

COVID-19

Local Outbreak Control Plan



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Approved by the Local Outbreak Engagement Board
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This is an iterative document which will be revised to reflect ongoing updates in national, regional and local guidance and intelligence.

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The Bedford Borough Local Outbreak Control Plan

1. Introduction

Background

COVID-19 transmission

COVID-19 is the infectious disease caused by the most recently discovered coronavirus SARS-CoV-2. This new virus and disease were unknown before the outbreak was identified in Wuhan, China, in December 2019. COVID-19 is now a pandemic affecting many countries globally¹. COVID-19 is primarily spread from person to person via droplet transmission which occurs when a person is in close contact with someone who has respiratory symptoms (e.g. coughing or sneezing). Additionally, these droplets can land on objects and surfaces around the person such as tables, doorknobs and handrails. Transmission can occur if someone else touches these objects or surfaces then touches their eyes, nose or mouth.

COVID-19 impact

The impact of COVID-19 on local health and wellbeing is profound. Alongside the direct impact of the virus itself on peoples' health, the measures that have been taken to control the spread of the virus – such as staying at home, shielding the most vulnerable, closing schools and businesses – will affect people's income, job security, education, social contact and mental health². The effects of the virus are likely to widen local health inequalities as they disproportionately affect people from deprived, vulnerable and marginalised groups.

It is widely understood that males, older people and those with clinical risk factors are more likely to have complications related to COVID-19 infection³. Living in an area of higher deprivation and having Black or Asian ethnicity are also independently associated with increased risk of death. Analysis of death certificates by the Office for National Statistics has shown that certain occupations are associated with a higher death rate including construction workers, security guards, public transport and private hire drivers, and those providing residential and home care⁴.

The causes behind these patterns are complex and interlinked: people from black, Asian and minority ethnic background face systemic barriers to the conditions needed to live a healthy life, which contributes to poorer health outcomes among these groups. Given that the risk of dying with COVID-19 is strongly associated with poor health, this makes the virus more dangerous to people from minority ethnic backgrounds. Also, individuals from ethnic minority communities tend to live in more densely populated urban areas, and are disproportionately represented in high-risk key worker jobs⁵. It is not clear yet

¹ World Health Organisation. Q&A on coronaviruses (COVID-19) [Internet]. [cited 2020 Apr 28]. Available from: <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

² Health Foundation, 29 April 2020, COVID-19: Five dimensions of impact. <https://www.health.org.uk/news-and-comment/blogs/covid-19-five-dimensions-of-impact>

³ The OpenSAFELY Collaborative, 6 May 2020, OpenSAFELY: factors associated with COVID-19-related hospital death in the linked electronic health records of 17 million adult NHS patients. <https://doi.org/10.1101/2020.05.06.20092999>

⁴ Office for National Statistics, 11 May 2020, Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered up to and including 20 April 2020.

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/deathsregistereduptoandincluding20april2020#men-and-coronavirus-related-deaths-by-occupation>

⁵ Bibby J et al., 7 May 2020, Will COVID-19 be a watershed moment for health inequalities?

<https://www.health.org.uk/publications/long-reads/will-covid-19-be-a-watershed-moment-for-health-inequalities>

whether there are inherent biological factors that place individuals from Black, Asian and minority ethnic groups at higher risk of COVID-19 morbidity and mortality.

Local Outbreak Control Plans

On 22nd May 2020 the UK Government announced that, as part of its national strategy to reduce COVID-19 infections, it required every upper tier local authority in England to create a Local Outbreak Control Plan (LOCP). Local Directors of Public Health are responsible for producing these plans.

The Bedford Borough COVID-19 LOCP builds on existing health protection outbreak plans, using evidence-based health protection measures to outline how we will **prevent** and **respond** to outbreaks of COVID-19 across Bedford Borough. It highlights how agencies will work together to achieve this and the important role of residents in keeping Bedford Borough safe for everyone. The plan is iterative and will be revised to reflect updates and developments in national, regional and local guidance and intelligence. It addresses the following seven themes identified by the Department of Health and Social Care (DHSC):

Figure 1: Seven themes to include in the Local Outbreak Control Plan

- 1 Care Homes and Schools**
Prevent and manage outbreaks in specific individual settings (e.g. schools, care homes)
- 2 High Risk Workplaces, Communities and Locations**
Prevent and manage outbreaks in other high-risk locations, workplaces and communities
- 3 Mobile Testing Units**
Deploy local testing capacity optimally
- 4 Contact Tracing in Complex Settings**
Deliver contact tracing for complex settings and cohorts
- 5 Data Integration**
Access to the right local data to enable the other 6 key themes
- 6 Vulnerable People**
Support vulnerable people and ensure services meet the needs of diverse communities
- 7 Local Boards**
Make and implement local decisions to restrict movement, locally or regionally, and communicate with the general public

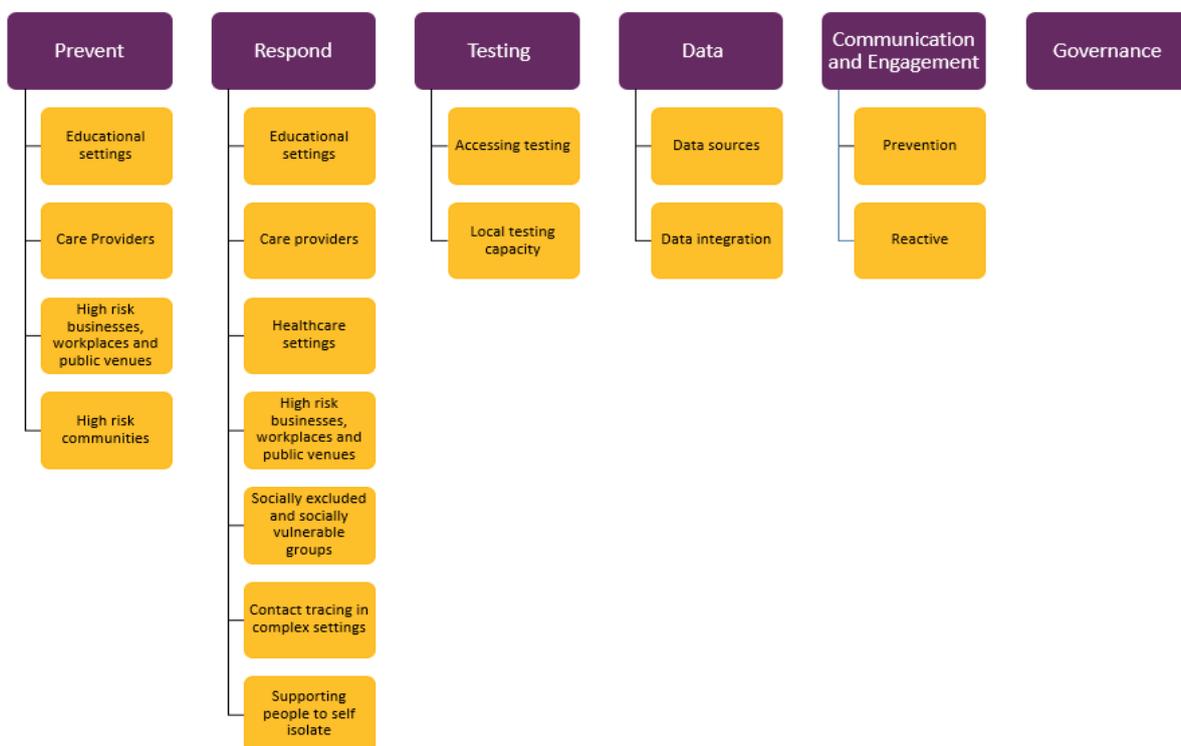
Key objectives of the Bedford Borough Local Outbreak Control Plan

- Prevent the spread of COVID-19 and reduce morbidity and mortality related to COVID-19 and protect the residents of Bedford Borough.
- Pro-active identification of high risk settings (places, locations and communities) which would be complex and problematic if an outbreak were to occur.
- Engage with high risk settings to co-produce resources which focus on preventative measures.
- Early identification and proactive management of local outbreaks to reduce onwards transmission. This includes identifying and providing isolation advice to contacts; supporting infection prevention control measures and providing support to individuals who need to self-isolate.
- Co-ordination of capabilities across partner authorities, agencies, and stakeholders.
- Ensure that the public and stakeholders are kept up-to-date with the delivery of the plan and that there is assurance that it is being delivered effectively.

Structure

The Bedford Borough Local Outbreak Control Plan is structured into six key work streams, incorporating the seven themes outlined above. Each work stream has a nominated lead(s) from the shared Public Health team (see Appendix).

Figure 2: Structure of the Bedford Borough Local Outbreak Control Plan



The NHS Test and Trace Programme

The UK Government has set out four key strands to the national approach to tackling Covid-19: test, trace, contain, and enable. These have distinct but complementary roles at national and local level.

