national financial support that is available and how to make an application.

The KRF SCG will especially consider how this information is communicated to vulnerable populations such as high-risk groups (BAME, those shielding), marginalised groups (homeless, gypsy, Roma and traveller communities) or those that may experience barriers to accessing up to date information about the pandemic (learning disabilities, mental health issues etc.) to ensure all residents understand how government policy is changing and what the implications of said changes might be at the personal and community level.

The KRF SCG will use a range of methods to ensure information is distributed in a timely manner. They will work together with the KRF COVID-19 Vulnerable People and Communities Cell to ensure they reach vulnerable populations. They will also leverage existing relationships with community and faith leaders – including community champions - alongside digital engagement tactics such as targeted advertisement for areas with high infection rates using social media. These outreach methods are particularly important for tackling inequalities in access or scepticism around central or local government support or services (e.g. testing or vaccination).

In addition, the LOEB will play an essential role in ensuring a two-way process of communication. They will empower the public and businesses to share the challenges and opportunities they have experienced through implementing COVID-19 measures, allowing for learning. In accordance with LOEB strategy, residents are also invited to submit their own questions regarding the Local Outbreak Management Plan through this form. These questions will then be collated, answered and presented to the Kent and Medway Joint Health and Wellbeing Board. Emergent themes or recurrent questions help to direct or improve outbreak response in both LAs.

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

10.2. Complex Settings

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

10.3. Voluntary and Community Sectors

Kent and Medway's voluntary and community sector organisations are delivering a wide offer to advocate for and meet the needs of Kent and Medway residents via the KRF COVID-19 Vulnerable People and Communities Cell who will build on existing relationships with these organisations to communicate how to:

1. Identify and meet the needs of the local population.
2. Build support and workforce capacity to respond to any increases or changes in said needs

References

[1] World Health Organisation, “Pneumonia of unknown cause – China,” 5 January 2020. [Online]. Available: https://www.who.int/csr/don/05-january-2020-pneumonia-of-unkown-cause-china/en/?mod=article_inline.

[2] The Government of the United Kingdom, “COVID-19: epidemiology, virology and clinical features,” [Online]. Available: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information/wuhan-novel-coronavirus-epidemiology-virology-and-clinical-features. [Accessed 25 June 2020].

[3] World Health Organisation, “WHO announces COVID-19 outbreak a pandemic,” 12 March 2020. [Online]. Available: https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic. [Accessed 27 June 2020].

[4] European Centre for Disease Prevention and Control, “COVID-19 situation update worldwide, as of 8 November 2020,” [Online]. Available: https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases. [Accessed 8 November 2020].

[5] Cabinet Office, “Our plan to rebuild: The UK Government’s COVID-19 recovery strategy,” 11 May 2020. [Online]. Available: https://www.gov.uk/government/publications/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy. [Accessed 21 06 2020].

[6] Department of Health and Social Care, “NHS test and trace: how it works,” 27 May 2020. [Online]. Available: https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works. [Accessed 21 June 2020].

[7] The Government of the United Kingdom, “Health and Social Care Act,” 2012. [Online]. Available: http://www.legislation.gov.uk/ukpga/2012/7.

[8] H. McAuslane, D. Morgan and CIDSC, “Communicable Disease Outbreak Management Operational Guidance,” Public Health England, 2015. [Online]. Available: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/343723/12_8_2014_CD_Outbreak_Guidance_REandCT_2__2_.pdf. [Accessed 21 June 2020].

[9] Department of Health and Social; Care, Public Health England, “Health Protection in Local Government,” 31 August 2012. [Online]. Available: https://www.gov.uk/government/publications/health-protection-in-local-government. [Accessed 21 June 2020].

[10] Association of Directors of Public Health, Faculty of Public Health, Local Government Association, Public Health England, Society of Local Authority Chief Executives, UK Chief Environmental Health Officers, “Guiding Principles for Effective Management of COVID-19 at a Local Level,” June 2020. [Online]. Available: https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.pdf. [Accessed 21 June 2020].

[11] Office for National Statistics, “Local Authority Profile - Resident Population,” 2018.

[12] Kent County Council, “2019 Mid-Year Population Estimates,” 2020.

[13] Medway Council, “Population 2018,” 2019.

