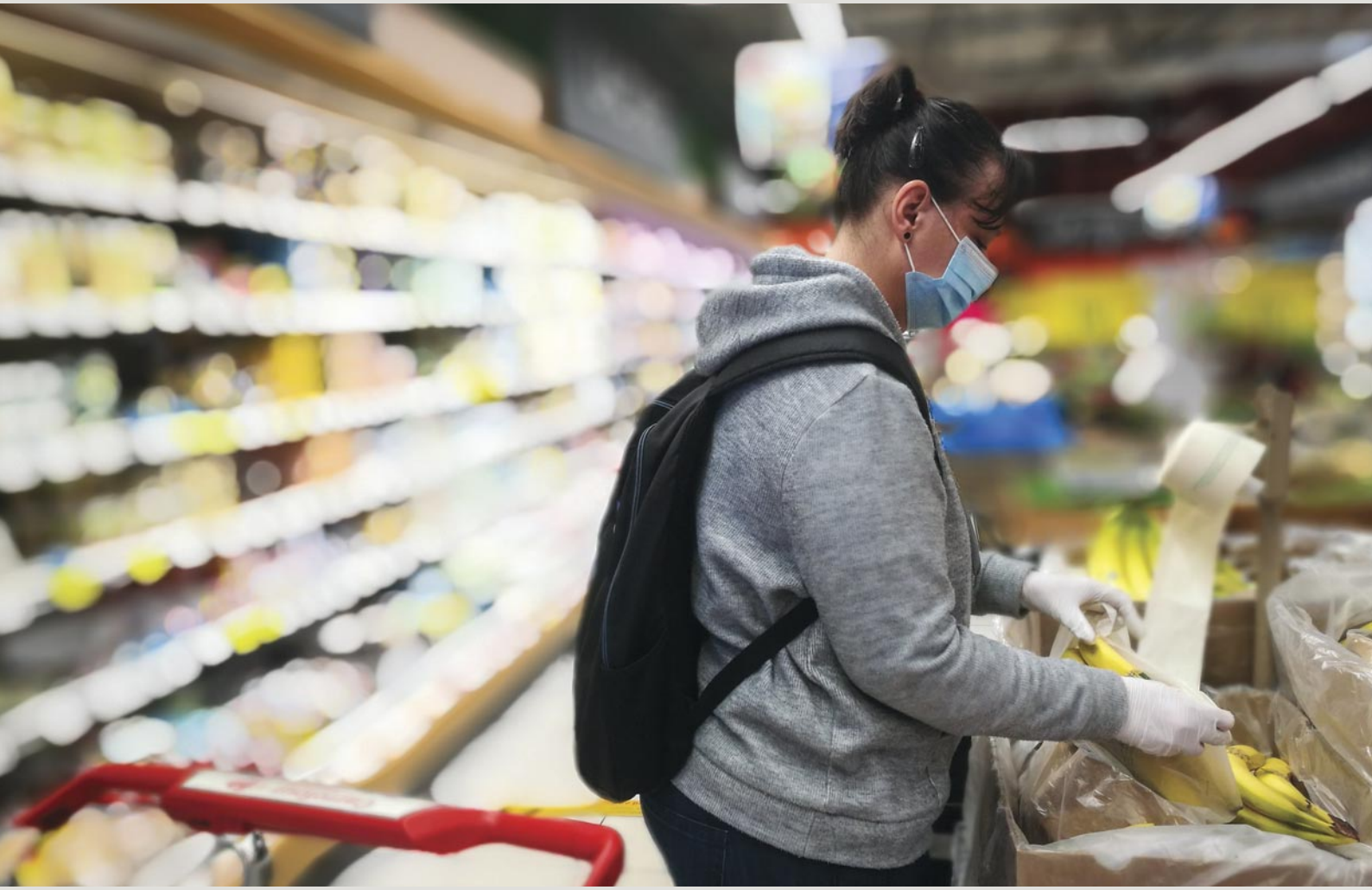

Sunderland
COVID-19 Control Plan

Version 1 June 2020

Sunderland City Council

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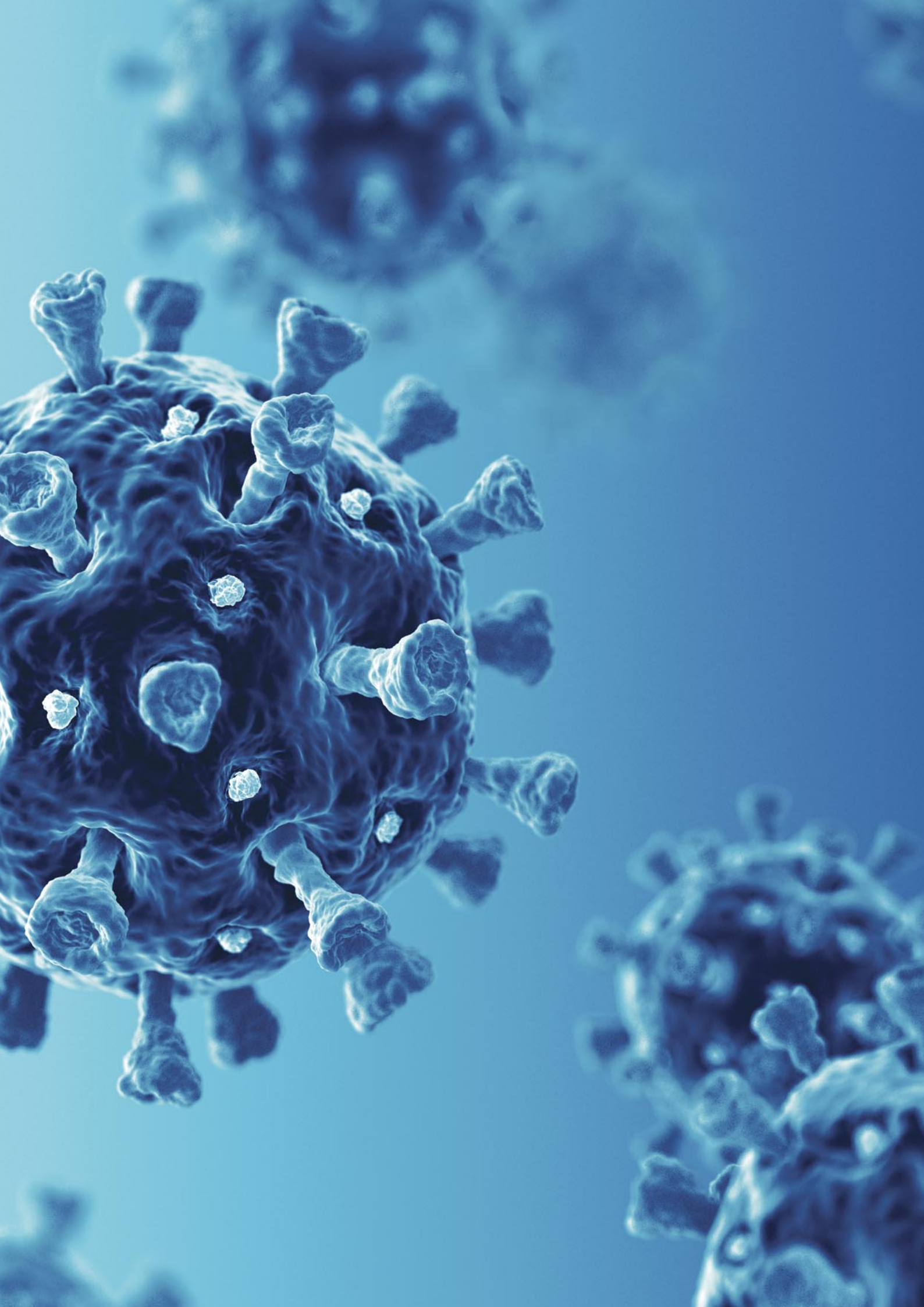

1. BACKGROUND

On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province, China.

On 12 January 2020, it was announced that a novel coronavirus had been identified in samples obtained from cases. This virus is referred to as SARS-CoV-2, and the associated disease as COVID-19.

On 30 January 2020, WHO declared the outbreak of COVID-19 a Public Health Emergency of International Concern.

On 11 March 2020, WHO characterised the outbreak as a pandemic.

The first confirmed case of COVID-19 in the UK was identified and tested on 30 January 2020 and the first death related to COVID-19 in the UK was reported on 5 March 2020.

The UK Government published its Coronavirus Action Plan on 3 March 2020 which set out measures to control the virus in three phases: contain, delay and mitigate.

The Coronavirus Act 2020 was passed to provide Government with the legal measures to be able to implement the phased response. On 12 March 2020, the UK Government announced the shift from contain to delay and started to put in place measures to slow the spread of the virus.

On 23 March 2020, the UK commenced its 'lockdown' with people required to stay at home as much as possible, work from home where they could and only leave their home for a small number of essential purposes.

On 11 May 2020, the Government published its COVID-19 Recovery Strategy. This set out the plans for moving to the next phase of response to the virus including a 'cautious roadmap' to safely easing measures, subject to successfully controlling the virus and being able to monitor and react to its spread.

The Recovery Strategy recognises that, in all likelihood, COVID-19 will continue to circulate in the population for a considerable period of time, possibly causing periodic epidemics.

Managing the spread of the virus will be challenging, given that it can be spread both asymptomatically and pre-symptomatically and that, at the present time, there is no effective drug treatment or vaccine. It is likely that robust hygiene measures and some form of social distancing will be with us for the foreseeable future. As restrictions are eased and the number of contacts between people increase, there is a need to make social contact less infectious. This will be done by:

- Making contact safer – e.g., by redesigning public and work spaces to be 'COVID-19 secure' and ensuring those with symptoms self-isolate
- Reducing infected people's social contact – e.g., by using testing and contact tracing to monitor levels of infection and to better focus restrictions according to risk
- Stopping hotspots developing – e.g., by detecting infection outbreaks at a local level and rapidly intervening with targeted measures.

As we move into this phase of adjusting the lockdown measures, we continue to monitor the surveillance information and to plan for more locally targeted and tailored interventions to local outbreaks and hotspots.

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2. INTRODUCTION

COVID-19 Control Plans (CCPs)

As we move into the next phase of the response to the virus, local authorities have been asked to develop COVID-19 Control Plans as a means of preventing, rapidly identifying and swiftly responding to complex cases in high-risk places, locations and communities. This allows the response to be targeted and tailored to local circumstances and supports the move towards recovery from the pandemic. The aim is once again to contain the virus.

The Plan must address the following key themes:

- Managing local outbreaks in care homes and schools
- Managing high risk places, locations and communities of interest
- Prioritising and managing deployment of testing capacity
- Ensuring capacity for contact tracing in complex settings
- Integrating national and local data to support decision making and action
- Supporting vulnerable people
- Establishing governance arrangements.