The NHS test and trace service:

- ensures that anyone who develops symptoms of coronavirus (COVID-19) can quickly be tested to find out if they have the virus, and also includes targeted asymptomatic testing of NHS and social care staff and care home residents;
- helps trace recent close contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus.

The primary objectives of the NHS Test and Trace programme are to control the COVID-19 rate of reproduction (R), reduce the spread of infection and save lives; and in doing so help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy. Achieving these objectives requires a co-ordinated effort from local and national government, the NHS, GPs, businesses and employers, voluntary organisations and other community partners, and the general public.

There are several components to the NHS Test and Trace programme:

- Web-based tool Contact Tracing and Advisory System (CTAS)
- Phone Based Contact Tracing (PBCT) Teams:
 - Tier 3 - call handlers contracted through an external provider.
 - Tier 2 - dedicated professional contact tracing staff, employed by NHS through NHS Providers
 - Tier 1 - PHE Local health protection teams (HPTs) and the field service teams, working with Local Authorities to manage complex outbreaks and situations.

The local response is an essential part of the NHS Test and Trace Programme, and the LOCP sets out how the Local Authority is planning to **prevent** and **respond** to local issues and situations related to COVID-19.

The Legal Context and Enforcement⁶

The legal context for managing outbreaks of communicable disease that present a risk to the health of the public requiring urgent investigation and management sits:

- With Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups⁷ to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012

⁶ Public Health Leadership, Multi-Agency Capability: Guiding Principles for Effective Management of COVID-19 at a Local Level. June 2020. [Cited June 2020] Available at: <https://www.adph.org.uk/2020/06/guiding-principles-for-effective-management-of-covid-19-at-a-local-level/>

⁷ And NHS England in the case of Prisons and custodial institutions

- With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020.

This underpinning context gives local authorities (public health and environmental health) and Public Health England the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through local Health Protection Partnerships (sometimes these are called Local Health Resilience Partnerships) and local memoranda of understanding. These arrangements are clarified in the 2013 guidance Health Protection in Local Government⁸.

The Director of Public Health has primary responsibility for the health of their communities. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented.

Table 1 summarises the relevant legislation. Alongside the Health and Safety Executive, the Local Authority also has Health and Safety enforcement powers and can take enforcement action if necessary. However, enforcement will be only used as a last resort - we want to work with our communities and local businesses to protect residents and deliver this plan.

⁸ Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

Specific legislation

Table 1: Relevant legislation

<p>Coronavirus Act 2020⁹</p>	<p>Designated Public Health Officers (PHO) have been given powers to impose requirements on people for screening and assessment purposes (and possible restrictions afterwards), during a transmission control period, if they have reasonable grounds to suspect that the person is potentially infectious. A PHO may exercise those powers if they consider that it is necessary and proportionate to do so—</p> <ul style="list-style-type: none"> (a) in the interests of the person, (b) for the protection of other people, or (c) for the maintenance of public health <p>Before these powers are used all reasonable measures should be taken for voluntary cooperation - these are therefore exceptional circumstances.</p>
<p>The Health Protection (Local Authority Powers) Regulations 2010¹⁰</p>	<p>The local authority can request for co-operation for health protection purposes. For example requesting that the person or group of persons do, or refrain from doing, anything for the purpose of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection or contamination which presents or could present significant harm to human health</p> <p>The local authority may offer compensation or expenses in connection with its request.</p>
<p>Public Health (Control of Disease) Act 1984¹¹</p>	<p>If a request to close is not complied with, it may be possible to apply to a Justice of the Peace for a Part 2A Order. A Justice of the Peace may make an order under subsection (2) in relation to premises if the Justice is satisfied that—</p> <ul style="list-style-type: none"> (a) the premises are or may be infected or contaminated (b) the infection or contamination is one which presents or could present significant harm to human health (c) there is a risk that the premises might infect or contaminate humans, and (d) it is necessary to make the order in order to remove or reduce that risk. <p>(2)The order may impose in relation to the premises one or more of the following restrictions or requirements— (a) that the premises be closed; (b) that, in the case of a conveyance or movable structure, the conveyance or structure be detained; (c) that the premises be disinfected or decontaminated; (d) that, in the case of a building, conveyance or structure, the premises be destroyed.</p>
<p>The Health Protection (Part 2A Orders) Regulations 2010¹²</p>	<p>Allows Local Authorities to apply to a magistrate for a Part 2A order when they need additional powers to manage a person or item that may cause significant harm to human health from infection or contamination. This is as a last resort when other interventions have either failed or aren't suitable.</p> <p>A magistrate can grant a Part 2A order to a local authority if the various conditions set out in the 2010 Health Protection Regulations are met.</p>

⁹ <http://www.legislation.gov.uk/ukpga/2020/7/contents/enacted>

¹⁰ <http://www.legislation.gov.uk/uksi/2010/657/contents/made>

¹¹ <https://www.legislation.gov.uk/ukpga/1984/22>

¹² <https://www.legislation.gov.uk/ukdsi/2010/9780111490976>

2. Prevention

One of the key priorities of this LOCP is to work with stakeholders (including within the Local Authority, PHE, NHS England, the Clinical Commissioning Group (CCG), care homes, schools, workplaces, high risk settings and the general public) to **prevent** the transmission of COVID-19 in Bedford Borough. This includes those people who live in, work in and visit the area. This strand links closely with Strand 5: Engagement and Communication.

General prevention measures across all settings

There are simple, effective measures to reduce the transmission of COVID-19 between individuals which apply to multiple settings. Conveying these messages in a proactive manner, using multiple channels, is a key element of the Engagement and Communication strand.

Hygiene measures and enhanced cleaning in all settings

Hand and respiratory hygiene measures are essential to reducing the transmission of infection in all settings, including within households, workplaces and general community settings. This includes the following measures:

- Strict hand washing should be adhered to. Hands should be cleaned (using soap and water if possible for 20 seconds, otherwise using alcohol based hand rub) after coughing, sneezing, using tissues or after any contact with respiratory secretions and contaminated objects. Additionally, individuals should wash their hands more often especially when arriving at work or arriving home and before eating or handling foods.
- Disposable, single-use tissues should be used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose. Used tissues should be disposed of promptly in the nearest waste bin. Tissues, waste bins (lined and foot operated) and hand hygiene facilities should be available in settings.
- Avoiding touching the eyes, mouth and nose.
- Some people (such as the elderly and children) may need assistance with containment of respiratory secretions; those who are immobile will need a container (for example a plastic bag) readily at hand for immediate disposal of tissues.

Cleaning helps minimise the spread of coronavirus (COVID-19) and therefore continuing to perform enhanced cleaning (including cleaning frequently touched surfaces) is an essential infection control measure. Fortunately, normal cleaning methods do kill this virus. The [national guidance](#)¹³ outlining cleaning of non-healthcare settings should be followed. This guidance also highlights personal protective equipment requirements.

Appropriate use of Personal Protective Equipment

Public Health England and the Health and Safety Executive have worked together to provide guidance on the appropriate use of Personal Protective Equipment (PPE) in a variety of settings, during a state of sustained transmission of COVID-19 within the UK (see [link](#)¹⁴). Organisations should perform risk assessments to determine PPE requirements.

¹³ <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>

¹⁴ <https://www.gov.uk/government/collections/coronavirus-covid-19-personal-protective-equipment-ppe>

Social distancing in workplaces

The relevant national guidance on “[working safely during coronavirus \(COVID-19\)¹⁵”](#) should be followed within workplaces. Employers have a duty to reduce workplace risk to the lowest reasonably practicable level by taking preventative measures. Employers must work with any other employers or contractors sharing the workplace so that everybody's health and safety is protected. In the context of COVID-19 this means working through these steps in order:

- In every workplace, increasing the frequency of handwashing and surface cleaning
- Businesses and workplaces should make every reasonable effort to enable working from home as a first option. Where working from home is not possible, workplaces should make every reasonable effort to comply with the social distancing guidelines set out by the government (keeping people 2m apart wherever possible).
- Where the social distancing guidelines cannot be followed in full, in relation to a particular activity, businesses should consider whether that activity needs to continue for the business.

Further mitigating actions include:

- Keeping the activity time involved as short as possible
- Using screens or barriers to separate people from each other
- Using back-to-back or side-by-side working (rather than face-to-face) whenever possible
- Reducing the number of people each person has contact with by using ‘fixed teams or partnering’ so each person works only with a few others

Finally, if people must work face-to-face for a sustained period with more than a small group of fixed partners, employers will need to assess whether the activity can safely go ahead.