[14] Public Health England, “Mortality Profile,” [Online]. Available: https://fingertips.phe.org.uk/profile/mortality-profile/data#page/0/page-options/ovw-do-0. [Accessed June 2020].
[15] Public Health England, “Local Authority Health Profiles,” 2020.
[16] Public Health England, “Disparities in the Risks and Outcomes of COVID-19,” 2020.
[17] Kent County Council, “2019 Mid - Year Population Estimates: Age and Gender profiles,” 2020.
[18] Kent County Council, “Summary of Facts and Figures,” June 2020. [Online]. Available: https://www.kent.gov.uk/about-the-council/information-and-data/Facts-and-figures-about-Kent/summary-of-kent-facts-and-figures#tab-2.
[19] Medway Council, “Medway Census Report,” 2011.
[20] Kent Public Health Observatory, “Mind The Gap: Health Inequalities Action Plan for Kent Analytical Report,” 2016.
[21] Public Health England, “Coronavirus (COVID-19) in the UK- UK Summary,” 2021.
[22] Public Health England, “Factors influencing COVID-19 vaccine uptake among minority ethnic groups,” 2021.
[23] The Government of the United Kingdom, “Coronavirus Act 2020,” 2020. [Online]. Available: https://www.legislation.gov.uk/ukpga/2020/7/contents/enacted. [Accessed June 2020].
[24] Public Health England, “The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020,” 26 March 2020. [Online]. Available: http://www.legislation.gov.uk/uksi/2020/350/contents/made. [Accessed 21 June 2020].
[25] “The Health Protection (Local Authority Powers) Regulations 2010,” [Online]. Available: http://www.legislation.gov.uk/uksi/2010/657/contents/made. [Accessed June 2020].
[26] The Government of the United Kingdom, “The Health Protection (Part 2A Orders) Regulations 2010,” [Online]. Available: https://www.legislation.gov.uk/ukdsi/2010/9780111490976. [Accessed June 2020].
[27] Cabinet Office, The Government of the United Kindgom, “Formal Information Sharing Under the Civil Contingencies Act 2004,” March 2012. [Online]. Available: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/61026/Chapter-3-Formal-information-sharing-revised-March-2012.pdf. [Accessed 21 June 2020].
[28] Department of Health and Social Care, “NHS test and trace: how it works,” 27 May 2020. [Online]. Available: https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works. [Accessed 21 June 2020].
[29] National Health Service (United Kingdom), “Your coronavirus test result,” 19 June 2020. [Online]. Available: https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/what-your-test-result-means/. [Accessed 21 June 2020].
[30] National Health Service (United Kingdom), “NHS Test and Trace: if you've been in contact with a person who has coronavirus,” 19 June 2020. [Online]. Available: https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/nhs-test-and-trace-if-youve-been-in-contact-with-a-person-who-has-coronavirus/. [Accessed 21 June 2020].

[31] The Government of the United Kingdom, “Coronavirus (COVID-19): getting tested (guidance),” [Online]. Available: https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#list-of-essential-workers-and-those-prioritised-for-testing-england-only. [Accessed June 2020].

[32] The Government of the United Kingdom, “Coronavirus (COVID-19): scaling up our testing programmes,” 6 April 2020. [Online]. Available: https://www.gov.uk/government/publications/coronavirus-covid-19-scaling-up-testing-programmes/coronavirus-covid-19-scaling-up-our-testing-programmes. [Accessed June 2020].

[33] Public Health England, “Communicable Disease Outbreak Management Operational Guidance,” 2014.

[34] Department of Health and Social Care, “Coronavirus (COVID-19): notification to organisations to share information,” 1 April 2020. [Online]. Available: https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information. [Accessed 21 June 2020].

[35] "Vaccines and Immunization". *World Health Organisation*, 2020, https://www.who.int/health-topics/vaccines-and-immunization#tab=tab_1. Accessed 22 Dec 2020.

[36] "Immunization Basics | Vaccines and Immunizations | CDC". *Centers For Disease Control and Prevention*, 2020, https://www.cdc.gov/vaccines/vac-gen/imz-basics.htm.

Appendix 1 – Care Settings

Including

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

Objective

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

Context:

There are 613 CQC registered adult care homes in Kent and Medway.

The ownership types include:

- 496 privately owned
- 104 voluntary/non-for-profit
- 1 NHS service
- 12 local authority owned

The type of care homes includes:

- 489 Residential homes (care only)
- 124 Nursing homes (care home with nursing)

What's already in place:

All partners within the HSCC have worked closely with several partner organisations to implement a package of measures to support care homes in Kent and Medway to prevent and respond to outbreaks, including:

- PHE has a robust outbreak management plan for use in care homes
- British Geriatrics Society has released a good practice guide for COVID-19: Managing the COVID-19 pandemic in care homes for older people
- The NHS has offered training in infection control for care home staff
- Care homes advised to stay away from using misting devices in the prevention of COVID-19 as they are not advised by SAGE and have no role in infection prevention and control
- The NHS has committed that all care homes will be supported via primary care and community support
- The UK Government is offering all care homes a support package
- Care homes with residents who have a certain degree of frailty have access to 'extra-care schemes' support
- If someone tests positive with a PCR test, they should not be tested using PCR or LFD for 90 days.
- Care home outbreaks are to be managed through Pillar 2 testing; Supporting Living settings will receive test kits in batches of 10 and Extra Care settings will receive test kits in batches of 40.
- Care homes staff and residents will also receive regular asymptomatic testing including agency staff and volunteers (twice weekly LFT testing and once weekly PCR for staff members and PCR tests every 28 days for residents) via Pillar 2 testing. Care homes can register for this via the government digital portal.

- Domiciliary carers will be expected to have 4 PCR tests within a 28-day period.
- As part of the roadmap out of lockdown, care home residents are to be permitted to identify one loved one to visit them regularly; increased testing capacity will have to be allocated to ensure this happens safely. No close contact will be permitted during visitation beyond hand-holding.