The responsibility to develop this Plan sits with Sunderland City Council due to their statutory responsibilities for public health. The Director of Public Health is responsible for the development of this Plan.

The local public health response set out in this Plan builds on existing health protection good practice and involves working in partnership with a range of partners, such as PHE, NHS, educational establishments, private businesses and the voluntary sector.

Purpose

The purpose of the COVID-19 Control Plan is to ensure a safe, effective, co-ordinated, targeted and tailored approach to the control of COVID-19 (including the management of outbreaks) in Sunderland to support the move towards recovery from the pandemic.

Implementation of the Plan should help to contain the virus and reduce the spread of the infection.

Aims

The aims of the COVID-19 Control Plan are to:

- Reduce transmission of COVID-19 in Sunderland
- Protect the vulnerable
- Prevent increased demand on healthcare services
- Ensure provision of an effective and timely response in the event of COVID-19 related incidents and outbreaks.

Objectives

Additionally, the COVID-19 Control Plan:

- Sets out how the local public health system works with the NHS Test and Trace service to contain the virus by ensuring that contacts of new cases are identified, traced and isolated
- Seeks to minimise the number of outbreaks of COVID-19 in Sunderland, using a preventive approach
- Seeks to minimise the number of new and secondary cases in the event of outbreak
- Ensures support is in place for all those who need it when they are affected by an outbreak
- Sets out how vulnerable people are being supported to self-isolate.

Review

The COVID-19 Control Plan will be regularly reviewed and updated in response to developing knowledge about the virus, new guidance, local learning from closed incidents or outbreaks, and the emergence of treatments or vaccine. This should therefore be considered to be a 'live' document.

3. DEFINITIONS

SARS-CoV-2 (the virus)

Coronaviruses are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Severe Acute Respiratory Syndrome (SARS-CoV) or Middle East Respiratory Syndrome (MERS-CoV).

The virus 'severe acute respiratory syndrome coronavirus 2' (SARS-CoV-2), is a novel beta-coronavirus which was first identified in Wuhan City, Hubei Province, China in December 2019.

COVID-19 (the disease)

COVID-19 is the disease associated with SARS-CoV-2. Like other coronaviruses, SARS-CoV-2 produces a respiratory illness in humans.

For most people who are infected with COVID-19, their illness will be relatively mild and self-limiting.

For some groups, the virus can cause more severe symptoms; these include people with weakened immune systems, older people and people with long term conditions such as diabetes, hypertension, cancer and chronic lung disease.

Incident

In the context of this Plan, an incident may be defined as a set of circumstances involving COVID-19 that requires co-ordinated action to prevent or respond to a case or cases.

Outbreak

An outbreak can be defined in a number of ways, however in the context of COVID-19 and given that SARS-CoV-2 is a novel coronavirus, it is likely that we will mainly use this definition of an outbreak in the short to medium term.

- An incident in which two or more people experiencing a similar illness are linked in time or place.

We may also use this definition to target wider prevention and control actions.

- A greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred.

We have also agreed definitions for outbreaks in a range of healthcare settings with key partners.

Control Team (CT)

A Control Team may be a formal meeting of all partners to address the control, investigation and management of an outbreak, or a discussion between two or more stakeholders following the identification of a case or exposure of concern. All such discussions should be appropriately recorded.

Case definitions

In the context of an outbreak of COVID-19:

a. A possible case is any person with symptoms suggestive of COVID-19

b. A probable case is any person with symptoms suggestive of COVID-19 who has a link to the outbreak setting in terms of place and time

c. A confirmed case is any person with a positive test result for COVID-19.

Contact

A contact is a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic up to 7 days from onset of symptoms (this is when they are infectious to others).

Close contact

For the purposes of managing outbreaks of COVID-19, a close contact is defined as any person not wearing appropriate PPE or who has not been behind a Perspex or equivalent screen who has:

- Had direct face-to-face contact with someone who has tested positive for COVID-19
- Been within 1 metre of someone who has tested positive for COVID-19 for 1 minute or more
- Been within 2 metres of someone who has tested positive for COVID-19 for 15 minutes or more.

Clinically vulnerable

Some groups in our population are at higher risk of developing severe illness or even dying from COVID-19 and have been identified as being clinically vulnerable to COVID-19:

- Anyone aged 70 or over
- Anyone with diabetes, a neurological condition or long-term respiratory disease
- Anyone with a long-term problem that seriously affects their heart, kidneys, liver or spleen
- Anyone who is seriously overweight (a Body Mass Index of 40 or more)
- Anyone with a condition (such as HIV and AIDS) or taking medication (such as steroid tablets) that weakens the immune system
- Anyone with a learning disability
- Anyone who is pregnant.

Clinically extremely vulnerable

Some groups in our population are at higher risk of developing severe illness or even dying from COVID-19 and have been identified as being clinically extremely vulnerable to COVID-19 due to complex health problems:

- Anyone who has received an organ transplant and remains on immunosuppression medication
- Anyone with cancer who is undergoing active chemotherapy or radiotherapy
- Anyone with cancer of the blood or bone marrow
- Anyone with severe chest conditions such as cystic fibrosis or severe asthma
- Anyone with a rare disease that significantly increase the risk of infections (such as severe combined immunodeficiency or homozygous sickle cell anaemia)
- Anyone with severe diseases of body systems, such as those who require dialysis for severe kidney disease

- Anyone who is pregnant and has significant heart disease
- Anyone else identified as clinically extremely vulnerable by their GP or hospital clinician.

Complex cases requiring escalation to tier 1 of NHS Test and Trace

- Cases that are in settings which are identified as complex or high risk
- Cases where there are issues of confidentiality or other complex issues
- Where there is a need for consequence management
- Where there is an increase in disease frequency or severity that may require further investigation locally
- Cases where liaison with an educational/childcare setting or employer may be required.

Bubbles and cohorts

A bubble or cohort is a group of people who may have close physical contact with each other.

In a healthcare setting, a cohort is a group of patients who are infected with COVID-19 who are looked after together. This cohort is kept separate from patients who are not infected.

4. ROLES, RESPONSIBILITIES AND GOVERNANCE

Roles and responsibilities

Under the Health and Social Care Act 2012, the **Secretary of State** has a duty to protect the health of the population including the prevention of the spread of infectious disease and the protection of the community against infectious disease. In practice these functions are carried out on behalf of the Secretary of State by Public Health England (PHE).

Public Health England (PHE) delivers a specialist health protection service, including the response to incidents and outbreaks through regional Health Protection Teams (HPTs). HPTs investigate and manage outbreaks of communicable disease, provide surveillance of communicable diseases and infections and support local authorities and port health authorities in their public health responsibilities. In the North East, the HPT has a specific role in the identification and management of outbreaks and is responsible for Tier 1 of the Test and Trace system within the newly emerging regional and national structures.

The **Joint Biosecurity Centre** (JBC), once established, will provide an early warning analytical capability that collects and analyses data to identify local flare-ups of COVID-19.

Local authorities and port health authorities have a key role in investigating and managing outbreaks of communicable disease. Local Authorities are responsible for developing COVID-19 Control Plans under the newly emerging regional and national arrangements being established by the JBC.

Directors of Public Health are responsible to their local authority and the communities they serve for protecting and promoting the health of the population. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented. They have specific roles in relation to preventing and managing COVID-19 outbreaks in their Local Authority area. They do this by advising on and implementing measures at geographic and sectoral level. This role is being further developed as part of the work led by the JBC and will inform further development of the COVID-19 Control Plan.

Local Authorities also have responsibilities for the services for which they have statutorily accountability, are the commissioners or that they directly provide and/or manage. Expertise from the **Environmental Health** and **Health and Safety Teams** will help the local authority to ensure that outbreaks are investigated and managed, that settings are supported with appropriate advice and guidance, that measures to make settings 'COVID secure' are safe and effective and implement enforcement actions should that become necessary.

The Local Authority is the enforcing authority for retail, wholesale distribution and warehousing, hotels, catering premises, offices and the consumer and leisure industries. In some cases, contact with national bodies such as the **Health and Safety Executive** or the **Food Standards Agency** will be necessary. The Health and Safety Executive is the enforcing authority at premises including factories, farms, hospitals and schools. The Food Standards Agency protects the public from risks which may arise in connection with the consumption of food, including risks caused by the way in which it is produced or supplied.

NHS England and **Clinical Commissioning Groups** (CCGs) have a duty to co-operate with local authorities on health and wellbeing under the NHS Act 2006; this includes co-operation on health protection matters. NHS England is responsible for ensuring an effective local response including the mobilisation of local resources through the appropriate commissioner. The Director of Public Health will hold NHS England to account for delivering that response. CCGs are the local commissioners of NHS

funded community and secondary care services and co-commission primary care services. They must ensure that commissioned healthcare services include the necessary surge capacity that may be needed to manage incidents or outbreaks. Historically, Sunderland CCG has commissioned a community infection control team, which is providing wrap around support in response to the COVID-19 pandemic. Work will be taken forward jointly by the CCG, Council and other partners to ensure this provision is available where and when it is needed whether that be in care homes, schools, workplaces, children's residential homes, houses in multiple occupation or other settings.

Healthcare providers have a responsibility to undertake risk assessment of any positive COVID-19 cases in their patients and/or staff to reduce the risk of transmission of infection. This includes assessing the contacts and exposures in healthcare settings and providing advice about isolation and exclusion from work.

The **Local Resilience Forum** (LRF) is a multi-agency partnership which brings together senior representatives from emergency services, local authorities, NHS bodies and other responders to prepare for and support the ability to respond to emergencies as part of national co-ordination arrangements. In the context of the COVID-19 pandemic, the LRF has a critical role is supporting mutual aid and the distribution of resources across larger geographic footprints.