Early identification, isolation and contact tracing of those symptomatic or testing positive

To reduce the spread of COVID-19, it is important to identify direct and close contacts of individuals who have symptoms of COVID-19 or are a confirmed case of COVID-19 (i.e. they have had a positive test result).

Household contacts of people with symptoms of COVID-19, or with confirmed COVID-19, need to follow this [self-isolation guidance¹⁶](#) and advice provided by NHS Test and Trace. Non-household contacts of people with confirmed COVID-19 need to follow the most up to date [self-isolation guidance¹⁷](#) at the time, and follow advice provided by NHS Test and Trace. The guidance is not outlined in detail here as it is subject to change.

Individuals who know that they have been in contact with someone who is confirmed to have COVID-19 (has had a positive COVID-19 test result) should proactively self-isolate, even if they are yet to be contacted by the NHS Test and Trace service. This could help to reduce the time between notification of a positive COVID-19 case and isolation of contacts and therefore reduce the likelihood of transmission to others.

¹⁵ <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>

¹⁶ <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

¹⁷ <https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>

Prevention in specific settings

High risk settings

A setting might be considered high risk from COVID-19 for a variety of reasons including:

- The transmission of COVID-19 within the setting is more likely, due to the nature of the setting e.g. providing direct care, close proximity working, high risk surfaces which are hard to clean, climate environments which favour virus transmission.
- The people that live in or attend the setting are at increased risk of severe infection.
- A large number of people attending the setting and therefore a large number of potential contacts if somebody develops COVID-19.
- A large number of people who travel to a setting together (e.g. share a bus journey to work).
- Where individuals do not feel able to disclose symptoms or to take time off work to self-isolate.
- Where closing the setting would have a large impact on the community.

Examples of settings considered to be potentially high-risk or complex include educational and childcare settings, care settings, certain workplaces and businesses, warehouses and houses of multiple occupancy. In these settings a multi-agency approach might be required to control an outbreak.

Working with higher risk settings to provide guidance and advice on the above preventative measures is an essential part of our plan to reduce the transmission of COVID-19 in Bedford Borough. The specific risks within the setting and target audience will be considered when communicating with the setting so that guidance and advice is tailored.

Communities at higher risk of COVID-19

There is clear evidence that COVID-19 does not affect all population groups equally and the pandemic has the potential to exacerbate inequalities, with the greatest effects being felt by the most disadvantaged. Many analyses have shown that older age; male sex; Black, Asian or minority ethnicity; geographical area and the presence of some underlying health conditions are associated with the risk of getting the infection, experiencing more severe symptoms and/or higher rates of death.

Preventing further cases and outbreaks among populations at risk of COVID-19 and ensuring the immediate needs of those at greatest risk of COVID-19 are met is essential to minimise further exacerbation of inequalities. The impact on inequalities should be considered at every point of the incident response, through completion of Equality and Health Inequalities Impact Assessments. This will enable consideration of populations at risk and the identification of targeted actions to mitigate the impact of COVID-19 on health inequalities.

For these people, it is important to strengthen preventative public health measures to reduce the risk of transmission, as well as ensuring that there is equity of access to testing and ability to isolate. Population characteristics have been mapped to identify areas which might be at increased risk and a more detailed mapping process will be completed.

Prevention measures in specific settings

Table 2 below summarises the prevention measures we have taken for specific settings and those we are planning to take in the future.

Table 2: Prevention measures for key settings

Setting	Activities
<p>Care providers</p> <p>Including: Care homes Nursing homes Domiciliary Care Learning disability and mental health residential settings Supported living Extra care housing</p>	<p><u>Completed</u></p> <ul style="list-style-type: none"> • All care homes have been offered training on donning and doffing of PPE as part of a ‘train-the-trainer’ scheme, led by Bedfordshire, Luton, Milton Keynes Commissioning Collaborative. • A multi- agency Bedfordshire Care Providers Operational Group has been established and meets weekly to review and plan the effective management of outbreaks in care settings across Bedfordshire. • The Care Standards team at Bedford Borough supports care providers. A detailed local tracker has been developed to ensure that we have a comprehensive picture of the position of care providers and importantly the support they require. At a minimum, each provider is contacted 1-2 times per week and more often if required and providers are sent guidance and wellbeing information. • A clinical lead has been identified for each Care Home and they provide general support and as a minimum a weekly check in with each home. • All care homes and residential living settings are able to receive whole home testing. • The council has been supporting care providers with emergency requirements for PPE if they have not been able to procure through their normal routes. • The local authority Public Health COVID 19 Advice and Response Cell (C19-ARC)* provides local coordination of public health advice* <p><u>Planned work</u></p> <ul style="list-style-type: none"> • Domiciliary care providers will be offered free Infection Prevention and Control training in the coming weeks. • Collation and dissemination of national action cards. • Ongoing support with Public Health advice through the C19-ARC.
<p>Educational settings</p>	<p><u>Completed</u></p> <ul style="list-style-type: none"> • All schools need to have completed risk assessments before opening, which highlight measures that the schools have taken to prevent the transmission of COVID-19 e.g. social distancing measures, one way systems. For those schools where Bedford Borough Council is the employer the Public Health and Health & Safety teams have reviewed the risk assessments. • Schools have been asked to report suspected and confirmed cases of COVID-19 in pupils or staff members to the Council using an online form. • The C-19 ARC provides local coordination of public health advice <p><u>Planned work</u></p> <ul style="list-style-type: none"> • Develop training materials for educational settings and parents. • Develop guidance and advice for further educational settings (e.g. colleges and universities) to prevent transmission. • Collation and dissemination of national action cards • Ongoing support with Public Health advice through the C19-ARC.

*COVID-19 Advice and Response cell- for more information see Figure 4.

Setting	Activities
<p>Other high risk settings including businesses, workplaces and venues</p>	<p><u>Completed</u></p> <ul style="list-style-type: none"> • The Public Health team has developed a suite of guidance documents for workplaces. One document is targeted at employers in preparation for the workforce returning and complying with guidance and another document is targeted at the health and wellbeing of employees (and additionally covers health and safety and employer’s duties under the Health and Safety at work act). • The local authority has established a COVID-19 Infection Control Team, led by Environmental Health to promote safe working practices, deal with complaints and requests for assistance from employees and members of the public, and respond to reports of cases, clusters and outbreaks in local workplaces in Bedford Borough. • Environmental Health Officers (EHOs) have written to high risk places e.g. warehouses with guidance (with input from Public Health). • The Environmental Health team (with support from the Public Health) has developed FAQs for workplaces and an infection control checklist (in the event of an outbreak). • The Public Health Advice and Reactive Cell provides local coordination of public health advice. <p><u>Planned work</u></p> <ul style="list-style-type: none"> • Dissemination of the workplace guides to workplaces across Bedford Borough. • Inclusion of more Infection Prevention Control information in communications to workplaces. • Collation and dissemination of national action cards. • Ongoing provision of Public Health advice through the C19-ARC.
<p>High risk communities*</p>	<p><u>Completed</u></p> <ul style="list-style-type: none"> • We have mapped population characteristics to identify communities to focus on in terms of communications. Initial mapping of deprivation, proportion of ethnic minority residents and proportion of households that are over-crowded suggests particular areas of focus could include: Cauldwell, Queens Park, Castle, Goldington, Kingsbrook and Harpur wards (see Appendix). • Public Health team have established an internal workstream to review communications with vulnerable groups during COVID-19, working closely with the council communications and engagement team. • Prepared information based on guidance for groups such as sheltered accommodation and other shared accommodation facilities, working with housing colleagues. <p><u>Planned work</u></p> <ul style="list-style-type: none"> • High risk communities across Bedford Borough and identify prevention leads. • Work needs to be completed to understand the specific needs in these settings and stratify levels of risk. • We will work with these communities to co-produce specific proactive messages to prevent COVID-19 transmission and assist them in the event of an outbreak. • Develop prevention guides for any settings which have not received this yet. • Collation and dissemination of national action cards. • Ongoing provision of Public Health advice through the C19-ARC.

3. Responding to outbreaks

This section outlines:

- The general principles of responding to an outbreak of COVID-19
- The agencies involved and their roles and responsibilities
- Plans for responding to COVID-19 outbreaks in settings at higher risk of transmission and impact
- Contact tracing in complex settings

Outbreak Management: General Principles

Definitions

The following definitions apply to the management of cases, clusters and outbreaks of COVID-19.