As of 22nd July 2020, DPHs in at KCC and MC assess the level of community transmission and determine whether local care homes are able to consider allowing visitors; DPHs should refer to The Capacity Tracker for this, a timely and rich source of transmission data in each locality. The DPH in every area should disseminate their view on the suitability for visiting in the local authority area. The final decision of whether to permit visitation, to what extent and in what circumstances is then for the provider and managers of each individual care home to make. All decisions must also take into consideration the legal obligations under the Equality Act (2010) and Human Rights Act (1998) that both DPHs and care providers are beholden to.

Each care home is responsible for developing a visitation policy, and undertaking a dynamic risk assessment following the guidance set out here. They should consider the significant vulnerability of their residents, their outbreak status, their readiness as an organisation and ensure strict infection control measures are in place, including face coverings for all visitors.

To limit risk, where visits are permitted to go ahead, these should be – wherever possible - limited to a single constant visitor per resident. To support providers, the Care Provider Alliance have published a sector-led protocol for enabling visiting based on this model and infection-control precautions are listed in full on the government site linked above. Each care home's visiting policy should be made available and/or communicated to residents and families to prepare visitors before each visit. Friends and family members must also be made aware that visitation policies are subject to change in accordance to the verdicts of dynamic risk assessments.

When it is determined that in-person visitation is not appropriate, care homes should support visiting in virtual manner however they can. The onus is on the care homes themselves to provide regular updates to residents' loved ones on their mental and physical health and how they are coping.

If a care home suspects a case or in the event of an outbreak, the home should rapidly impose visiting restrictions and follow the outbreak process outlined below. If there is evidence of further spread of the virus in the local community, DPHs will inform the relevant care homes and visitation will also be stopped. If an individual or group of care homes is/are in need of restricting visitation, either temporarily or permanently, it is the DPH's responsibility to communicate this in writing to commissioners of all care homes implicated in a timely fashion or – in the absence of a commissioner – direct to the registered manager.

Guidance on how to safely admit a new care home resident can be found here.
Guidance on how to prevent and react to cases or outbreaks of COVID-19 in a children's care

home can be found here.

What else will need to be put in place:

Communication:

- Communication campaign to raise awareness of widespread community transmission (NHS 'Talking Heads') and encourage people to see their loved ones but stressing that these are settings with vulnerable people

Local outbreak triggers & process:

An outbreak in a care home is suspected if there are 2 or more confirmed positive cases of COVID-19 within 14 days of each other. In this instance, the setting should undertake an immediate risk assessment to identify close contacts of confirmed cases and ensure that the setting is COVID-secure.

If this outbreak has occurred in a domiciliary care setting, the registered manager should notify the council (specifically the commissioning team) of all staff who have come into close contact with the infected individual(s) and – if the patient has recently been discharged from hospital – the relevant NHS infection control team. Those who have come into close contact with an infected individual should only pursue testing if they develop symptoms – they should begin self-isolation immediately after being contacted, however.

This is considered a complex setting under the remit of Tier 1 PHE HPT contact tracers. Therefore, in the event of an outbreak, all visitation should be stopped and the PHE HPT should be contacted immediately.

PHE HPT will then:

- Conduct a situation assessment. Investigations should include testing as per the request or advice of the PHE HPT, clinicians or GP that has attended and reviewed the case.
- If the outbreak has occurred in a domiciliary care setting, an enhanced risk assessment process will be triggered; an OCT is only arranged in this setting if there is a considerable risk of secondary spread in the community.
- If there is a suspected outbreak after conducting investigations, PHE HPT will provide advice on infection prevention and control. Care homes should also complete the Immediate Infection Control Checklist
- The HPT will then order a batch of tests for rapid testing of the whole care home (residents and staff) on day 1 through the local Pillar 1 testing capacity. This should then be repeated on day 4-7 for all staff and residents who initially tested negative to reduce the false negative risk
- PHE HPT will consider the outbreak's spread and severity, current control measures, the wider context and will jointly consider with KCC/MC the need for an OCT.
- Re-testing after 28 days from the last suspected case will be provided through Pillar 2 to confirm the outbreak has ended.
- Where staff members work in multiple locations, they must be tested immediately before their shift at the care home

- Once the outbreak is confirmed over, if an area is closed to admissions, the criteria for reopening as a minimum should be; (1) no new symptomatic cases for a period of 14 days, (2) existing cases to be isolated/cohorted and symptoms should be resolving, and (3) there should be sufficient staff to enable the facility to operate safely. If staffing capacity is affected by the outbreak (e.g. team members having to take time off work to self-isolate) then team members are encouraged to work in small units – or bubbles - with specific service users.
- While PHE HPT does not routinely follow-up after an outbreak has ended (unless there is a sudden escalation in cases or multiple deaths have occurred), councils do have follow-up protocols to facilitate a care setting's return to normal operations.