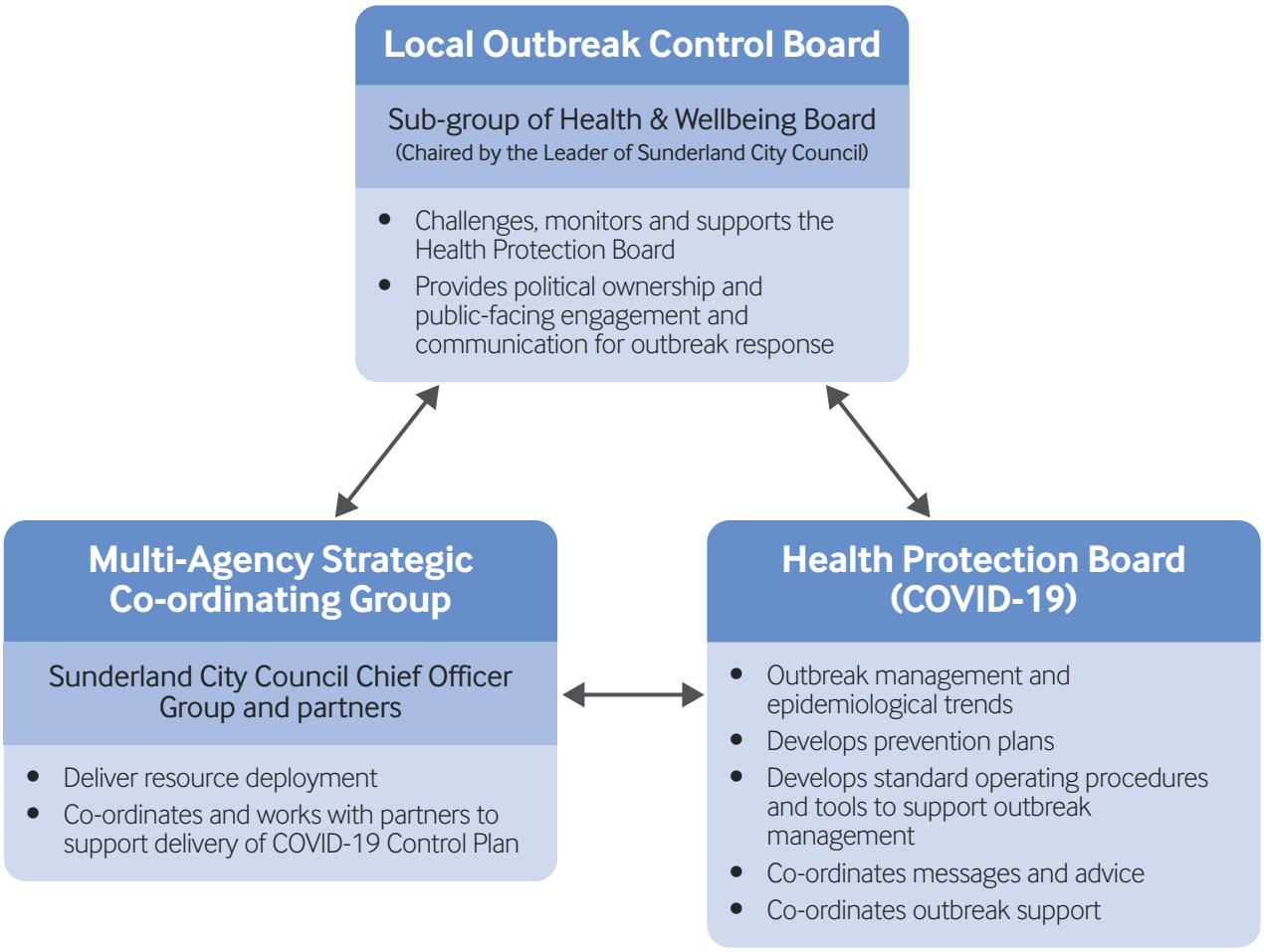
Governance arrangements

Over the period from March to June 2020, Sunderland City Council was using a governance structure for the 'response' phase with Operational, Tactical and Strategic level groups to respond to and mitigate the immediate effects of the pandemic.

As the numbers of new cases has fallen to very low levels during June 2020, the council has determined that this is an appropriate time to move into the 'recovery' phase and governance arrangements have been reviewed and adjusted to take account of this.

New governance groups will be established as follows to support delivery of the COVID-19 Control Plan:

- **Sunderland Health Protection Board (COVID-19) –** to prevent, identify and contain outbreaks to protect the health of the public in Sunderland against COVID-19
- **Local Outbreak Control Board –** to provide challenge, support and leadership and to facilitate political ownership and support public facing engagement and communication for the local response to COVID-19
- **Sunderland Strategic Co-ordinating Group –** to support delivery of the COVID-19 Control Plan through resource deployment and by co-ordinating and working with partners across Sunderland.



Health Protection Board

The Sunderland Health Protection Board (COVID-19) will build on existing health protection arrangements and will put in place measures to prevent, identify and contain outbreaks to protect the health of the public in Sunderland against COVID-19.

The key objectives of the Health Protection Board will be to:

- Lead and co-ordinate work to prevent the spread of COVID-19 in Sunderland
- Develop the draft Sunderland COVID-19 Control Plan and associated Standard Operating Procedures, building on local and national knowledge and ensuring that health inequalities are addressed
- Identify local high-risk places, locations and communities, including Care Homes and Schools, and plan how to prevent and manage outbreaks in each
- Review data on outbreaks and cases to monitor epidemiological trends in Sunderland
- Manage local testing capacity with partners to ensure swift testing of those who have had contacts in local outbreaks
- Use local knowledge to support Public Health England in contact tracing
- Support vulnerable local people to get help to self-isolate and ensure services meet the needs of diverse communities
- Use available enforcement powers in response to outbreaks if required
- Provide advice to the Local Outbreak Control Board and Local Strategic Co-ordinating Group

- Escalate issues beyond the remit of members of this Board to the Local Outbreak Control Board or the Strategic Control Board.

The Board will initially meet on a weekly basis through Microsoft Teams. The frequency and dates for meetings will be scheduled as required and agreed by Board members with additional meetings arranged at the discretion of the Chair as and when required or during the management of an outbreak.

The group will be chaired by the Director of Public supported by a vice-chair who will be nominated by group members.

The Sunderland Health Protection Board (COVID-19) is an officer group with input from:

- Sunderland City Council
- Together for Children
- Sunderland Clinical Commissioning Group
- All Together Better
- South Tyneside and Sunderland NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust.

The Sunderland Health Protection Board (COVID-19) is accountable to the Local Outbreak Control Board and the Strategic Co-ordinating Group, and through the Strategic Co-ordinating Group is accountable to the Council's Chief Officer Group (COG).

Local Outbreak Control Board

The Local Outbreak Control Board will facilitate political ownership and support public facing engagement and communication for the local outbreak response. It will also act as liaison to Ministers as needed. This will build on existing place-based relationships.

The key objectives of the Local Outbreak Control Board will be to:

- Have oversight of all aspects of managing the COVID-19 epidemic including, subject to national government rules and guidance:
  - local decisions on opening and closing venues and settings
  - recovery and restoration of services
  - working with our local communities to ensure that together we continue to behave in a way that keeps ourselves and others safe.
- Agree any additional control measures required for which there are currently no local powers and therefore need the agreement of Ministers
- Make recommendations, where appropriate, for action to be taken by persons or organisations with appropriate decision-making functions.

The frequency and dates for Board will be scheduled as required and agreed by Board members. It is important that the Board is flexible in its approach and responsive to rapidly moving events. As a result, it may be that the Board will need to meet urgently. For this reason, the Board is being established as a sub-group of the Sunderland Health and Wellbeing Board.

The Board will be chaired by the Leader of the Council, or in their absence by the Deputy Leader, in line with national guidance.

The Local Outbreak Control Board is a group comprising elected members, officers and partners as follows:

- Sunderland City Council Members
- Sunderland City Council Officers
- Sunderland Clinical Commissioning Group
- South Tyneside and Sunderland NHS Foundation Trust.
- Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust
- Healthwatch Sunderland
- NHS England and NHS Improvement North East and Yorkshire
- University of Sunderland
- Sunderland Workplace Health Alliance.

The Local Outbreak Control Board will provide information reports on its activities to the Sunderland Health and Wellbeing Board but has the authority to regulate its own procedures.

The Local Outbreak Control Board will formulate terms of reference, for approval by the Chief Executive of the Council, in consultation with the Leader of the Council and Chair of the Health and Wellbeing Board. Any proposed changes to the governance arrangements for the Board will be referred to the Health and Wellbeing Board.

Strategic Co-ordinating Group

The Strategic Co-ordinating Group will provide strategic direction and decision making with regard to the development of the COVID-19 Control Plans and support the Health Protection Board to put in place measures to prevent, identify and contain incidents and outbreaks to protect the health of the public in Sunderland against COVID-19.

The key objectives of the Strategic Co-ordinating Group are to:

- Oversee the work of the Sunderland Health Protection Board (COVID-19), in line with the priorities of the Outbreak Control Board
- Establish overarching principles and strategic objectives for the Sunderland Health Protection Board (COVID-19)
- Ensure that appropriate arrangements and structures are in place for multi-agency co-ordination
- Ensure that the Test and Trace programme is delivered through the Health Protection Board and COVID-19 Control Plan
- Receive regular updates from the Health Protection Board
- Ensure adequate resources are available to support the Test and Trace programme
- Co-ordinate and resolve strategic issues
- Maintain an overview of all outbreaks in the Sunderland area, and ensure that any outbreaks are effectively dealt with.

The Board will initially meet on a monthly basis through Microsoft Teams. The frequency and dates for the Board will be scheduled as required and agreed by Board members with additional meetings arranged at the discretion of the Chair as and when required or during the management of an outbreak.

The Board will be chaired by the Chief Executive of the Council, or in their absence by a vice-chair who will be nominated by Board members.

The Sunderland Strategic Co-ordinating Group is a senior officer group.

The Board has the authority to regulate its own procedures and may use links with Local Resilience Forum arrangements for issues requiring mutual aid or issues requiring resource deployment over a larger geographic footprint.

The Strategic Co-ordinating Group will formulate terms of reference, for approval by the Chief Executive of the Council; these will be kept under regular review.

5. SURVEILLANCE

The importance of surveillance data

If we are to be able to rapidly identify and swiftly respond to complex cases in high-risk places, locations and communities, then rapid access to sufficiently detailed data will be critically important in developing effective prevention and control arrangements.

We will need access to the following:

- Data to prevent and manage local outbreaks;
- Data to effectively deploy local testing capacity;
- Data to deliver effective contact tracing;
- Data to support vulnerable people;
- Data to monitor local confidence;
- Data to make movement restriction decisions;
- Data protection protocols and appropriate data sharing agreements;
- Understanding of data needs.

Whilst the elements of incident and outbreak management are in place (see section 10), the basic flows of clinical and testing data are not yet available.

We will continue to map out the relevant data flows and seek access to these as they become available. We await further details about the work of the Joint Biosecurity Centre (JBC) which is intended to provide an early warning analytical capability that collects and analyses data to identify local flare-ups of COVID-19.

Test results data

Positive and negative test results, undertaken through the NHS laboratories, are automatically notified to GP systems as part of patient records. These data are also available to the North East HPT.

Test results, undertaken by national laboratories are beginning to arrive in GP systems and are being made available to the North East HPT. Local authorities across the region are working with colleagues in the North of England Commissioning Support Unit (NECSU) to explore how these can be linked and used in an appropriately protected manner for population health management.

Aggregate summarised data from local NHS and national laboratories is currently accessible by the Director of Public Health, though it is not sufficiently detailed as to allow surveillance, epidemiology or specific service management. It does, however, give a useful indication of testing uptake and test positivity. PHE also provides a daily breakdown of regional testing data, again at an aggregate level.