Table 3: Definitions

Confirmed case	Laboratory test positive case of COVID-19 with or without symptoms
Possible case	New continuous cough and/or high temperature and/or a loss of, or change in, normal sense of taste or smell (anosmia)
Infectious Period	The infectious period is from 48 hours prior to symptom onset to 7 days after, or 48hrs prior to test if asymptomatic
Cluster	Two or more confirmed cases of COVID-19 in a specific setting within 14 days
Outbreak	Two or more confirmed cases of COVID-19 between individuals who are direct close contacts within the same setting within 14 days (does not apply to linked cases in a household context).
Contact	<p>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).</p> <ul style="list-style-type: none"> • People who spend significant time in the same household as a person who has tested positive for COVID-19 • sexual partners • a person¹⁸ who has had face-to-face contact (within one metre), with someone who has tested positive for COVID-19, including: <ul style="list-style-type: none"> ○ being coughed on ○ having a face-to-face conversation within one metre ○ having skin-to-skin physical contact, or ○ contact within one metre for one minute or longer without face-to-face contact • a person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes • a person¹⁹ who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plane near someone who has tested positive for COVID-19

¹⁸ ¹⁸ Unless they are wearing PPE in accordance with national guidance

¹⁹ ¹⁹ Unless they are wearing PPE in accordance with national guidance

In relation to COVID-19, action may be required before the traditional definition of an outbreak is met. For example, a coordinated response is currently required if there is one or more suspected or confirmed case(s) of COVID-19 or death from COVID-19 in either residents or staff within care homes.

Outbreak management cycle of actions

There are multiple stages and cyclical elements of managing an outbreak- as shown in Figure 1 below. Once an outbreak is identified (evidence), agencies come together to formulate and allocate actions, which are then implemented to control the outbreak. There then needs to be an evaluation and assurance that these actions have been effective at managing the outbreak, and there will be ongoing surveillance so that ongoing or new outbreaks can be detected.

Contact tracing is a key part of both the surveillance/epidemiology part of the local outbreak, and also as a tool for implementing outbreak control through isolation.

Figure 3: Principles of outbreak management



Roles and responsibilities during COVID-19 response

Roles and responsibilities for the prevention and control of infectious disease outbreaks, or health protection incidents, are outlined in an operational 'Memorandum of Understanding (MoU) on the delivery of core health protection in the East of England.' The scale of the response to the COVID-19 pandemic and evolving control measures at a national level mean specific arrangements for the management of COVID-19 are required and there is an on-going need for flexibility in response to local outbreaks and 'hotspots' taking into account capacity in stakeholder organisations.

Table 4: Key stakeholders and primary roles

Organisation	Primary role
Public Health England (PHE) (East of England Health Protection Team (HPT) & Field Epidemiology Service)	<ul style="list-style-type: none"> • Provide specialist health protection response. • In most outbreak situations, provide initial advice and lead a risk assessment. • Lead any epidemiological investigations.
Bedford Borough Council, including Public Health and Environmental Health Teams	<ul style="list-style-type: none"> • Strategic oversight of an incident or outbreak impacting on population health • Defined health protection functions and statutory powers in respect of environmental health, health and safety and housing, including a statutory duty to investigate infectious disease linked to workplace settings, undertake inspections, regulate workplace risk assessment processes and exercise powers under the Health and Safety at Work etc. Act 1974. Health and Safety Executive are the enforcement authority for some premises. • Work with colleagues and elected members regarding incidents/outbreaks and mobilise local authority resources required to support an incident.
NHS England	<ul style="list-style-type: none"> • Oversee the prevention and control of outbreaks in healthcare settings. • Oversee the NHS response to a wider outbreak, ensuring that relevant NHS resources are mobilised and directed as necessary. • Ensure contracted providers deliver an appropriate clinical response to any incident that threatens the public's health. • Support CCGs to coordinate response required from provider organisations such as Community Trusts and/or Acute Trusts.
Clinical Commissioning Group (CCG)	<ul style="list-style-type: none"> • Lead partner for the prevention and control of outbreaks in healthcare settings, working closely with providers and PHE. • Ensure through contractual arrangements with provider organisations that healthcare resources are made available to respond to incidents or outbreaks. • Ensure CCG-commissioned providers act on direction and advice from the HPT. • Commissioning and delivery of testing services.
NHS Providers	<p>NHS providers will deploy and coordinate relevant and available resources as agreed to support an NHS response, and during an outbreak will act on direction and advice from the HPT.</p>
Bedfordshire Local Resilience Forum	<ul style="list-style-type: none"> • System leadership on Emergency Planning, Resilience and Response. • Gold and Silver command for the emergency response to the COVID-19 pandemic. • Links to Ministry for Housing, Communities and Local Government.
Joint Health Protection Advisory Group <i>(For further details see section 7: Governance)</i>	<ul style="list-style-type: none"> • Provide health protection advice to inform the local implementation of Test, Trace, Contain and Enable (TTCE) across the Local Authorities of: Bedford Borough, Central Bedfordshire, Luton and Milton Keynes, ensuring a coordinated approach across local authorities, NHS organisations, PHE and other stakeholders. • Oversight of data flows relevant to TTCE. • To ensure a coordinated approach to: <ul style="list-style-type: none"> ○ Responding to localised outbreaks, particularly where these impact across boundaries; ○ Deployment of flexible testing capacity in response to need, prioritising requests where necessary, through oversight of the BLMK (Bedfordshire, Luton and Milton Keynes) Community Settings Swabbing Cell; ○ Managing 'hotspots', including advice on local lockdown measures and consideration of wider impacts including across boundaries.
Bedfordshire Police	<ul style="list-style-type: none"> • Key system partner, engagement and enforcement if required.
Health & Safety Executive (HSE) & Food Standards Agency	<ul style="list-style-type: none"> • Outbreak management in relevant settings in liaison with Environmental Health Teams when a locally timely response from HSE is not possible • Enforcement. • Advice and guidance.

Defining a minor, major outbreak and major incident response

Table 5: Definitions of a minor, major outbreak and a major incident

Type of outbreak	Characteristics and response	Examples
Minor outbreak	Normally investigated and controlled within the resources of the local authority (led by Public Health with e.g. Environmental Health, Adults Social Services, Children's Services involvement as dictated by the setting), working closely with PHE Health Protection Team in line with arrangements detailed in the relevant Joint Standard Operating Procedures or Memorandum of Understanding documents	<ul style="list-style-type: none"> • Confined to a care home where control measures are in place and single or small numbers of staff or residents are affected • Exposure within a workplace or educational setting where cleaning and disinfection and social distancing have been observed (or reinforced) and measures have been taken to exclude and self-isolate contacts (with or without testing).
Major outbreak	Requires a coordinated, multi-agency response and an incident management team (IMT) will usually be established. A major COVID-19 outbreak may require co-ordination and/or additional resources, particularly where outbreaks extend beyond the Local Authority boundary. Incident management will usually be led by the PHE Health Protection Team	<ul style="list-style-type: none"> • An outbreak in a setting where people may be more vulnerable because of their characteristics or behaviours. • A minor outbreak where there is evidence the situation is rapidly worsening. • There is potential for transmission to large numbers of people.
Major incident	With outbreaks of such magnitude that there are significant implications for routine services and the resources required, a major public health incident / health services emergency will be declared. In these circumstances, the incident management team (IMT) will alert the appropriate local agencies via the Bedfordshire Local Resilience Forum, including all Category One responders, to consider declaring a Major Incident and bringing local major incident plans into effect.	<ul style="list-style-type: none"> • When a major outbreak is affecting large numbers of the population, consuming increasing health care resources and/or stretching the local capacity to deal with clinical, professional and media demand.

Incident Management Team (IMT)

Where complex situations or outbreaks occur, an incident management team (IMT) (sometimes also referred to as an Outbreak Control Team), may be established. The remit of the IMT is to agree and coordinate the activities of the agencies involved in the investigation and control of the outbreak in order that the source of the outbreak is identified and control measures implemented as soon as possible and, if required, legal advice sought. The IMT will act on behalf of one of the key organisations involved in the outbreak; this may be the NHS Trust, PHE or the LA. The responsibility for calling an IMT will vary depending on the circumstances of the incident:

- For incidents at NHS Trust premises, the responsible officer is the Infection Control Doctor (ICD)/Director of Infection Prevention and Control (DIPC)/On-call Director.
- For incidents at general community/ non-NHS premises the responsible officers are the Health Protection Team (PHE) Consultant and/or the Director of Public Health with Consultant Microbiologist and/or the Senior Environmental Health Practitioner.

Membership of the IMT will vary depending on the situation but will normally include a:

- Consultant in Health Protection/ HPT member
- Infection Control Doctor/Nurse Specialist
- Director of Public Health (or nominated deputy)
- Senior Environmental Health Practitioner
- NHS lead – usually from NHS England, or delegated to the CCG. In an outbreak confined to one NHS Trust, this could be the Trust Senior Manager/DIPC
- Senior Clinical Microbiologist/Virologist, as necessary
- Communications Officer
- Nominated secretary

The lead for the IMT will be determined in the first meeting as part of the development of the Terms of Reference (TOR). It will vary by situation, but normally an outbreak in the community, in a non-NHS premises will be led by a Consultant in Health Protection from PHE.