Resource capabilities and capacity implications:

Staffing

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

PPE

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

Links to additional information:

- Coronavirus (COVID-19): Adult Social Care Guidance
- Care Home COVID-19 Testing Guidance
- Visual Guide to Outbreak Testing.
- Apply for Coronavirus Tests for a Care Home
- BGS COVID-19: Managing the COVID-19 pandemic in care homes for older people
- Update on policies for visiting arrangements in care homes
- Management of staff and exposed patients/residents in health and social care settings

Appendix 2 – Schools, Early Years & Other Educational Settings

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

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

Context:

In Kent and Medway, there are:

- 829 Childminders
- 31 Academy Nursery
- 10 Creche
- 273 Day Nursery
- 49 Holiday Club
- 54 Home Childcare- Registered Nanny
- 35 Maintained Nurseries
- 43 School Nurseries
- 34 Nursery Units of Independent Schools
- 93 Out of School Club
- 301 Parent and Toddler Group and preschools
- 41 Private Nursery School
- 662 Primary Schools
- 221 Secondary Schools
- 190 16 to 18 schools/colleges
- 22 Special schools
- 58 Independent schools
- 4 Universities
- 20 Ofsted registered children homes

What's already in place:

Enabled by mass testing, schools reopened for face-to-face learning on 8 March 2021; this is the first step of the Government's roadmap for leaving lockdown, with further details found here.

Procedures have been put in place to reduce risks to staff and pupils including:

- A dedicated Department of Education (DfE) helpline to support schools in times of lockdown and tiered alert levels
- PHE has a SOP for the management of school outbreaks and there is substantial national guidance for how to operate schools during COVID-19.
- Priority access to testing is available to all essential workers and their households. This includes anyone involved in education, childcare or social work - including both public and voluntary sector workers, as well as foster carers. Essential workers, and those who live with them, can book tests directly online.
- In Medway, Public Health support around COVID-19 related issues are given to schools via the weekly Head Teachers reference group

- Universities have been asked to develop a COVID-19 outbreak plan
- Local test sites have been set up on-site of University Campuses in both Canterbury and Medway. These are accessible on foot.
- The government recently released detailed guidance on apprenticeships and other early careers opportunities for apprentices, employers, training providers and assessment organisations; this can be accessed here.
- Government guidelines on how to reduce risk of COVID transmission in playground settings and outdoor gyms can be found here.
- Updated government guidelines on how to go about safely reopening higher education buildings and campuses can be found here.
- Primary school staff will continue to take 2 rapid COVID-19 tests each week at home; pupils will not be required to take these tests.
- All secondary school and college students to take 3 rapid COVID-19 tests at existing school testing facilities before they are permitted to conduct these tests twice-weekly within their own homes.
- 2 COVID-19 tests each week to be available to all university students on practical courses needing specialist facilities and equipment on campus.

What else will need to be put in place:

- KCC and MC are developing a SOP which will incorporate established processes and procedures to ensure schools, parents, county councils, and healthcare colleagues are aware of how to access testing for symptomatic people and how to respond to an outbreak.

Local outbreak triggers & process:

On 17 September, 2021, an advice line was made available to nurseries, schools and colleges to use when contending with a cases/ multiple cases in their workplace (e.g. a pupil or staff member testing positive).

Instead of calling the PHE HPT when there is a confirmed case, the education settings above are asked to call the DfE's helpline on 0800 046 8687 and select the option for advice following confirmation of a positive case. The line is open Monday to Friday from 8.00am to 6.00pm, and 10.00am to 4.00pm on Saturdays and Sundays. DfE is responsible for escalating these cases as necessary to PHE HPT following a triaging of each school's circumstances. More details about this service can be found here.

This advice service has been set up to advise the following education settings: early years including nurseries, schools including primary, infant and junior schools, middle schools, secondary schools and further education colleges.

If the education institution does not fall under one of these settings (e.g. University), they should instead contact their local PHE HPT directly if several staff members or students have received a positive test result and there is reason to believe there is an outbreak.

An outbreak in an educational setting is suspected if there is either:

- Two or more confirmed cases of COVID-19 among pupils or staff in a setting within 14 days or;
- An increase in pupil absence rates, in a setting, due to suspected or confirmed cases of COVID-19

The PHE HPT will undertake a risk assessment and conduct a rapid investigation and advise on the most appropriate action to take. This process will be heavily based on school's own risk assessments; these are crucial for identifying close contacts and ensuring that measures are in place to reduce the likelihood that further cases might occur. School-led risk assessments must consider cleaning and waste management protocols and lines of communication to staff and parents in the event of escalating cases.

Depending on the risk assessment outcome and the scale of the outbreak, the PHE HPT and KCC/MC may establish an OCT to help manage the situation. The OCT will lead the Public Health response and investigations and put appropriate interventions in place. This may include decisions around closure; this is rarely needed to control an outbreak and should only be done following advice from the PHE HPT and in discussion with KCC/MC and the Regional Department of Education REACT team.

When a child, young person or staff member develops symptoms compatible with COVID-19, they should be sent home and advised to self-isolate and arranged to be tested; unless mass testing has been rolled out in the educational setting in question, testing should not be pursued if a person does not have symptoms of COVID-19. Those who are living in on-campus accommodation and who are required to self-isolate must not vacate their accommodation until their period of self-isolation has come to an end or they are told otherwise.

Schools are to obtain PPE from procurement lines and refer to the Education Department for government PPE support prior to requesting KRF support.

All Universities have identified a SPOC for COVID-19 related enquiries.