In the near future, all positive test data will become available to the Director of Public Health at postcode level (but without patient names) under strict data protection arrangements. This will allow development of better measures of local spread of virus, though more detail will still be needed to support effective control.

NHS Test and Trace data

Detailed data from Tier 2 and Tier 3 of the NHS Test and Trace service (see section 9) are not transferred routinely to either the North East HPT or to local Directors of Public Health. Although the HPT is able to access data via the NHS Test and Trace system, this is not currently capable of identifying links between

cases or contacts unless those are gleaned through a Tier 2 case interview.

Escalated, 'complex' case data, passed from Tier 2 and Tier 3 of NHS Test and Trace to the HPT acting as Tier 1, is received in summarised form. At present, there is no system that allows integrated case management and contact tracing across all three levels of the NHS Test and Trace system.

Data about complex cases is not yet routinely shared by the North East HPT with the Director of Public Health. It is likely that many individual 'complex' test and trace cases will be dealt with by the North East HPT if the cases do not require declaration or escalation of an incident or outbreak. Within the North East it has been agreed that in cases involving the police, details of the index case will be passed by the HPT to Northumbria Police and they will conduct contact tracing. This is considered appropriate if there are complicating legal issues with identification of contacts and no indication that an outbreak needs to be declared.

Directors of Public Health have access to a secure COVID-19 dashboard where they can view daily aggregate track and trace numbers and view key data relating to the number of tests taken and number of positive test results.

Public Health England also produces a RAG rated 'exceedance' report based upon variation from the previous trend in Pillar 1 test results. At present, the numbers of tests upon which these analyses are based are so low that they are of limited value; they may be of more use if numbers of tests increase.

Deaths data

PHE provides regular, useful analyses of ONS data on deaths (including deaths involving COVID-19), with a breakdown by place of death which is useful for monitoring progress in protection of care home residents.

The public health team has existing arrangements in place to access detailed anonymised death data, though this is too slow to support incident or outbreak response. Locally we supplement this through a collection of a subset of data from the local Registrars.

Other data types and sources

Soft intelligence is defined as non-clinical information which may help to provide a broader overview of the impact or perceived impact of COVID-19 within our communities. We are committed to working with our Elected Members to capture soft intelligence about how COVID-19 is affecting the communities they serve.

We will encourage other professionals and agencies to provide details of concerns or information about possible cases of COVID-19. We will be developing an online webform to support this reporting.

We will explore other data sources that may be useful in supporting the prevention and response to COVID-19.

Information governance

We will comply with all data protection legislation and guidance and we are committed to high standards of information governance.

Access to personally identifiable clinical and non-clinical data will be restricted to Public Health and other professionals identified by the Director of Public Health as requiring it to implement COVID-19 control arrangements; the data will be used solely for this purpose.

Identifiable information will be shared in line with data sharing agreements to ensure the protection of individual data and appropriate legal use for purposes of infection control.

6. PREVENTIVE STRATEGIES

Structured prevention plans

The local authority, through the Director of Public Health, will lead the development of setting specific or sector specific COVID-19 prevention plans. These plans will be developed through multi-agency Outbreak Prevention and Support Groups which report to the COVID-19 Health Protection Board.

Prevention plans are being developed for high risk places, locations and communities as identified by the COVID-19 Health Protection Board.

In developing these prevention plans, consideration will be given to mitigating the impact of health inequalities within the City; they will also consider communities that have been adversely impacted by COVID-19 as identified in our draft Health Inequalities Strategy.

The prevention plans will be reviewed at the end of individual outbreaks to ensure that they are continually updated to reflect lessons learned.

The Health Protection Board will continue to identify further settings or sectors for which COVID-19 prevention plans should be developed. Further standard operating procedures will also be developed to manage cases, incidents and outbreaks in these settings.

Prevention Plans will draw up the range of preventive interventions set out below.

Hand hygiene

This is essential to reduce the transmission of infection and regular handwashing has been advised for everyone throughout the COVID-19 pandemic.

People are advised to wash their hands more often than usual, for 20 seconds using soap and water or, in some circumstances, by using hand sanitiser. Hands must be thoroughly dried after washing. Hand washing is particularly advised:

- When you get to work or arrive home
- After coughing, sneezing and blowing your nose
- Before you eat or handle food
- After using the toilet
- Before and after contact with people from outside your household
- When caring for someone who is sick
- After handling animals or animal waste
- When your hands are visibly dirty.

Respiratory hygiene

Good respiratory hygiene is essential to reduce the spread of the virus. The 'Catch It, Bin It, Kill It' message has been used to encourage everyone to practise good respiratory hygiene measures by:

- Covering your mouth and nose with disposable tissues when you cough or sneeze
- Coughing or sneezing into the crook of your elbow, not into your hand, if you do not have a tissue

- Throwing used tissues away straight after use
- Immediately washing your hands with soap and water for 20 seconds or using a hand sanitiser.

Environmental cleaning

Surfaces that are touched frequently in work or community spaces, should be cleaned regularly to prevent the indirect spread of the virus from person to person. This should include regular cleaning of frequently-touched surfaces, such as:

- Door handles
- Handrails
- Tabletops
- Play equipment
- Electronic devices (such as phones).

Standard cleaning products, like detergents or bleach are very effective at getting rid of the virus on surfaces. Public Health England's guidance on cleaning for non-healthcare settings should be followed.

Face coverings

Face coverings are not the same as surgical masks or respirators, which should be reserved for healthcare workers who are giving care to patients and those exposed to dust hazards in their work setting. Rather, they are a cloth material - such as a scarf or bandana - that covers your mouth and nose while allowing you to breathe comfortably.

Wearing a face covering on public transport is mandatory and the Government has advised that people should wear a face covering in enclosed crowded areas, such as on public transport or in some shops

Some people will not be able to tolerate face coverings and should not wear them. They are not recommended for children aged under 2 years, anyone who is unable to manage the covering without assistance or people with respiratory conditions. They are not needed when outdoors.

The evidence suggests that wearing a face covering will not stop you from catching the virus though, if you are infected and have not yet developed symptoms, it may help to reduce the chance of you passing the virus to others. Face coverings do not remove the need to take other precautions to reduce the spread of the virus. It is important to use face coverings properly. Wash your hands before putting them on and taking them off, and wash the face coverings regularly.

Vaccination and immunisation for COVID-19

At the present time there is no vaccine for COVID-19. Finding and deploying a vaccine in response to the COVID-19 pandemic will be a critical factor in protecting lives in this country and across the world.

Antivirals for prevention

At the present time, there are no antivirals with approval for prevention within a COVID-19 outbreak.

Flu immunisation

Influenza (flu) is an acute viral infection of the respiratory tract. It is highly infectious and spreads rapidly in closed communities; even people with mild or no symptoms can infect others.

Whilst the seasonal flu vaccine will not protect against COVID-19 infection, it is an effective way to protect those at risk from flu, prevent ill-health and minimise further impact on the NHS and social care.

Sunderland City Council is currently working with partners across the healthcare system to plan for the 2020/21 winter flu season. We anticipate that concerns about COVID-19 may increase demand for flu vaccination in all eligible groups this year. In addition, the need for social distancing may make administration of the vaccine more difficult. The Integrated Care System has identified an aspiration to vaccinate 100% of health and social care workers and 90% of other eligible groups.

Shielding

Shielding is a preventive strategy which can be used to keep people who are clinically extremely vulnerable away from other people as much as possible to prevent them from being exposed to COVID-19.

Quarantine

Quarantine is a preventive strategy which is used to keep people who may have been exposed to COVID-19 away from other people in order to prevent transmission of the virus. Within the pandemic response, three forms of quarantine are being used as follows:

- British nationals visiting other countries may be required to quarantine themselves for 14 days on return
- Where a person develops symptoms of COVID-19, everyone else in their household must quarantine at home for a period of 14 days from the day that the first person started to show symptoms. The guidance descries this as 'household isolation'. They are asked to stay at home and not leave the house even for essential purposes. This will greatly reduce the overall amount of infection the household could pass on to others in the community
- Where a person is alerted by NHS Test and Trace that they have been in close contact with someone who has tested positive for COVID-19, they must quarantine for a period of 14 days from the date of their last contact with the persons who has tested positive. The guidance descries this as 'self-isolation'. They are asked to stay at home and not leave the house even for essential purposes. Others in the household do not need to quarantine but they must take extra care to follow the guidance on social distancing and handwashing.

Isolation

Isolation is a preventive strategy which is used to keep people who are infected with COVID-19 away from other people in order to prevent transmission of the virus.

Within the pandemic response, anyone with symptoms of COVID-19 or who has received a positive COVID-19 test result must immediately isolate at home for a period of at least 7 days from the date when symptoms started or the date the test was taken. Isolation must continue until all symptoms (with the exception of cough and/or loss of taste or smell) have resolved. The guidance describes this as 'self-isolation'.

Bubbles and cohorts

Creating and maintaining bubbles and cohorts serves to prevent spread of the virus by minimising unnecessary contacts. They work by having consistent groups of people in a particular setting. Within the group, members may have close physical contact with each other. Contact between groups is minimised.

Social distancing

As COVID-19 is a new virus, no one has immunity to it and therefore everyone is at risk of being infected. Social distancing is therefore a key strategy for reducing the spread of infection by dramatically reducing the number and frequency of contacts between people.

Licensed premises are at particular risk in terms of social distancing and so the council will work with license holders to ensure there that they minimise risk and adhere to latest guidance.

Community support

Recognising that shielding, quarantine and isolation requirements can be extremely challenging for some individuals, families and communities, Sunderland City Council has established support arrangements to help our residents and communities stay safe and well throughout the COVID-19 outbreak.

Five 'Virtual Community Hubs' are in place to respond to requests for support from vulnerable members of the community including help with food shopping, delivery of food parcels, collecting prescriptions, and emotional support.

People can request help and support or volunteer to help through the COVID-19 campaign phone line on: 0800 2346084 or via the 'request form' on the Council's website at: https://www.sunderland.gov.uk/article/17092/Need-support-or-want-to-help-

7. TESTING

Testing is at the heart of the new arrangements to enable people to return to as normal a life as possible while COVID-19 is still circulating in the Community. Our local approach to testing will build on the national and regional structures that are in place but will also ensure that high risk settings and communities can access testing when necessary and that we do not widen health inequalities in the City.

Our developing Communication and Engagement Strategy will ensure that local people understand the need to access testing when they have the following symptoms:

- a high temperature;
- a new continuous cough;
- loss or change of sense of taste or smell.

People will be directed to use the NHS website www.nhs.uk/coronavirus to arrange access to a test; for anyone cannot access the internet, they can arrange a test by calling 119.