Responding to COVID-19 outbreaks in specific settings

This section focuses primarily on the response to minor COVID-19 outbreaks, working within local resources in liaison with PHE. Major outbreaks, cross border outbreaks and major incidents would require specialist health protection input from PHE and a multi-agency response through Bedfordshire Local Resilience Forum.

The key priority in responding to outbreaks is to identify a suspected or confirmed outbreak at an early stage, provide appropriate advice and support to prevent the onward transmission of COVID-19 through:

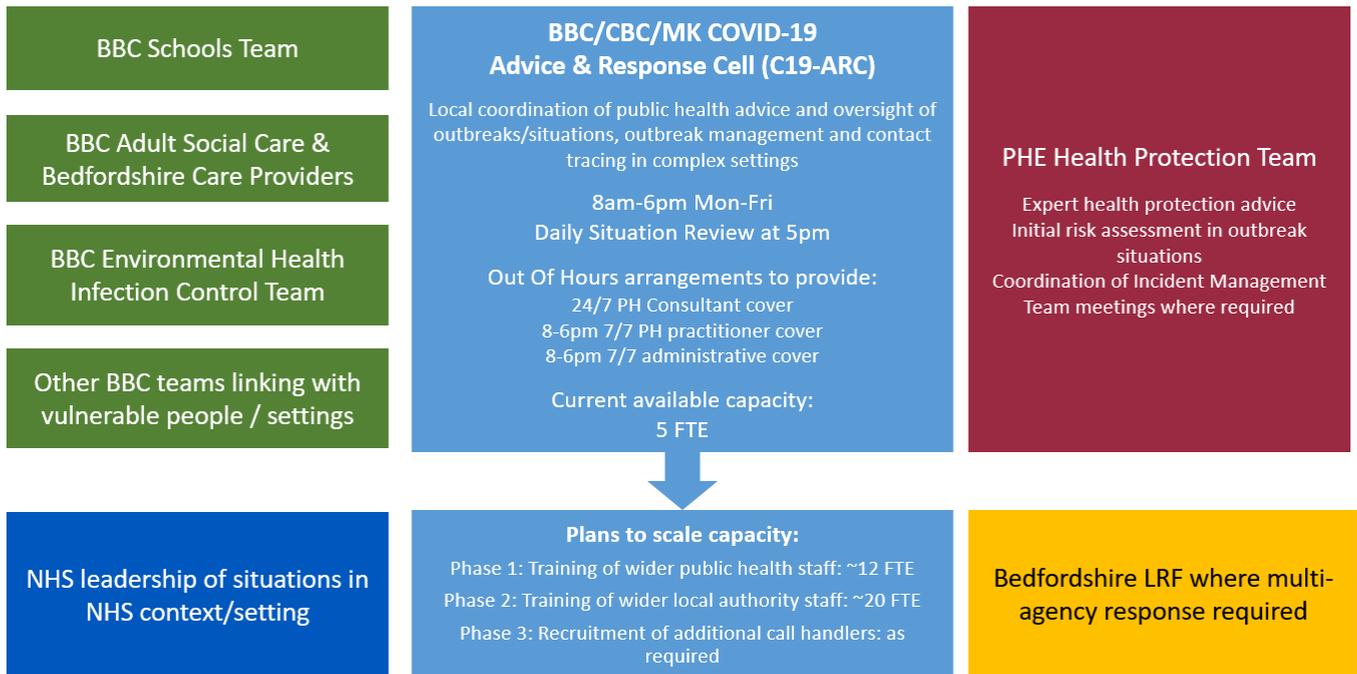
- Infection Prevention and Control Advice, including advice about cleaning and the appropriate use of PPE in line with national guidance.
- Cohorting symptomatic individuals (i.e. separating the care of symptomatic from asymptomatic individuals) if appropriate e.g. in residential and care homes.
- Contact tracing and provide advice about self-isolation, in line with national guidance.

The following section outlines the roles and responsibilities of different organisations in responding to COVID-19 outbreaks in different settings. Additionally, a set of national “action cards” will be available to support settings to prevent, prepare for and respond to outbreaks. These cards are currently being drafted nationally and are expected to be a resource to assist local areas to identify prevention measures and potential actions in the event of an outbreak.

Key organisations involved in the local response

The diagram below shows the key organisations which will form part of the outbreak response locally. A new COVID-19 Advice and Response Cell (C19-ARC) has been established, led and staffed by the Public Health team to provide local coordination of public health advice and oversight of local outbreaks/situations, outbreak management and contact tracing in complex settings across Bedford Borough, Central Bedfordshire and Milton Keynes. This cell will work closely with relevant Bedford Borough Council services and teams, who will play a key role in the local response in specific settings, and also with the PHE Health Protection Team. The C19-ARC receives notifications of suspected and confirmed cases of COVID-19 from different sources as set out in the following section. The key organisations are summarised in Figure 4.

Figure 4: Key teams and organisations in the Bedford Borough outbreak response



High risk settings: outbreak management

High risk and complex settings across Bedford Borough are currently being mapped to target further preventative work.

The council will work in line with joint, agreed MoUs between the Local Authority, Public Health England and other partner agencies, which outline roles and responsibilities for outbreak management in these settings. Key information will be distributed to specific settings as required.

This section outlines the outbreak response for specific situations: education, care providers and healthcare settings, businesses, public venues and workplaces, complex settings and socially excluded groups.

a) Educational settings

Educational settings represent a potentially high risk context for the spread of infection but usually contain individuals at low risk of severe illness. It is expected that cases occurring among staff and students will also arise as a result of community spread and will not always indicate the school as the place of transmission. Guidance on required infection control measures in schools will evolve, reflecting changes in the epidemiology of COVID-19, and it is the responsibility of individual schools to ensure they are operating in line with guidance and implementing control measures identified through a robust risk assessment process.

Approach to management of cases, clusters and outbreaks in educational settings

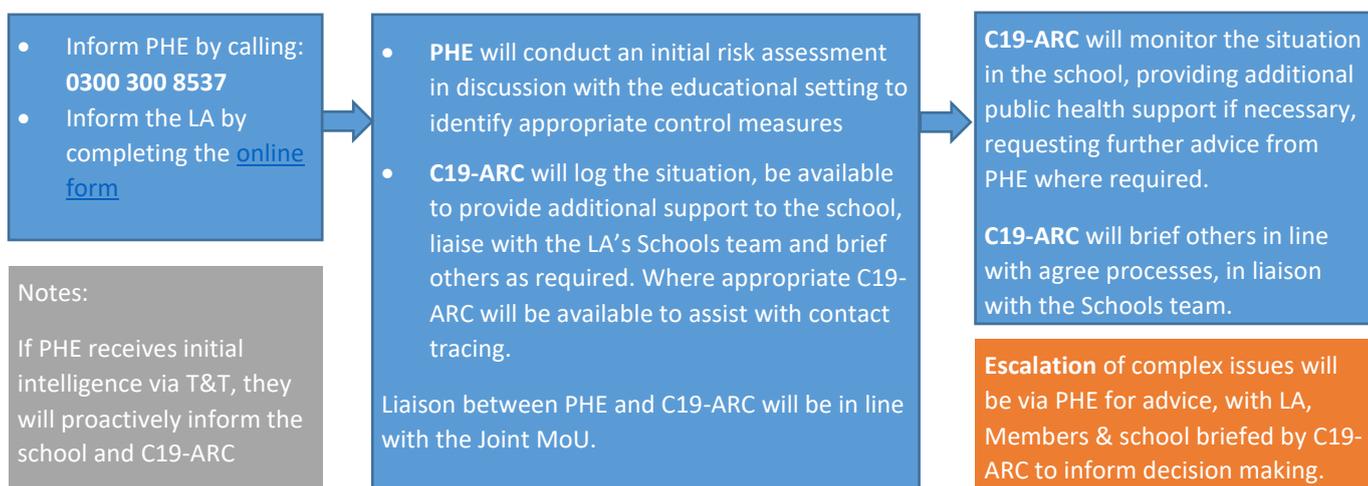
The framework for responding to a case, cluster or outbreak in an educational setting is provided by the latest joint working arrangements with PHE. A locally-agreed flow chart for managing suspected and confirmed cases of COVID-19 in school pupils or staff members in schools across Bedford Borough has been developed and shared with schools. This summarises the actions schools need to take following identification of a symptomatic or confirmed case in their settings, highlights infection prevention and control advice around cleaning areas that the suspected or confirmed case have been using, and provides links to further guidance. The approach is also relevant and used in other educational settings.

The school nursing service can provide general guidance and support for schools and can be contacted on 0300 555 0606 (Single Point of Access).