Resource capabilities and capacity implications:

- A KCC/MC SOP on supporting when an outbreak among staff has been identified and control measures need to be implemented.
- LFT delivery, waste and data management support may be required to underpin return to face-to-face tuition on 8 March 2021 onwards.

Links to additional information:

- COVID-19 Resource Pack for Educational Settings
- Coronavirus (COVID-19): guidance for schools
- Coronavirus (COVID-19): guidance for further and higher education
- Coronavirus (COVID-19): implementing protective measures in education and childcare settings
- Actions for schools during the coronavirus outbreak
- Actions for early years and childcare providers during the coronavirus (COVID-19) Outbreak

- Actions for FE colleges and providers during the coronavirus outbreak
- Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE)
- COVID-19: cleaning in non-healthcare settings
- Supporting children and young people with SEND as schools and colleges prepare for wider opening
- Planning guide for early years and childcare settings
- Protective measures for holiday or after-school clubs and other out-of-school settings for children during the coronavirus (COVID-19) outbreak
- Guidance for parents and carers of children attending out-of-school settings during the coronavirus (COVID-19) outbreak

Appendix 3 – Health and Social Care Settings

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

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

Context:

In Kent and Medway, there are:

- 382 GPs
- 342 Pharmacies
- 429 Dentists
- 24 Hospitals
- 1 Mental Health Trust
- 2 Community Health Trusts
- 4 Acute Trusts (including 3 Foundation Trusts)
- 1 Ambulance Service

Residents also have access to a wide range of social work, home visit & child health services.

What's already in place:

- PHE has a dedicated SOP for controlling outbreaks in this setting and ample government guidance is available online.
- All NHS Trusts have outbreak management plans to support in identifying and escalating new suspected cases of COVID-19
- It is now compulsory for the council to display signage warning that masks must be worn on the premises in all council-owned or managed buildings.
- SOP for GP surgery is released by the NHS and Royal College of General Practitioners guidance for GPs are provided on their website.
- SOP for Community Pharmacy is released by the NHS
- SOP for dental practice on urgent dental care and phased transition are released by the NHS.
- SOP for community health services is released by the NHS
- Legal guidance for mental health, learning disabilities and specialised commissioned mental health services is released by the NHS.
- Information for ambulance services can be found on the designated page of the NHS website.
- Infection control, PPE, clinical waste and environmental decontamination guidance are available on the designated page of the NHS website.
- Updated government guidelines on how to support those who lack mental capacity during the pandemic can be found here.

What else will need to be put in place:

Community Pharmacy

- Funding to support a locally commissioned service for delivery of medicines (in the event of the national pandemic pharmacy delivery service having ended)

- Consider prioritisation of pharmacy staff within key services e.g. school places, access to other essential services

Mental Health and Community Trusts

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

Ambulance Services

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

Local outbreak triggers & process:

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

Resource capabilities and capacity implications:

- Vehicles with aerosol generating procedures need to follow a thorough decontamination procedure. An appropriate auditing procedure should be in place to ensure decontamination is being conducted accurately in ambulances.
- Delivery, data and waste management support to facilitate twice-weekly Lateral Flow Testing of NHS staff members.

Links to additional information:

- Primary Care COVID19 guidance
- SOP for GP surgery
- RCGP's website.
- SOP for Community Pharmacy
- SOP for urgent dental care & phased transition for dental services
- Legal guidance for mental health, learning disabilities and specialised commissioned mental health services
- Management of staff and exposed patients/residents in health and social care settings

Appendix 4 – Shelters, Refuges, Hostels & Other Temporary Accommodation

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

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

Context:

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

What's already in place:

- Hostels, shelters & other temporary accommodation settings should continue to follow guidance for hostels or day centres for people rough sleeping, for domestic abuse safe accommodation or advice for other accommodation providers to reduce risk.

What else will need to be put in place:

- There may be resistance on the part of landlords/ladies to house vulnerable populations without a negative COVID-19 test. An SOP must be developed by KCC and MC to inform housing managers of alternative solutions to finding appropriate accommodation for this population in case challenges are encountered.
- An OCT may be required if a substantial outbreak occurs within an emergency accommodation setting. In this instance, great care must be taken when sharing sensitive health information with housing managers.
- Council outreach resources may need to be allocated to encouraging the local homeless population to seek out vaccination.

Local outbreak triggers & process:

- If one of the staff or residents in this setting has received a positive test result or if an outbreak is suspected, PHE HPT should be contacted immediately.
- PHE HPT and KCC/MC will undertake a risk assessment and conduct a rapid investigation and advise on the most appropriate action to take. Depending on the risk assessment outcome, the PHE HPT and KCC/MC may establish an OCT to help manage the situation. The OCT will lead the Public Health response and investigations and put appropriate interventions in place. This may include;
    - PPE and face coverings;
    - Handwashing and respiratory hygiene or hand sanitisers
    - Social distancing;
    - Cleaning and waste management to maintain hygiene;
    - Workforce management;

- In the case of cramped temporary housing accommodation which does not have space for social distancing and hand washing facilities may be shared, other measures may have to be taken as specified by the OCT.