For Sunderland residents, the nearest fixed site for testing is at the Park and Ride site at Great Park in Newcastle upon Tyne and so a Mobile Testing Unit (MTU) will be sited in Sunderland at the following address:

Azure Court, Doxford International Business Park, Sunderland SR3 3BE

This is a central site for those residents who have access to a car. For those who do not have access to a car, there is currently the option to request a home test kit through the NHS website www.nhs.uk/coronavirus or by calling 119.

The COVID-19 Health Protection Board will work with Elected Members and Community Organisations to ensure that those who are disadvantaged, particularly in relation to COVID-19, are able to access testing and get timely results. In order to ensure fair access to testing, the Health Protection Board will oversee a COVID-19 Needs Assessment, ensuring that those groups identified through our draft COVID-19 Health Inequalities Strategy and other vulnerable groups are not disadvantaged further.

In the event of an outbreak, where there is a need to test asymptomatic people in a specific setting or neighbourhood, we will work collaboratively with other North East Local Authorities to access MTUs that will be held in reserve for this purpose.

There has been an enhanced local response to support testing of care home residents who are symptomatic through the Community Health Team at South Tyneside and Sunderland NHS Foundation Trust. The Team supports with the provision and collection of swab kits, and when needed are able to help with swabbing of residents. This has helped to ensure that care homes have been able to access testing quickly for residents who display symptoms of COVID-19. When further developing local testing capacity the provision available through the Community Health Team should be included as part of the approach.

A regional needs assessment has been undertaken for health and social care workers to enable bespoke solutions where necessary. Other key workers are directed to local health provision or to the essential workers website https://www.gov.uk/apply-coronavirus-test-essential-workers

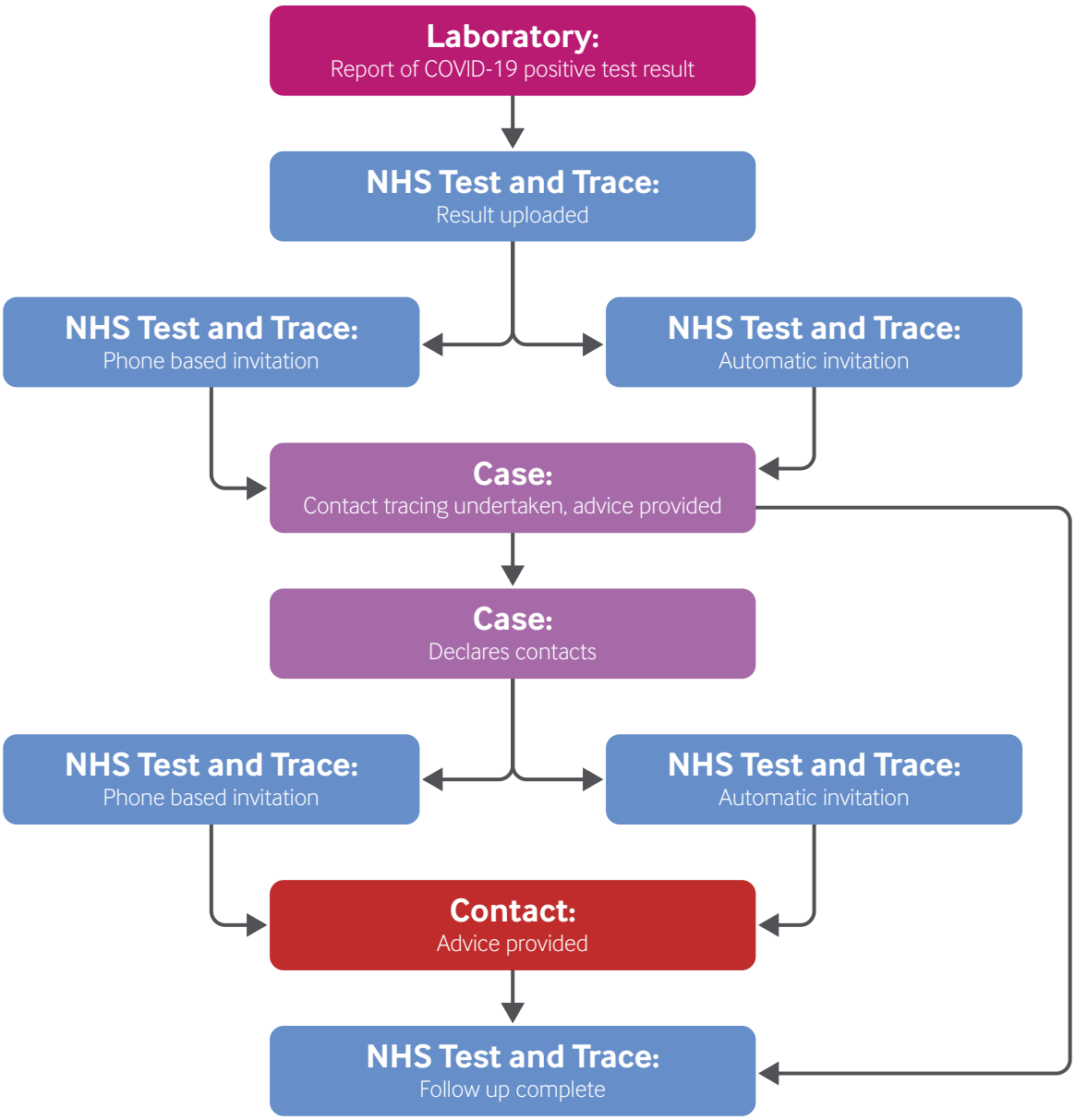
Coronavirus
(Covid 19)

8. CONTACT TRACING

The establishment of the NHS Test and Trace service on 28 May 2020 signalled a new approach to responding to the pandemic. The aim is to continue to contain the virus but to do this in a way that allows as many people as possible to have as normal a life as possible.

The approach to contact tracing that is currently operating involves national, regional and local components. It requires activity at a significantly greater scale than in the early stages of the pandemic, because we are seeing local community transmission of the virus. It reflects and builds on the learning from the initial contain phase of the pandemic between 30 January and 12 March 2020 and includes national, regional and local components.

A summary of the process for giving advice to confirmed cases and identifying contacts is detailed below:



There are three tiers to the contact tracing process. Tier 3 and Tier 2 are national and are undertaken by the NHS Test and Trace service, whilst Tier 1 is largely regional. For Sunderland Tier 1 activities are undertaken by the North East Health Protection Team (HPT) which is part of Public Health England.

Initial case handling by the NHS Test and Trace service is as follows:

- Confirmed cases are reported to the NHS Test and Trace service via electronic laboratory reporting
- Isolation advice and identification of contacts is carried out with the confirmed case (or their parent or guardian, if appropriate) either online or by telephone (Tier 2)
- Details are gathered about any workplace and/or occupational setting exposure where disclosed by the case (Tier 2). If exposure to a nationally specified high-risk setting or occupation is declared, then an electronic notification is passed to the North East HPT for follow up (Tier 1). Circumstances in which cases are to be escalated to Tier 1 are set out in section 3
- The NHS Test and Trace (Tier 2) service will advise the case to self-isolate until the latest of:
  - 7 days after the onset of their symptoms (or 7 days after the test date if they are asymptomatic)
  - 48 hours following resolution of fever or the time at which all of the following symptoms are no longer present: running nose; sneezing; nausea; and/or loss of appetite.
- Details of household and social contacts of the confirmed case are then passed to Tier 3 of the NHS Test and Trace service which provides advice on isolation to the contacts
- The NHS Test and Trace (Tier 3) service will advise the contacts to:
  - Quarantine (self-isolate) for 14 days after the last contact with the person who tested positive, even if they are well
  - If they develop symptoms, arrange for a test through the NHS website www.nhs.uk/coronavirus or by calling 119 and ensure household members also quarantine (self-isolate) for 14 days
  - If a positive test result is received, complete 7 days of isolation from the date of onset of their symptoms and household members complete 14 days of quarantine
  - If a negative test result is received, complete 14 days of quarantine as originally advised and household members can stop their quarantine immediately.
- The national system will match cases by postcode (either residence or workplace) and send a report to the North East HPT (Tier 1) when more than one case reports the same postcode.

Actions undertaken by the North East Health Protection Team (HPT) following escalation to Tier 1 are as follows:

- The HPT receives electronic reports from NHS Test and Trace twice daily
- Confirmed cases may also be reported directly to the HPT (sometimes in advance of electronic reporting through the NHS Test and Trace service). Where this arises, the HPT will contact the confirmed case, carry out contacting tracing and provide isolation advice to the case and any associated setting as required
- The HPT will contact the confirmed case within the time frame for public health actions (21 days from date on onset/test) and confirm a range of details
- Where cases have not provided contact information to Tier 2, details will be gathered. Initial isolation advice will be provided to the case for dissemination to contacts and details passed back to Tier 2 and/or Tier 3 for follow-up
- Where the case has arisen in a healthcare setting (e.g., the case is a hospital inpatient or a member of healthcare staff) details will be passed to the relevant NHS Trust or primary care single point of contact

(SPOC) for completion of contact tracing in accordance with the relevant local standard operating procedure

- Where the case is associated with any other setting, the setting will be contacted in accordance with the relevant local setting-specific standard operating procedure. A risk assessment will then be conducted to determine further actions required
- In some settings, the HPT will also make an assessment of the likely source of infection; for instance, if the case is a pupil or staff member at a school or workplace setting, it will be important to try to establish whether there is a plausible source of infection other than the school or workplace
- If there is no other plausible source of infection, the HPT will look in more detail at the workplace, school or other setting
- Contact tracing outcomes for the setting are recorded prior to closure of any escalated case.