In summary, the key responsibilities are as follows:

If an educational setting becomes aware of a symptomatic case (or cases) in their setting, they will inform the LA by completing the online notification form found here: https://bedford-self.achieveservice.com/service/Report_Case_of_Coronavirus_in_School.

If an educational setting becomes aware of a confirmed case (or cases) in their setting, they will:



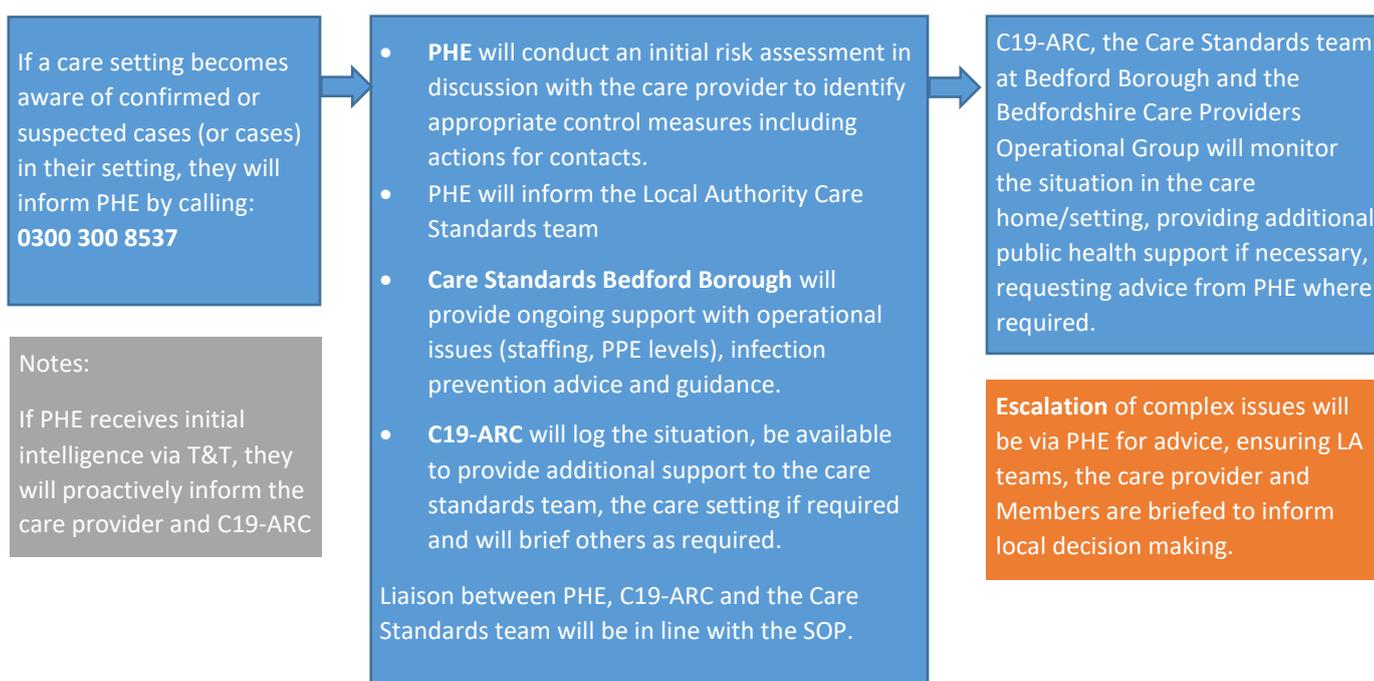
b) Care Providers

Care settings represent a potentially high risk context for the spread of infection as the risk of transmission is high and individuals in the setting will commonly be extremely clinically vulnerable. The council and CCG work closely with care homes, providing support for infection prevention and control and ensuring access to sufficient supplies of PPE. The responsibility for clinical care of each resident remains with their General Practitioner.

Approach to management of cases, clusters and outbreaks in care settings

The framework for responding to a case, cluster or outbreak in a care home setting is provided by the latest joint working arrangements with PHE. A detailed local flow chart for managing suspected and confirmed cases of COVID-19 in care homes across Bedford Borough has been developed and communicated to care providers. The flow chart also highlights infection prevention and control advice around cleaning areas that the suspected or confirmed case have been using, and provides links to further guidance. The approach is also relevant and used in other residential settings such as homes for people with a learning disability

In summary, if a care setting becomes aware of one or more suspected or confirmed case(s) of COVID-19 or deaths amongst staff or residents the key responsibilities are as follows:



Associated guidance:

- Admission and care of residents during COVID-19 incident in a care home:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/893717/admission-and-care-of-residents-during-covid-19-incident-in-a-care-home.pdf

c) Healthcare settings

The prevention and control of outbreaks in healthcare settings will be overseen by the NHS, with the CCG as the lead partner, working closely with providers and PHE. The local authority Public Health team will support any IMTs through the C19-ARC, as appropriate. Household contact tracing of positive cases will be overseen by NHS Test & Trace and occupational contact tracing will be undertaken by the provider, with the support of PHE.

Control measures for managing outbreaks in healthcare settings include:

- The early recognition, reporting and assessment of cases.
- The implementation of control measures, including: maintaining separation in space and or time between suspected and confirmed COVID-19 patients.
- Educating staff, patients and visitors about standard infection control procedures and transmission based precautions. Prompt implementation of transmission based precautions to limit transmission.
- Instructing staff members with symptoms to stay at home and follow national guidance for self-isolation and testing.
- Planning and implementation of strategies for surge capacity in conjunction with an assessment of the organisations current capabilities with the understanding that business as usual will not be maintained during COVID-19.

All healthcare organisations should have emergency plans for responding to such events that includes:

- An assessment of the current workforce, including maintaining consistency in staff allocation, reducing movement of staff and the crossover of care pathways between Planned & Elective care pathways and Urgent and Emergency care pathways; reducing movement between different areas.
- Facilitating social distancing wherever this is possible in all clinical and non-clinical areas as per national guidance.
- Plans to manage and separate patients with suspected or confirmed COVID-19, and those who do not.
- Ensuring that ambulance services, receiving wards and departments are notified in advance of any transfers and must be informed that the patient has possible or confirmed COVID 19.
- Environmental decontamination is a key component of managing an outbreak and must be performed following national guidance that also indicates the instructed timeframes. Cleaning and decontamination should only be performed by staff trained in the use of the appropriate PPE and skills required.
- Waste management must follow national guidance related to COVID-19.
- Appropriate PPE must be worn at all times and in all settings and follow the current national guidance. Staff should be trained on donning and doffing PPE.

Infection Prevention and Control is an important element in outbreak management. Every organisation is required to have an infection prevention and control policy and procedures, these should be compliant with national guidance, and be updated as national guidance changes. In addition all areas must have in place business continuity plans and a COVID-19 lead. When outbreaks occur each Provider must first review the national guidance, and follow the processes outlined in these. This should be done in collaboration with strategic partners including PHE who will lead on the IMT. As the outbreak control response at a local level develops, capacity to offer sufficient support will be kept under constant review.

Associated guidance for health and social care settings:

- COVID-19: management of staff and exposed patients or residents in health and social care settings: <https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings>

d) Businesses, workplaces and public venues

Businesses, workplaces and public venues vary considerably and so will their level of risk. Each will need to operate in line with the latest government requirements and guidance, with enforcement through the Environmental Health Team and (where relevant) the Health and Safety Executive (HSE).