Resource capabilities and capacity implications:

- Additional staff may be required when hotels are repurposed for quarantined travellers or other public health purposes.
- Homeless shelters may need support (comms/ community outreach) when encouraging homeless populations to seek out testing or vaccination.

Links to additional information:

- Working safely during coronavirus
- COVID-19: guidance for domestic abuse safe accommodation provision
- COVID-19: cleaning in non-healthcare settings
- NHS test and trace: workplace guidance
- COVID-19 Advice for Accommodation Providers
- Staying alert and safe (social distancing)
- COVID-19: guidance for hostel or day centre providers of services for people experiencing rough sleeping

Appendix 5 – Prisons & Detention Facilities

Including: Custody services & prison escorts, detention/immigration removal centres, approved premises

Objective: To reduce the risk of transmission and eliminate new cases and deaths from COVID-19 in prisons and places of detention in Kent and Medway.

Context:

- There are 8 prisons in Kent and Medway – 4178 prisoners
- There are no detention/immigration centre in Kent and Medway
- There are 100 Approved Premises in Kent and Medway – 89 staffed and run by the National Probation Service (part of Her Majesty's Prison and Probation Service) & 11 staffed and run by private providers under contract to Her Majesty's Prison and Probation Service
- Ten of the 100 Approved Premises also work in partnership with a specialist NHS mental health provider.
- Capacity across Approved Premises in Kent and Medway is over 2,000 places with staffing includes probation staff, contracted cleaners, chefs and facilities management staff & third sector organisations delivering interventions and resettlement services

What's already in place:

- Testing for inmates and staff members is coordinated via Pillar 1 testing via PHE's HPT.
- All prisons have a dedicated COVID contact tracing lead.
- Her Majesty's Prison and Probation Service and PHE have also worked together to produce detailed operational guidance for the prevention, identification, escalation and management of outbreaks in custodial settings, including compartmentalisation/cohorting arrangements.
- An Exceptional Delivery Model was put in place for all Approved Premises, which includes the following features;
    - The temporary closure of a small number of Approved Premises to ensure operations could be maintained.
    - The suspension or modifying of activities incompatible with social distancing.
    - All rooms became single occupancy. This was achieved through expediting move on plans for residents where the risk they presented to the public was sufficiently low, and the introduction of a priority referral process which ensured the remaining capacity was appropriately targeted.

What else will need to be put in place:

- Routine testing of all staff will need to be instituted.
- New prisoners will need to be tested prior to being incarcerated in a facility.
- The value of LFTs for enabling visitation or at least providing more regular information about staff/inmate infectiousness level is being considered.
- Inclusion of prison population has to be factored into vaccination programme and local outreach efforts.

Local outbreak triggers & process:

- If a COVID-19 outbreak is suspected in a prison or detention facility, the PHE HPT and KCC/MC will undertake a risk assessment and conduct a rapid investigation and advise on the most appropriate action to take. Depending on the risk assessment outcome, the PHE HPT and KCC/MC may establish an OCT to help manage the situation.

- All detainees with suspected or confirmed COVID-19 transported and managed according to the transportation and transfer guidance.
- Any staff member showing symptoms should be sent home immediately and they must follow Government guidance

Resource capabilities and capacity implications:

- Prison officers to enforce control measures and escort and transport detainees who need to be transferred
- Healthcare staff to test both detainees and prison staff

Links to additional information:

- COVID-19: prisons and other prescribed places of detention guidance
- Working safely during coronavirus
- COVID-19: prisons and other prescribed places of detention guidance
- Coronavirus (COVID-19): courts and tribunals planning and preparation
- Courts and tribunals tracker list during coronavirus outbreak
- HMCTS weekly operational summary on courts and tribunals during coronavirus (COVID-19) outbreak
- Cleaning in non-healthcare settings
- Coronavirus (COVID-19) and prisons
- COVID-19 getting tested
- National contingency plan for outbreaks in prisons and other places of detention
- Approved Premises

Appendix 6 – Other Workplace Settings

Including: Construction site/outdoor working, manufacturing, food delivery, takeaways & mobile catering, in-home workers (e.g. plumbers, cleaners and in-home beauticians etc.), retails/shops, factories, power plants, food processing plants, armed forces & courts, leisure centres, sports clubs, gyms, pools, salons, and faith/religions settings.

Objective: To identify and eliminate all cases of COVID-19 in workplaces to protect employees, visitors and customers during the gradual restarting of the local economy and movement of the population.

Context:

- There are various types of construction and outdoor work settings in Kent and Medway. They include a significant number of waste management facilities/services of medium size (10-500 employees) and several water and wastewater treatment sites, laboratories, power plants and call centres;
- Kent and Medway have 2,490 food and drink production enterprises as of 2019.
- Kent and Medway have 71,435 manufacturing businesses as at 2019.
- Food delivery has played an important role in the consumer sector in Kent and Medway delivering food and edible items to home environments.
- The Armed Forces community in Kent and Medway includes Army, Royal Navy and Royal Air Force (RAF);
    - **Army** - 11th Infantry Brigade (South East); Royal Regiment of Artillery; (3rd Battalion PWRR; 103 REME battalion; 254 Medical Regiment & 220 Medical Squadron; 1 RSME Regiment, 259 Field Squadron & 101 Engineering Regiment; 39 Engineering Regiment (Hybrid)
    - **Royal Navy** - Royal Navy (Medway) Reserve & The Royal Marines Reserve Unit in London
    - **RAF** - 360 reserves; 6360 cadets & cadet volunteers; 29 Cadet Force Units

In addition, in Kent and Medway,

- There are 4 county & family courts
- There are 12 leisure centres, many independent gyms and sports clubs.