North East Health Protection Team (HPT) reporting to the Local Authority:

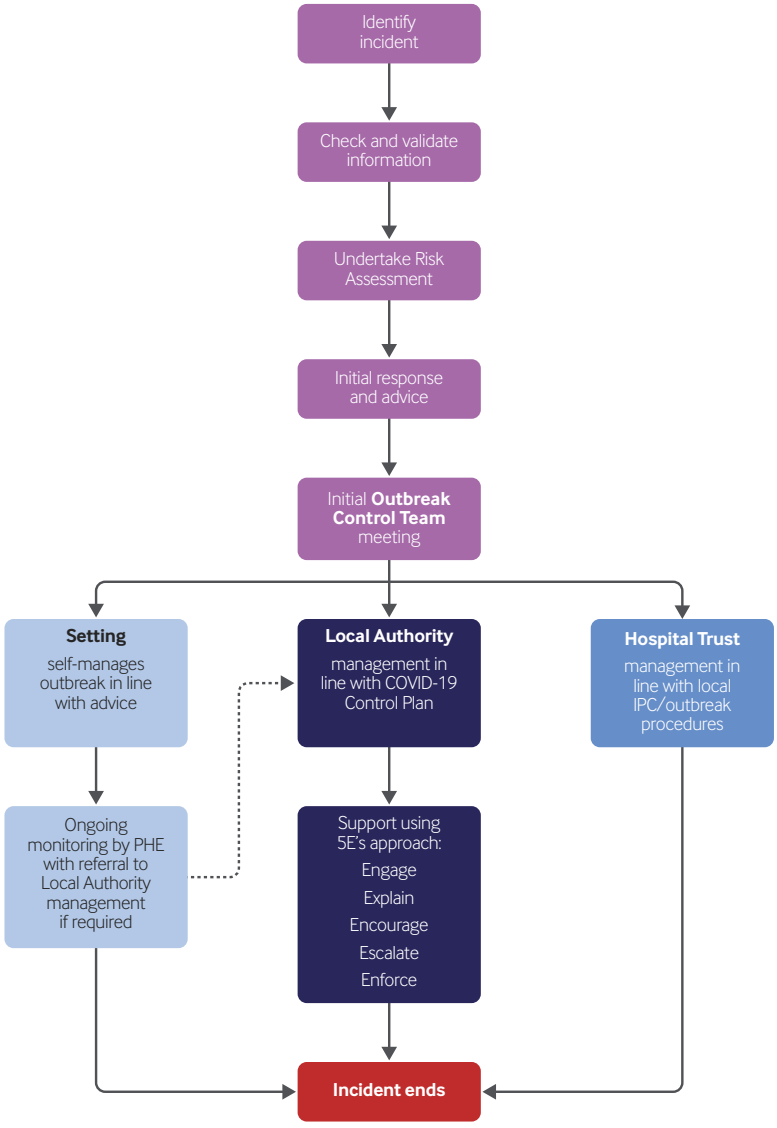
- The HPT will inform the DPH via the agreed single point of contact in the Local Authority in accordance with the setting specific standard operating procedure if:
  - The setting is a school or local authority-managed premises or function
  - The risk assessment identifies likely transmission in the workplace setting
  - There are existing concerns or
  - There is likely to be significant political or media interest.
- Further detail will be provided to the DPH via the agreed single point of contact in the Local Authority if there is any change
- If criteria for an outbreak are met, the HPT will declare an outbreak and will further escalate as necessary (see section 9).

9. INCIDENT OR OUTBREAK MANAGEMENT AND COMUNICATION

Incident or outbreak management overview

Incident or outbreak control activities in relation to COVID-19 will be public health led and will represent a streamlined version of the usual outbreak management processes. It is difficult to predict the number and frequency of complex cases and outbreaks involving sensitive settings locally that will need a local outbreak response, although it is expected to be relatively rare. The local response will be initially led by PHE's NE Health Protection Team alongside the Director of Public Health who will then oversee any additional support required to be put in place by the council and its partners.

A summary of the incident or outbreak management process is as follows:



Adapted from Communicable Disease Outbreak Management Operational Guidance.

Identify incident

For COVID-19, it is likely that outbreaks and incidents may come to light through:

- Referral from the NHS Test and Trace service
- Direct contact with the North East Health Protection Team from a setting with possible or confirmed cases
- Direct contact with another partner (Local Authority or NHS) from a setting with possible or confirmed cases
- Other surveillance, reporting or local intelligence.

Where a possible incident or outbreak was not initially identified by the North East Health Protection Team, they must be alerted.

Check and validate information

The North East Health Protection Team will contact relevant individuals and/or the setting to clarify the nature of the incident or outbreak.

Undertake risk assessment

The North East Health Protection Team will undertake a risk assessment to determine the likelihood of continuing risk to public health. The form of the risk assessment will vary depending on the circumstances and the setting.

Provide initial response and advice

The North East Health Protection Team will provide an initial response to the incident or outbreak, giving advice and implementing any immediate prevention and/or control measures in line with relevant COVID-19 guidance.

Initial Outbreak Control Team meeting

If an initial OCT meeting is convened it will be led by the North East Health Protection Team and chaired by the Consultant in Health Protection. The Local Authority will be part of the initial OCT and this will include the DPH or their nominee. Additional local representation will be setting dependant.

Outbreak Control Team members will collectively agree the control actions to be delivered by the relevant setting/organisation/agency/body and agree criteria for further meetings.

Through the OCT, the North East Health Protection Team will manage initial communication issues regarding the incident or outbreak, for example by providing the setting with template text for inclusion in a letter to affected individuals who may need to be excluded or take specific action. The North East Health Protection Team will be responsible for any required national reporting.

If appropriate, the OCT will de-escalate the outbreak in line with local guidance; where this is not appropriate, the OCT will recommend how the outbreak should be managed.

Complex incidents or outbreaks that require a multi-agency response and may cross local authority boundaries will continue to be managed by the North East Health Protection Team using existing protocols. These may include situations where:

- There has been a death in the setting
- There is a large number of vulnerable people

- There is a high number of cases
- The outbreak has been ongoing despite usual control and infection control measures
- There are concerns on the safe running of the setting or institution
- There are other factors that require multi-agency coordination and decision making.

Determine management approach

Based on the particular circumstances, the outcome of the risk assessment, and the initial OCT, the North East Health Protection Team will recommend that the incident or outbreak is managed through one of the following routes:

- The setting should be able to self-mange the situation based on the advice and the recommended prevention and/or control measures
- The incident or outbreak should be referred to the Local Authority for management in line with this Plan
- The incident or outbreak involves hospital staff or a hospital setting and should be referred to the local Hospital Trust for management in line with local Infection Prevention and Control (IPC) or local outbreak procedures
- The incident or outbreak involves primary care staff or a primary care setting and will be managed by the Health Protection Team.

All incidents and outbreaks will be notified to Sunderland City Council's single point of contact (SPOC) for local COVID-19 incidents or outbreaks.

For incidents or outbreaks that require follow up by the local authority, the North East Health Protection Team will provide information about the initial risk assessment and the advice given in a report sent to the SPOC.

For incidents or outbreaks that require follow up by the Hospital Trust, the North East Health Protection Team will provide information about confirmed cases and exposures to the agreed single point of contact. This will usually be by telephone and email will be used for any follow-up communication.

The North East Health Protection Team will manage incidents or outbreaks in primary care settings including general practices, dentists, community pharmacies and optometrists.

Irrespective of the management route, the North East Health Protection Team will monitor the incident or outbreak and inform the Director of Public Health where further action is required in response to further possible and/or confirmed cases, if the setting appears unwilling or unable to comply with advice, or where there is the potential for the incident or outbreak to impact on the wider community or economy. This is particularly important where the setting is initially determined to be able to self-manage.

Local Authority management

Where the incident or outbreak requires follow up locally an Incident Management Team will be identified to provide support. This will adopt a 5Es approach as follows:

- Engage – make contact with the setting, agree preferred communication channel and contact details, and agree frequency of contact
- Explain – provide advice and guidance to help interpret prevention and/or control measures and ensure advice stays up to date with changing national guidance

- Encourage – review progress in implementing prevention and/or control measures, provide support for infection control activities and help the setting to problem solve where there are barriers to implementation. This may involve review of the safety measures put in place to make the setting 'COVID secure'
- Escalate – seek further advice from the North East Health Protection Team where the incident or outbreak is not resolving in response to control measures, seek support from the Health Protection Board where closures are contemplated or where the incident or outbreak extends beyond the setting and seek support from the Local Outbreak Control Board where the incident or outbreak has the potential to impact on the wider community or economy and/or where there is likely to be significant political or media interest
- Enforce – consider and use enforcement powers where the setting is unable or unwilling to implement the prevention and/or control measures.

End of incident

The Sunderland COVID-19 Health Protection Board, advised by Public Health England, will identify when an incident or outbreak is over and will make a statement to this effect. The decision to declare the outbreak over should be informed by on-going risk assessment. This is likely to be when:

- There is no longer a risk to the public health that requires further investigation, management or control measures in the setting
- The number of cases has declined such that there have been no new cases associated with the setting in the last 28 days.

It is recommended that a short summary report for the incident or outbreak should be prepared and this should seek to identify any lessons learned.

Communications

An effective communications response is an essential part of the management of any incident or outbreak.

Initially, external communication and national reporting will be managed by the HPT-led OCT. If the management of the incident or outbreak is escalated to the Local Authority, then external communication and national reporting will be managed and overseen through the local authority-led OCT unless and until this is superseded by Strategic Co-ordinating Group or equivalent arrangements.

A detailed Communication and Engagement Strategy is being developed to support the delivery of the Sunderland COVID-19 Control Plan; this will be agreed by the Local Outbreak Control Board.

10. CONTROL MEASURES

General

Once an incident or outbreak has been identified, control measures must be put in place to stop the spread of the virus. These measures should be consistent with the principles of infection prevention and control, should seek to manage occupational safety and exposure and should include the use of available treatments.

Assessment of risk

Within different settings, risk assessments will be undertaken at different levels.

The North East Health Protection Team will undertake a risk assessment and provide an initial response to the incident or outbreak, before deciding to pass it on to the local authority for management.

Hygiene measures

Hand hygiene is a key infection control precaution to reduce transmission and during outbreaks, messages about hand hygiene and respiratory hygiene should be strongly reinforced to limit the risk of contamination between those with symptoms and those without.

Cleaning and waste management

During outbreaks, messages about the need to regularly clean frequently-touched surfaces should be strongly reinforced. Guidance that is relevant to the setting should be followed.

Strategies for minimising contacts

In an incident or outbreak, as for the general pandemic response, anyone with symptoms of COVID-19 or who has received a positive COVID-19 test result must immediately isolate at home for a period of at least 7 days from the date when symptoms started or the date the test was taken. Isolation must continue until all symptoms (with the exception of cough and/or loss of taste or smell) have resolved. This includes any staff members who become unwell with COVID-19 symptoms who should be sent home and advised to stay at home in line with this guidance. All settings should have procedures for managing people who become ill whilst on the premises.

The NHS Test and Trace service provides a critical role in managing local incidents and outbreaks by ensuring rapid testing for anyone who develops symptoms of COVID-19, tracing their recent close contacts and, if necessary, notifying them to quarantine for a period of 14 days from the date of their last contact with the person who has tested positive to help stop the spread of the virus.

Use of consistent bubbles, cohorts or teams is a means of minimising the number of individuals and groups that any one person has contact with, thereby reducing the opportunity for transmission of the virus. Minimising contact between groups also provides a means of rapid response in an outbreak.

Unnecessary contacts should be avoided as far as possible and settings will have procedures in place to manage visitors.

All settings have been required to make changes so that they are 'COVID secure'. This will be reinforced in the event of an outbreak and includes:

- Making physical changes to the premises

- Making changes to processes and procedures
- Supporting people to modify their behaviour.