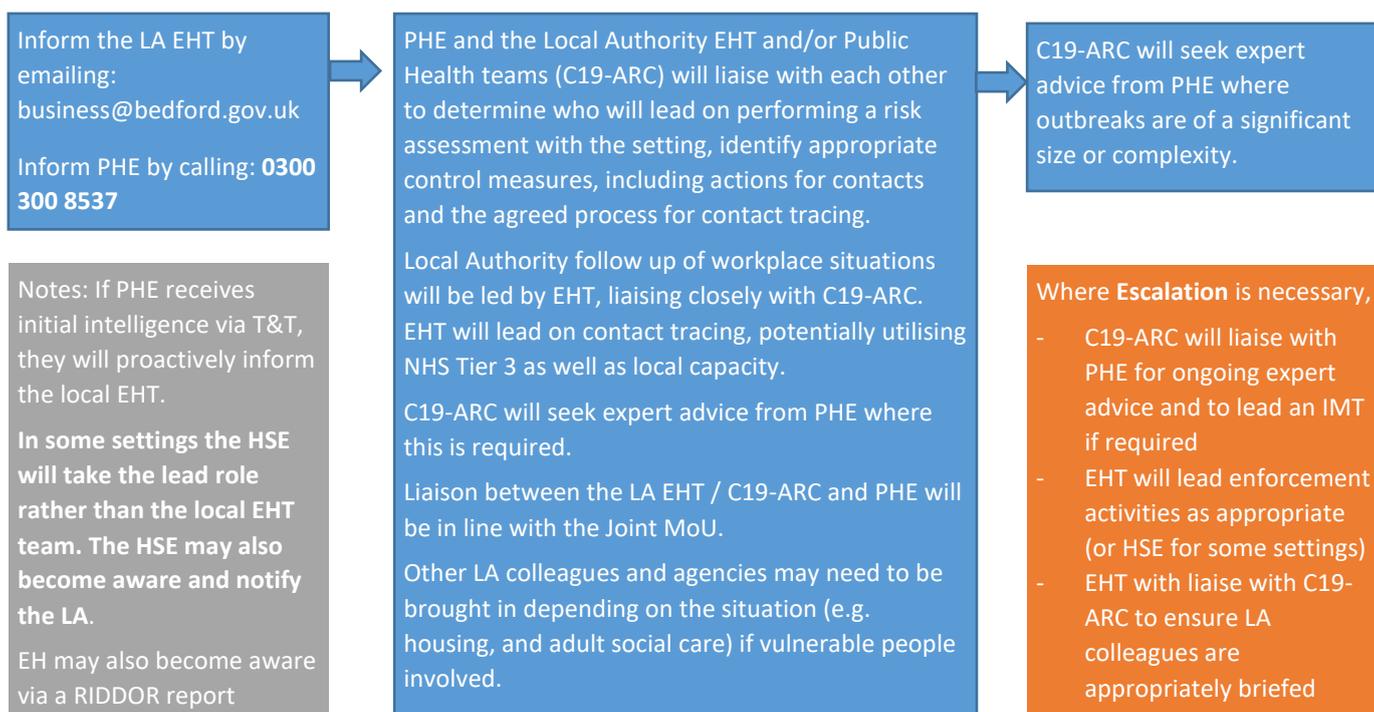
Factors that could make a business high risk include: a large number of employees; vulnerable individuals; employees that live or travel to work together; unable to socially distance in the workplace; language barriers; businesses which are in contact with a large number of people/customers; large number of people visiting a site and workplaces which employ agency workers who travel between sites.

Incidents or outbreaks in HSE enforced premises may also need HSE involvement. For food manufacturing plants such as meat processing businesses, the Food Standards Agency is the food safety enforcing authority and may need to be involved/consulted if changes to the process are required (to ensure they comply with food safety standards). The majority of other food businesses come under the jurisdiction of environmental health so any changes will be recommended in line with food safety standards.

Management of cases, clusters and outbreaks in businesses, workplaces and public venues

The framework for responding to a case, cluster or outbreak in a business or workplace will be provided by latest joint working arrangements with PHE. The key responsibilities are as follows:

Currently, if a business, workplace or public venue becomes aware of a confirmed case, cluster or outbreak (or possible outbreak) in their setting, they will:



Notes: If PHE receives initial intelligence via T&T, they will proactively inform the local EHT.

In some settings the HSE will take the lead role rather than the local EHT team. The HSE may also become aware and notify the LA.

EH may also become aware via a RIDDOR report

Where Escalation is necessary,

- C19-ARC will liaise with PHE for ongoing expert advice and to lead an IMT if required
- EHT will lead enforcement activities as appropriate (or HSE for some settings)
- EHT will liaise with C19-ARC to ensure LA colleagues are appropriately briefed

e) Other complex settings

There are other additional settings where contact tracing might be particularly challenging to complete. This could be because it is difficult to establish who was at the setting and therefore identifying contacts is a more complex process e.g. large events such as festivals, public transport, airports, and shopping malls. Additionally, there are certain settings where it may be difficult for residents to follow self-isolation guidance, such as houses of multiple occupancy, homeless or rough sleepers.

A list of these specific settings is currently being identified across Bedford Borough.

Management of an outbreak

Notification of a positive case in these complex settings could arise from managers notifying PHE or the Local Authority, or escalation through the NHS Test and Trace Programme to Tier 1. The framework for responding to a case, cluster or outbreak in a complex setting will be provided by the latest joint working arrangements with PHE.

f) Socially excluded and socially vulnerable groups: outbreak management

Certain communities, groups and/or individuals might experience greater challenges with accessing testing, following self-isolation guidance and/or accessing support. Examples include homeless individuals, individuals who misuse drugs and alcohol, victims of domestic abuse, Gypsy Roma Traveller communities and people with severe mental illness. In these situations, additional resource may be required to support these individuals, while being aware of requirements to maintain confidentiality and protect personally identifiable information.

A list of socially excluded and socially vulnerable groups across Bedford Borough is currently being identified.

Management of a case/outbreak

Notifications of positive cases in a socially excluded group might be escalated to Tier 1 of the NHS Test and Trace programme. However, settings and services who work alongside socially excluded groups might also identify suspected or confirmed cases of COVID-19 and notify PHE or the Local Authority.

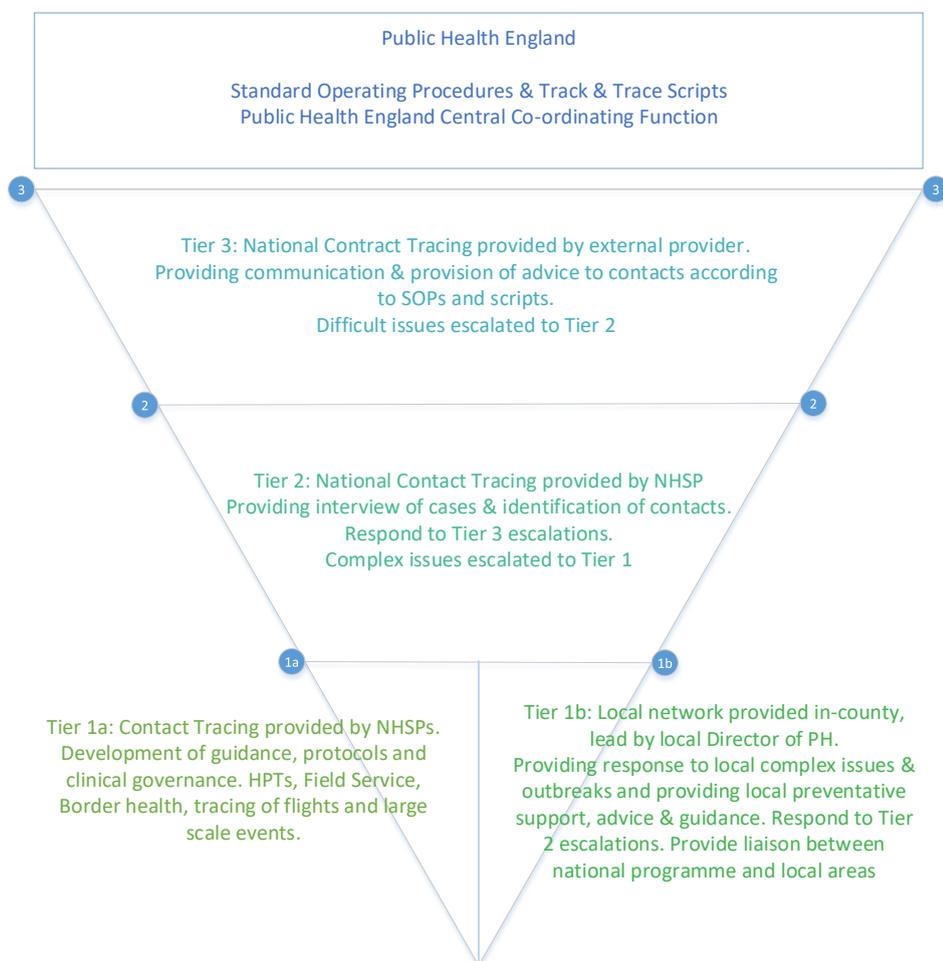
Bedford Borough Council has a key role in supporting the management of cases or outbreaks in these situations, in a flexible manner. If there is a suspected case identified within a socially excluded group or service/setting, the Local Authority can help to support with organising local testing. Where possible, testing will be arranged through existing routes. Additional arrangements are under development for more complex settings, for example where administration of swabs is required or individuals are unable to access existing testing locations. The council can work with the Housing team to support individuals who require support with accommodation to self-isolate and can support vulnerable individuals who are required to self-isolate to access other essentials (such as food or medical prescriptions).

The framework for responding to a case, cluster or outbreak in a socially excluded or socially vulnerable group will be provided by the latest joint working arrangements with PHE. Localised flow charts for managing suspected and confirmed cases of COVID-19 in socially excluded groups/settings will also be produced.

Contact tracing in complex settings

Contact tracing is an essential component of the NHS Test and Trace Programme. The aim of contact tracing is to identify and provide advice to contacts of confirmed cases of COVID-19 in a timely manner, so that they follow self-isolation advice, thus reducing the transmission of COVID-19.