What's already in place:

- The NHS T&T service supplements risk mitigation measures taken by employers by identifying people who have had close recent contact with someone who has tested positive for COVID-19 and advising them to self-isolate, however, it does not change the existing guidance about working from home wherever possible. Employers should continue to follow the guidelines to prevent the spread of COVID-19 to reduce risk.

- A number of practical safety measures including new signs, street markings and temporary barriers to ensure Kent and Medway's high streets are ready for when businesses are able to open and trade safely.

- The communications team at KCC is working with different departments within KCC and Kent DCs (trading standards, community wardens, town planning, environmental health), other public sector teams (police enforcement officers) and private sector organisations (e.g. federation for small businesses) who already have direct links with businesses. They will work together to ensure businesses in Kent are supported and that they are adhering to infection

control guidance. Government advice on what financial support is available for businesses during COVID-19 is available here.

- A number of businesses and organisations are also required by law to have a system in place to collect the contact details of their customers. KCC & MC as supporting businesses to incorporate the NHS T&T App and QR code as part of this requirement.
- While national lockdown is in place, it is more important than ever to continually refer to government guidelines on how to work safely. This can be accessed here.
- PHE's Consumer Workplace Action Cards provide significant detail on outbreak management in the workplace and when it is appropriate to contact the HPT for their involvement.
- Businesses with over 50 employees have been invited to participate in a central government LFT provision programme. Those with less than 50 employees can still utilise council LFT resources and asymptomatic testing sites.

What else will need to be put in place:

- A KCC/MC SOP on supporting the business sector when an outbreak in the workplace has been identified and control measures need to be implemented.
- Appropriate triage for businesses between central and local LFT provision; a recent government announcement suggests that all businesses may be eligible for central LFT provision in the very near future.
- Employers should do their part to encourage employees to take up invitations for vaccination – sick days may need to be permitted for those who experience adverse effects.

Local outbreak triggers & process:

- If a COVID-19 outbreak is suspected in a workplace setting, the workplace will inform PHE HPT and KCC/MC will undertake a risk assessment and conduct a rapid investigation and advise on the most appropriate action to take. Depending on the risk assessment outcome and the scale of the outbreak, the PHE HPT and KCC/MC may establish an OCT to help manage the situation. The OCT will lead the Public Health response and investigations and put appropriate interventions in place.
- Symptomatic individuals should access testing in line with current advice. Advice and information provided through contact tracing should be followed by all symptomatic individuals and their contacts.

Resource capabilities and capacity implications:

- Staffing to:
  - Develop communications plan and SOPs,
  - Monitor workplaces as part of prevention work;
  - Visit non-compliant workplaces to enforce control measures;
  - Visit workplaces with outbreaks to advise on/enforce control measures;
  - Waste management for on-site LFT usage.

Links to additional information:

- NHS test and trace: workplace guidance
- Working safely during coronavirus
- Guidance on prioritising waste collection services during coronavirus (COVID-19) pandemic

- Guidance for Managing Household Waste and Recycling Centres (HWRCs) in England during the coronavirus (COVID-19) pandemic
- Information on the water industry and Coronavirus (COVID-19)
- Guidance for food businesses during COVID-19
- Cleaning in a non-healthcare setting
- Managing a funeral during the coronavirus pandemic
- Need FSA guidance for food businesses on COVID-19
- Guidance for restaurants offering takeaway or delivery
- Food Handlers - Fitness to work
- Guidance for working in, visiting or delivering to other people's homes
- COVID-19: investigation and initial clinical management of possible cases
- Find your local Health Protection Team in England

Appendix 7 – Transport Arriving via Trains, Ports & Borders

Including: All transport that has arrived in Kent and Medway that originated outside the UK (except those listed in **Appendix 8**). This includes freight/lorry drivers, cruise ships and trains

Objective: To prevent and control the spread of imported cases of COVID-19 from overseas travellers entering into the UK

Context:

In Kent and Medway there are 4 ports and a harbour.

- Port of Whitstable: fishing, small commercial
- Port of Ramsgate: fishing, leisure, lifeboat
- Port of Dover: ferry, leisure, commercial/cargo, cruise terminals, lifeboat
- Folkestone: difficult, largely derelict

In Medway, the ports include Chatham Docks, Chatham Reach and Upnor Reach

There is a high-speed international train service from Paris, France, that goes via Ebbsfleet International and Ashford International and ends at London St. Pancras International

Buses and cars arriving in Folkestone from France via the Eurotunnel

Residents must adhere to quarantining rules if flying back into the UK. Currently, all but essential travel is prohibited.