Supporting social distancing measures

Social distancing is a key strategy for preventing outbreaks by reducing the spread of infection. In the context of an outbreak, it is important to strongly reinforce the national messages regarding social distancing.

It is recognised that it is not always possible to strictly observe social distancing. In these cases, risk of spreading the virus can be mitigated by:

- Working back to back or side by side, rather than face to face
- Keeping the room or vehicle well ventilated where possible
- Observing good respiratory hygiene and regularly washing hands
- Regularly cleaning frequently touched surfaces
- Immediately sending home anyone who shows symptoms.

All mitigations will not be possible in all circumstances, but we should use as many of these as are reasonable and practicable at the time.

Managing transmission risks

Use of personal protective equipment (PPE) is one element of safe and effective infection prevention and control which also includes:

- Robust hand hygiene
- Good respiratory hygiene
- Environmental control (e.g., cleaning of frequently touched surfaces)
- Management of patients and service users
- Information
- Training.

The protection of staff providing health and care roles, including ensuring supplies of appropriate PPE, has been a particular priority during the COVID-19 pandemic.

There is national guidance about what PPE is appropriate in what circumstances for health and care settings and education, childcare and children's social care settings. Workplaces will need to continue to meet their obligations for health and safety at work.

Any PPE issued must be used correctly and this will be supported by training. Incorrect use of PPE increases the risk of infection to self and others.

Drug treatments and antivirals

International efforts continue to find drug treatments.

The anti-viral drug remdesivir has been approved for hospital patients meeting certain clinical criteria to support their recovery from COVID-19.

The corticosteroid dexamethasone has been approved for use in hospitalised patients who require respiratory support.

At the present time, there are no drugs that could be used for treatment in the context of a community outbreak of COVID-19.

POLICE

11. ENFORCEMENT

Public Health Protection Powers

Generally, there is no need to compel people to take action to protect other people's health. Health protection powers are therefore reserved for use in situations where voluntary measures are insufficient and legal powers are needed to deal with infections or contamination that present a significant risk to human health.

Local Authority Powers

The most important measures are contained within the Public Health (Control of Disease) Act 1984 (as amended) together with the Health Protection (Local Authority Powers) Regulations 2010 and the Health Protection (Part 2A Orders) Regulations 2010. These provide for an 'all hazards' approach, which is consistent with the International Health Regulations 2005, encompassing infection and contamination of any kind.

The powers available to local authorities include powers that can be exercised by the local authority without judicial oversight and other powers that involve an application to a Justice of the Peace (magistrate). Before the powers can be invoked, local authorities and magistrates must be satisfied that there is evidence of an infection or contamination, that it represents a significant risk to health along with the risk of the infection spreading to others and that the action is required to remove or reduce the risk.

Local authorities are able to request or require action to be taken to prevent, protect against or control a significant risk to human health.

A Justice of the Peace (magistrate) can make a Part 2A Order that imposes restrictions or requirements on a person or in relation to a thing, a body or human remains or premises for the purposes of protecting against infection or contamination that presents, or could present, significant harm to human health.

The powers are flexible and allow magistrates to make decisions that are relevant to each case. Where a magistrate is satisfied that the criteria are met, they can issue an order to protect against infection or contamination that presents a risk of significant harm to human health.

In addition to health protection powers, local authorities can issue health and safety improvement notices on non-compliant businesses under the Health and Safety at Work etc. Act 1974 where the local authority is the enforcement authority. This includes retail, wholesale distribution and warehousing, hotels, catering premises, offices, and the consumer and leisure industries. In this role the local authority can provide advice and guidance, undertake inspections, investigate complaints, issue formal enforcement notices or even prosecute if necessary. We will ensure that all appropriate measures are being adopted to provide 'COVID secure' workplaces across Sunderland.

Similarly, under the Food Safety Act 1990 and the Food Safety and Hygiene (England) Regulations 2013, local authorities can enter food premises, undertake inspection and issue improvement notices or take action to close a premise. Where there is an imminent risk of harm to health, then an emergency prohibition notice may be served on the food business operator followed by an application to a Magistrates' court for an emergency prohibition order.

In the event of an outbreak in a meat packing or food refrigeration site, we would use Food Safety Act powers to investigate and if necessary close the plant. In anticipation of such risks, we will be working to ensure thorough risk assessments and mitigations are in place with vulnerable sites across the City.

Powers for the Secretary of State or a Public Health Consultant

During the pandemic, the Secretary of State for Health and Social Care used powers under the 1984 Act to issue new regulation without a draft being laid before Parliament. The Health Protection (Coronavirus) Regulations 2020 create additional powers to control people who may have coronavirus in the circumstances where the Secretary of State has declared that its transmission is a serious and imminent threat to public health.

The powers apply where either the Secretary of State or a public health consultant believes that a person may be infected with coronavirus and there is a risk that they might infect others, or the person has arrived in England on a ship, aircraft or train and has left an infected area in the previous 14 days.

Although the regulations have restrictive measures for screening, isolation and contact, in keeping with public health law generally, there is no provision for compulsory treatment of a person. People can appeal against restrictions to a magistrate but failure to co-operate is punishable by a fine.

The Secretary of State or a public health consultant can impose any other restriction or requirement on a person, including being held in isolation, where this is necessary and proportionate for the purpose of reducing or removing the risk of the spread of coronavirus. Restrictions can be imposed on groups as well as individuals without the need to seek an order from a magistrate.

Police Powers

The Health Protection (Coronavirus) Regulations 2020 allow the police to intervene to prevent the spread of COVID-19.

Health and Safety Executive (HSE) Powers

Health and Safety Executive (HSE) inspectors have a number of legal powers under the Health and Safety at Work etc. Act 1974.

The Health and Safety Executive is the enforcing authority at premises including factories, farms, hospitals and schools. Following an inspection, an HSE inspector may decide to undertake one or more of the following actions depending upon the issues found.

12. COMMUNICATION STRATEGY

Communications, engagement and social marketing

An effective approach to communications, engagement and social marketing is an essential part of our Sunderland COVID-19 Control Plan. We are developing a supporting Communication and Engagement Strategy that sets out how we will use clear, relevant and timely communications to provide accurate information to residents, businesses and settings across the City. This will support our ability to respond to any localised outbreaks quickly and efficiently and will be agreed and approved by the Local Outbreak Control Board.

As part of our role to protect the health of people in Sunderland, we will continue to amplify national COVID-19 media campaigns through well-established channels and relationships. Localised materials will complement national campaigns and will be communicated to a wide audience through a range of channels including social media, outdoor advertising and via the local press.

A social marketing campaign will ensure that our residents continue to understand the importance of staying safe for themselves and others. We will explore doing this on a wider footprint to gain economies of scale as well as a wider reach. As the restrictions around lockdown continue to be relaxed we need to ensure that our local community continues to play its part in keeping each other safe by ensuring that they protect each other.

Communicating about prevention

Pro-active communication is necessary for an effective response to the pandemic. We need to encourage the public to adopt behaviours to protect themselves and others. To do this effectively we need to improve awareness of:

- Recognising and acting on the symptoms of COVID-19
- How and when to access testing and contact tracing
- When, how and for how long to isolate or quarantine to reduce the spread of the virus
- Key preventative measures such as hand washing and good respiratory hygiene.

Communicating advice and guidance is an important public health tool which helps us to manage risks. We will ensure that we target local communities that have been adversely impacted by COVID-19, as identified in our draft COVID-19 Health Inequalities Strategy.

Using local data, we will develop social marketing approaches, so we are able to tailor our messaging to high risk places, locations and communities.

Through our focus on factual communications and sharing accurate information, we will continue to engage with the wider public about the pandemic and actions being taken to combat COVID-19. We will particularly target prevention messages to high risk groups and settings.

Communicating about testing

We need to normalise testing for COVID-19 with our population so that it becomes an everyday part of our approach to containing the spread of the virus. Through a proactive approach we will make sure that anyone who develops symptoms knows how to book a test, what they need to do to self-isolate until they receive the results and what to do in response to a positive or negative test result.

Communicating about support for self-isolation

Communications play an important role in reinforcing messages to encourage people who have symptoms to self-isolate and stay at home. It is also important that we ensure people seek medical advice and support for emergencies if needed.

We will ensure that NHS Test and Trace processes supply details of the Sunderland COVID-19 phone line (0800 2346084) to vulnerable members of the community who are likely to need support to self-isolate. We will also ensure that appropriate promotional materials are available through incident or outbreak management processes to explain Sunderland's support offer.

Communicating in incidents or outbreaks

An effective communications response is an essential part of the management of any incident or outbreak. Further detail can be found in section 9 of the plan.

13. ACCESS TO RESOURCES

Whole system working

To ensure the successful delivery of this plan, there will be cross-sectoral working with the need to protect people in Sunderland from the impacts of COVID-19 at its heart.

Sunderland City Council and its partners will draw on existing resources but recognise that there will be a need to enhance parts of the local system in order to be prepared for increased demand. Where possible, any additional support will work flexibly in relation to the different components of this plan, particularly between prevention and response.

Resources required for the different components of the Plan

	Surveillance	Prevention	Testing	Contact Tracing (including support)	Support for Self-Isolation	Outbreak and Incident Response
PHE HPT	✓			✓		✓
Public Health	✓	✓	✓	✓	✓	✓
Environmental Health		✓		✓		✓
Communications and social marketing		✓	✓		✓	✓
Infection Control Team		✓				✓
NHS Testing Teams			✓			✓
Mobile Testing Units			✓			✓
Data Analysis	✓		✓			✓
Community Hubs		✓			✓	
Housing		✓			✓	✓
Outbreak Prevention and Support Teams	✓	✓		✓		✓
Emergency Planning and Business Continuity			✓			✓
HSE		✓				✓

In the earlier phase of the pandemic, organisations demonstrated that they were able to redeploy staff to support teams where the demand was greatest. Although this could still be done as we enter the next phase - and may be required if there is a sudden surge in cases - clearly this will then impact on Recovery

which is at the heart of Test, Trace, Contain and Enable. Our approach to resourcing the various components of the Plan are detailed below.

Surveillance

As data on testing is becoming more accessible, it is important that we consider both national and local intelligence, and identify other data to increase our understanding. From a workforce perspective, we will use existing Data Analysts to ensure that we are able to:

- Identify increases in the levels of transmission of the virus in the City in a timely way
- Identify potential unmet need and address inequalities in relation to testing
- Identify any hotspots.

Where it makes sense, we will work with other organisations, both locally and regionally, to improve our analytical capability. We will ensure that a Public Health Specialist examines surveillance data daily, seven days a week.

Prevention

Prevention will be led by the Public Health Team who will continue to provide advice to key settings and will work with other teams to deliver a holistic preventative offer within the City.

An 'enhanced universal support offer' has been established for care homes which includes a range of preventative measures. Infection prevention and control (IPC) advice and support is integral to this enhanced offer and a time limited dedicated staff resource has been established to facilitate this. This has enabled the provision of proactive support to care homes including:

- Training
- Clinical support visits to ensure the safe delivery of care to all residents
- Specialist advice and support with regard to PPE, cohorting, testing and management of COVID-19 outbreaks.

There is a need to ensure that specialist IPC advice and support continues to be available to care homes as they maintain their efforts to mitigate the risk of further infections and prevent future outbreaks. However, care homes are one of many settings where there is risk of transmission of COVIID-19 and it is of utmost importance that the provision of IPC advice and support is more widely available. Work will be taken forward jointly by the CCG, Council and other partners to ensure this provision is available where and when it is needed whether that be in care homes, schools, workplaces, children's residential homes, houses in multiple occupation or other settings.

Throughout the pandemic, the Environmental Health Team has given advice to local businesses and other settings. This will continue but it is recognised that the dual role of prevention and response required from the Team is likely to need additional resourcing.

Communications will be key to prevention. We are currently developing a social marketing campaign to ensure that our residents continue to understand the importance of staying safe for themselves and others. We will explore doing this on a wider footprint to gain a wider reach and economies of scale. This marketing campaign will require additional resources.

Testing

In order to ensure a robust approach to Test, Trace, Contain and Enable, it is imperative that people in Sunderland understand why they need to be tested, and when and how to access a test. This will be part of the marketing campaign described previously.

It is equally imperative that everyone is able to access a test when they need to and that they receive their results in a timely manner.

It is assumed in the development of this plan that a mobile testing unit (MTU) will be available for the City. This will be largely sited in a single location to give clarity to local people about how to access testing locally. In addition, there will be access to additional MTUs that will operate across the North East to support testing when there is an outbreak in a particular setting or community.

The NHS continues to provide testing for health and care home staff and for those who are admitted to hospital.

The Health Protection Board will oversee a COVID-19 Testing Needs Assessment that will identify specific groups that may require alternative arrangements for testing. In order to address these needs, we may need additional resource.

Contact Tracing

In the North East, the Health Protection Team will undertake all Tier 1 contact tracing, building on arrangements and resources that are tried and tested. In order to achieve this, the Health Protection Team is significantly increasing its capacity.

In settings where it is difficult to reach contacts e.g., hostels, then our Outbreak Prevention and Support Teams will support contact tracing using established relationships with operators or clients.

Should additional resources be required for contact tracing in the event of significantly increased transmission, we will offer mutual aid through secondment of the public health team and other suitably qualified workforce.

Support for self-isolation

We will build on the arrangements put in place during the delay phase of the response to the pandemic for shielding and other vulnerable residents to support positive cases and contacts to self-isolate or quarantine. We will continue to have a freephone telephone number available which will be staffed seven days a week.

We will be supported by the voluntary and community sector through five community hubs that will, between them, cover all areas of the City. In order to support the VCS we will ringfence funding and provide grants to those organisations who are called upon most to support vulnerable people who need to stay in their homes.

There may be particular settings, for example some of our hostel accommodation, where we need to provide alternative accommodation for those who become infected or are close contacts of cases. We will identify a number of properties that will be held for people who need to self-isolate due to COVID-19 alongside a floating support team.

Outbreak and Incident Response

As described in the Plan, the initial response to an Outbreak or an Incident will be through PHE's Health Protection Team. As part of the North East COVID-19 Joint Management Arrangements between PHE and Local Authorities' Directors of Public Health, it has been agreed that there will also be a Local Authority response available seven days a week between 08:00 and 20:00. In Sunderland, this initial response will be dealt with by one of the four Registered Public Health Specialists in the Council.

In most cases it is likely that there will not be a need to establish an Incident Management Team, particularly out of hours, but should it be necessary, the Public Health Specialist will have access to the contact details of relevant people.

As is the case with other outbreaks and health protection incidents, it is likely that in addition to Public Health representation, there will also be representation from Environmental Health and the Communications Team. Depending on the nature of the incident and the setting, it is also likely that some members of the relevant Outbreak Prevention and Support Team will also be represented to assist in ensuring that control measures identified in the risk assessment are put in place.

Escalation

The COVID-19 Health Protection Board will identify the need for additional resources as part of the implementation of this plan. When the Health Protection Board is unable to manage the response within existing resources, this will be escalated to the Strategic Co-ordinating Group.

APPENDIX 1: STANDARD OPERATING PROCEDURE

Introduction

A number of high-risk settings and communities have been identified. We have broadly categorised these into groups and standard operating procedures are being developed for each as follows:

- Care homes and similar establishments
- Schools
- Workplaces
- Housing (to be developed)
- Community (to be developed).

Below we describe a generic version of the standard operating procedure for illustration.

Managing individual cases or incidents in high risk settings

Initial case handling by NHS Test and Trace:

- Confirmed cases are reported to the NHS Test & Trace service via electronic laboratory reporting.
- An electronic notification is passed to the North East Health Protection Team when a case is identified as being complex or having contact with one of the settings identified above
- Contact tracing is carried out with the confirmed case either online or by telephone
- The NHS Test and Trace service will advise the case to self-isolate until the latest of:
  - 7 days after the onset of their symptoms (or 7 days after the test date if they are asymptomatic) or
  - The time at which all of the following symptoms are no longer present: high temperature; running nose; sneezing; nausea; and/or loss of appetite.
- The NHS Test and Trace service will also give advice on isolation to relevant household, setting and social contacts of the confirmed case.

North East Health Protection Team (HPT) actions:

- The HPT receives electronic reports twice daily at 10.00 and 15.00 from the NHS Test and Trace service
- Cases will also come to light through settings directly contacting the HPT to report confirmed cases or to report multiple absences or multiple suspected cases
- The HPT will make contact with the confirmed case to establish the onset date of their illness, the date on which they were tested and the dates which they were present at or absent from the setting
- The HPT will contact the setting and disclose (in confidence) the name of the confirmed case and undertake a joint risk assessment to identify close contacts who will require 14 days self-isolation from their last contact with the confirmed case
- The HPT will provide template text for inclusion in a letter from the care home to those/relatives of

those who need to self-isolate.

North East Health Protection Team (HPT) reporting to the Local Authority:

- The HPT will inform the DPH of the incident, the initial risk assessment and the advice given to the setting via a report to the agreed single point of contact in the Local Authority
- Liaison will be through the Health Protection Team ICC email address
- The HPT will monitor the incident and inform the DPH if further action has been required in response to further possible and/or confirmed cases in the school, or if the Headteacher is unwilling to comply with advice.

Where necessary, the HPT and DPH will escalate the incident, e.g., if:

- There are increased numbers of cases in the setting despite control measures being in place
- Large numbers of vulnerable people are affected
- The setting may need to be closed
- There are linked cases in the community or supply chain
- There is significant media and/or political interest.

Managing outbreaks in high risk settings

PHE North East & Yorkshire has agreed the following definitions for clusters and outbreaks in different settings; these include criteria for declaring and ending the cluster/outbreak.

In a non-residential setting e.g., workplace, school or national infrastructure

	Criteria to declare	Criteria to end
Cluster	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days (In the absence of available information about exposure between the index case and other cases)	No confirmed cases with onset dates in the last 14 days
Outbreak	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days AND ONE OF: Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case OR (when there is no sustained community transmission or equivalent JBC risk level) - absence of alternative source of infection outside the setting for initially identified cases	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)

In an institutional or residential setting, e.g., a care home or place of detention

	Criteria to declare	Criteria to end
Outbreak	Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVDI-19 among individuals associated with a specific setting with onset dates within 14 days NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.	No confirmed cases with onset dates in the last 28 days in that setting

In an inpatient setting such as a hospital ward or ambulatory healthcare services, including primary care

	Criteria to declare	Criteria to end
Outbreak in an inpatient setting	Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates 8-14 days after admissions within the same ward or wing of a hospital. NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters
Outbreak in an outpatient setting	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days AND ONE OF: Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case OR (when there is no sustained community transmission or equivalent JBC risk level) - absence of alternative source of infection outside the setting for initially identified cases.	No confirmed cases with onset dates in the last 28 days in that setting

Actions for the North East Health Protection Team (HPT) in an outbreak in a high-risk setting:

- The HPT will declare the outbreak, when required
- The HPT will undertake initial data gathering to check and validate information about the nature and circumstances of the outbreak
- The HPT will undertake a risk assessment to identify possible exposures in the setting and check on procedures in place regarding isolation, social distancing and PPE for staff
- The HPT will provide advice regarding management of the outbreak and infection prevention and control measures
- The HPT will convene and chair an initial Outbreak Control Team meeting to agree:
  - Control actions to be delivered by the setting
  - The appropriate management approach for the outbreak
  - Criteria for escalation and further meetings of the Outbreak Control Team

- The HPT will inform the DPH of the outbreak via a report to the agreed single point of contact in the Local Authority
- Liaison will be through the Health Protection Team ICC email address
- The HPT will monitor the incident and inform the DPH if further action is required
- The HPT will manage external communication and national reporting.

Actions for the Local Authority in an outbreak in high risk setting:

- When the DPH is informed of an outbreak in a high-risk setting, the duty Public Health Specialist will lead the local response and may draw upon the expertise of an Outbreak Prevention and Support Team. These virtual teams will vary according to the setting and include a range of members who have existing relationships with the setting and/or relevant skills
- The duty Public Health Specialist will consider the need for a local Incident Management Team to be established and establish it, if necessary
- The duty Public Health Specialist will undertake initial assurance steps, including a review of HPT risk assessment and checking that control measures are understood and being implemented. This approach to engaging and explaining with the setting will, wherever possible, make use of usual communication routes and existing relationships
- The duty Public Health Specialist or appropriate member of the Incident Management Team will encourage the implementation of agreed prevention and control measures to support those affected by the incident or outbreak and ensure the situation is controlled, including:
  - How infection control (including cleaning) and health protection advice and support will be provided (including assurance that advice is being followed)
  - Business continuity issues following closure or partial closure of setting or high levels of absenteeism
  - Arrangements for testing those who are symptomatic, and in some cases asymptomatic, including rapid deployment of mobile testing
- The duty Public Health Specialist or appropriate member of the Incident Management Team will consider whether there is a need to enforce through the use of powers to ensure compliance with advice and control measures
- The duty Public Health Specialist or appropriate member of the Incident Management Team will manage communications with cases and families, with other contacts, businesses and, if necessary, their supply chain. They will also be responsible for ensuring an appropriate briefing of Members and response to media requests
- If it becomes clear that the situation is not under control despite the control measures, the duty Public Health Specialist will escalate to the HPT for further consideration and advice.

Sunderland
City Council

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