What's already in place:

- UK travel quarantine rules have come into effect requiring all people arriving in the UK to self-isolate for 10 days. People arriving by plane, ferry or train – including UK nationals – will have to provide an address where they will self-isolate and face fines of up to £10,000 and even potential prison time if they breach the rules.
- Those arriving from 'red listed' countries will have to quarantine within government hotel facilities at their own personal expense (£1750). Anyone arriving or returning to Scotland must quarantine within government hotel facilities regardless of where they have flown in from, however. If a person does not book a hotel quarantine package prior to landing within the UK despite being required to, they face fines up to £4,000 in addition to the cost of hotel quarantine. Those required to quarantine must also test twice during their stay - once on their second day, and then again on their eighth. More information about this process can be found here.
- Checkpoints have been set up on roads in line with KCC Brexit preparedness plans
- During the national lockdown (initially running November 5th to December 2nd) an array of businesses will have to temporarily close or change operations. Information on these changes can be found in great detail here.
- The government recently released guidance for the owners and operators of beach, countryside and coastal destinations to meet the challenges associated with both increased numbers of visitors (during periods of eased restrictions) and decreased numbers of visitors (during periods of tightened restrictions). This can be accessed here.

What else will need to be put in place:

- Provision of support for food and medical supplies for the 10 days self-isolation period in the event of an outbreak on a cruise ship or inbound freight facility.
- Driver welfare provisions.
- Staff and food/ medical provision for hotel quarantine; PCR tests on day 2 and day 8.

Local outbreak triggers & process:

- For UK residents, self-isolating in a normal place of residence is unlikely to result in outbreaks.
- For visitors, self-isolation in commercial accommodation such as hotels etc has the potential to result in outbreaks in commercial premises. PHE's HPT will conduct a risk assessment to provide advice and guidance on how to respond in such a situation and, in exceptional circumstances, hold an OCT.

Resource capabilities and capacity implications:

- Provision of support for food and medical supplies during the 10 days self-isolation period
- Support and guidance for UK holiday destinations to facilitate reopening as lockdown eases
- Staff required to oversee hotel quarantine.

Links to additional information:

- COVID-19: Shipping and seaports guidance
- Arrangements for driver welfare and hours of work during the coronavirus outbreak
- Border control

Appendix 8 – Other Transport

Including: Bus, Taxi, Walking & Cycling, Private cars, Car sharing
Objective: To identify and eliminate all cases of COVID-19 in any other method of transport to protect employees, visitors and customers during the gradual restarting of the local economy and movement of the population.
Context: In Kent and Medway, there are: ● 199 private car hire companies ● 18 coach service operators
What's already in place: ● It is currently compulsory to wear a face covering on all public transport including private hire cars. ● Car sharing or public transport should be discouraged as possible.
What else will need to be put in place: ● Support for making COVID-secure modifications to transport options (e.g. screen for taxi drivers). ● Outreach efforts must encourage transport workers to take up their vaccines when invited.
Local outbreak triggers & process: ● Public transport associated with an area where there is a localised community outbreak will need to be considered by the OCT.
Resource capabilities and capacity implications: ● LFTs from central government offering may be offered for those working in transport – waste and data management may be required from council if these tests are to be delivered to the home.
Links to additional information: ● Coronavirus (COVID-19): safer travel guidance for passengers ● Bus Operator Directory ● Private car hire Directory

Appendix 9 – Outdoor Settings

Including: Parks and green spaces, outdoor gyms, entertainment resorts, tourist attractions, beaches, playgrounds, pools, funeral grounds, zoos

Objective: To ensure compliance to social distancing measures to manage transmission risks and deaths from COVID-19 in outdoor community settings in Kent and Medway

Context: Public parks and green spaces. Green spaces will typically include parks, recreation grounds, publicly accessible playing fields, public open spaces associated with housing developments and public burial grounds. These areas are likely to be enclosed by a variety of boundaries with 'pinch points' at entrances.

What's already in place:

- Kent and Medway residents can leave their home to exercise for an hour each day.
- Currently overnight stay is not allowed (with some exceptions) and campsites and caravan parks are closed.
- All outdoor facility staff members should wear face masks if social distancing is not feasible.
- PHE released a guidance for providers of outdoor facilities on the phased return of sport and recreation in England

What else will need to be put in place:

Local outbreak triggers & process:

- Symptomatic individuals / employees should access testing in line with current advice. Advice and information provided through contact tracing should be followed by all symptomatic individuals and their contacts.
- Some outdoor sports are able to go ahead from 29 March, 2021 (e.g. golf and tennis); formally organised sporting events (marathons/ 10ks etc) are able to go ahead if deemed COVID secure on this same date.

Resource capabilities and capacity implications:

- Staffing to monitor compliance and impose social distancing measures in outdoor community settings.
- PH and EH Officers to risk assess each formally organised event and potentially conduct site visits to ensure materials provided by organisers reflect the safety of the event on the day.

Links to additional information:

- Working safely during coronavirus
- Coronavirus (COVID-19): safer public places - urban centres and green spaces
- Coronavirus – guidance on accessing green spaces safely
- Cleaning in non-healthcare settings
- NHS test and trace: workplace guidance
- Guidance for people who work in or run outdoor working environments