Figure 5: NHS Test & Trace programme structure and roles



Local contact-tracing will be coordinated through the local authority Public Health Team C19-ARC and will be launched in a number of phases, allowing for continued evolution of the national contact-tracing system. The local contact-tracing resource aims to complement, not replace or duplicate, the national NHS Test & Trace system. C19-ARC already contains a small resource of skilled staff available to undertake contact tracing (currently around 4 FTE). In addition, the Bedford Borough Council Environmental Health Team has formed an Infection Control team ready to lead prevention, investigation and contact tracing activities associated with workplace settings (providing up to 14 Full Time Equivalent (FTE) of flexible capacity, depending on demand).

Plans are in place to scale the available resource in a phased manner, as the demand for the local resource evolves:

- In the first phase, additional members of the public health team will be trained to undertake contact tracing, providing up to 12 FTE of flexible resource across the shared Public Health Team.
- In the second phase, this pool will draw from a wider pool of Council employees, who will be trained accordingly.
- Should demand require it, the third phase would be to recruit and train additional staff.

It is anticipated that demand for contact tracing will come through two routes:

- Management of clusters or outbreaks in high risk settings, escalated through tier 1 of the national Test and Trace service or identified through local reporting routes
- Complex contact tracing better completed at a local level, escalated through tier 1 of the national Test and Trace service or identified through local reporting routes, such as with seldom-heard communities.

It is assumed that household contacts of positive cases within a complex setting will be followed up through Tier 2 and 3 of the NHS Test and Trace Programme.

Supporting people to self-isolate

To prevent transmission of COVID-19 it is important that those people who have suspected or confirmed COVID-19 and their household contacts self-isolate in line with national guidance. Additionally, identified contacts of confirmed cases of COVID-19 also need to follow self-isolation guidance. We know that contact tracing and the associated requirement for individuals to self-isolate at home may present difficulties for some residents. This might be due to practical barriers such as requiring food, prescriptions or due to other barriers such as loneliness or feeling anxious. The Bedford Borough Community Hub can continue to provide this support.

The local authority will ensure support is available to help residents self-isolate when required through continued efforts of the Community Hub. Thus far, the Bedford Borough Council's Community Hub has been providing support to vulnerable members of the community who have no family or friends locally to help them. This includes support with:

- Basic food and hygiene parcels.
- Volunteer support with shopping (collection and delivery), dog walking and befriending.
- 'Active minds' support with different activities within the home.
- Signposting to community wellbeing service (social prescribing) and other voluntary sector organisations.

The hub is open Monday-Fridays with an emergency line for the weekend. This support is accessed via a dedicated phone line (01234718101) or [online form](#)²⁰ and the hub has received both inbound referrals, and has been doing outbound calling to residents on the shielding lists.

The team will continue to cross-check those that request help with our Adult Social Care records to make sure needs are being met. Additionally, they can signpost people to additional sources of help within their communities and the Voluntary and Community Sector.

Localised lockdown

Localised lockdowns, referring to the management of an increase in cases relating to a geographical area, may form part of the ongoing national response to COVID-19. Preventative approaches and management of localised outbreaks will be prioritised to support public health actions by consent, not enforcement, wherever possible. Any decision on a geographical local lockdown would likely require central government support and would be taken with regard to the relevant statutory powers.

²⁰ <https://www.bedford.gov.uk/social-care-health-and-community/public-health/coronavirus/coronavirus-community-hub/>

4. Testing

There is a comprehensive testing offer available to Bedford Borough residents through the national Pillar 2 system (including the Regional Testing Centre in Milton Keynes and the local military Mobile Testing Units), and – for specific staff groups – through the local Pillar 1 arrangements provided by hospitals and East London Foundation Trust (ELFT). These are summarised in Figure 6 below, which sets out how to access testing through these routes.

The coordination of testing arrangements is via the through the Community Settings Swabbing Cell, which operates across Bedford Borough, Central Bedfordshire, Luton and Milton Keynes, with oversight from the Joint Health Protection Advisory Group. The agreed general principles for testing are:

1. National testing arrangements will be used where it is possible to do so.
2. Where it is more expedient to deliver a dedicated testing service, a mobile testing unit will be deployed. This might be required in specific situations, such as where high numbers of people associated with a workplace require swabbing, or if intelligence indicates there is a community 'hotspot'.
3. Our locally-commissioned swabbing service will be deployed in exceptional circumstance where other arrangements are not appropriate, for example where it may be difficult for individuals being tested to self-administer the swab (the very young, older people or disabled people) or where organisational complexities are a barrier (e.g. homeless hostels).

Some communities may experience barriers in accessing testing through the current routes (e.g. frail elderly people, those that are homeless or rough sleepers, individuals with complex health needs, those who do not drive). We will continue to develop the testing offer, in line with these principles, to ensure there is access to testing for all.

We are working to increase the responsiveness of testing capacity, so it can be deployed more quickly to specific locations where there is an outbreak or a high level of community transmission.

Locations for deployment of testing capacity will be determined by numbers of cases mapped to postcodes and/or and Lower Super Output Areas. National and local intelligence on locations of outbreaks will also be key.

Figure 6: Summary of testing routes available in Bedford Borough

Members of the public

- Apply for a test via the government portal (<https://www.nhs.uk/ask-for-a-coronavirus-test>), choosing to book an appointment directly (offered at the MK RTC or a MTU subject to the location schedule), or home test kit. Most tests are self-administered; parents/carers will be asked to administer the test for those aged under 18.

Keyworkers

- **Government portal:**
- Individuals can apply for a test via the government link <https://www.gov.uk/apply-coronavirus-test-essential-workers> choosing to book an appointment directly (offered at the MK RTC or a MTU subject to the location schedule), or home test kit.
- **Local Swabbing Service: the Employer:** Can apply for a coronavirus test via the local swabbing service
- **Acute Trusts:** Staff are managed via their Occupational Health Team

CQC-registered care settings

- **Care Homes** can apply for coronavirus tests via the government link. (<https://www.gov.uk/apply-coronavirus-test-care-home>) When the tests arrive watch the CQC video which explains how to carry out the test.
- **Other CQC registered care settings** can apply for coronavirus tests via the government link. (<https://www.gov.uk/apply-coronavirus-test-care-home>). When the tests arrive watch the CQC video which explains how to carry out the test.
- **Further training on how to conduct swabs** is available from the following sources: webinars, face-to-face training can be organised through the local swabbing service. An outreach team can provide further support from the local swabbing service if further guidance is require.

Outbreak scenarios

- **Overview:** Follow current Public Health England guidance on outbreaks.
- If specific testing arrangements are required in an outbreak scenario, taking into consideration advice from Public Health England, a Mobile Testing Unit or the local swabbing service may be deployed to assist. This would be initiated through the Joint Health Protection Advisory Group and Community Settings Swabbing Cell.

5. Data

In order to prevent and control the transmission of COVID-19, and respond to outbreaks in a timely manner, we need to receive, process and share data with, and from, a range of sources. We need to be able to synthesise information from multiple sources, including from the Joint Biosecurity Centre, NHS Test and Trace programme and PHE for both surveillance and epidemiological reasons, and to guide our local decision making.

A data work stream has been established, covering Bedford Borough, Central Bedfordshire and Milton Keynes Councils, linking in with the Local Resilience Forum Multi-Agency Information Cell (MAIC) and Luton Borough Council. A dashboard with an additional focus on infections and outbreaks is under development that will be used by the Joint Health Protection Advisory Group to support and inform decision making. The data sources which are being fed into this data stream are mapped below.

Data sources

Figure 7: Local, regional and national data sources



Data sharing

Agencies will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act.

The Secretary of State has issued 4 notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's-length bodies, local authorities, GPs. These notices require that data is shared for purposes of coronavirus (COVID-19) and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19).

These can be found here <https://www.gov.uk/government/publications/coronavirus-covid19-notification-of-data-controllers-to-share-information>.

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA²¹.

²¹ *Public Health Leadership, Multi-Agency Capability: Guiding Principles for Effective Management of COVID-19 at a Local Level. June 2020. [Cited June 2020] Available at: <https://www.adph.org.uk/2020/06/guiding-principles-for-effective-management-of-covid-19-at-a-local-level/>*

6. Communication and engagement

Aims of the communication and engagement plan

- To raise awareness of the current infection rates across Bedford Borough and the reasons for any actions being taken
- To explain to the public what we are doing to tackle the issue
- To provide a call to action for the public to help reduce infection rates locally
- To dispel concerns and worries about the action being taken
- To repeat awareness about support available and how to access the community hub
- To encourage those who receive notification that they need to isolate and get tested.

The Communications Team will work closely with elected members and other stakeholders, including the Engagement Board and the Outbreak Control Group, to provide communications to communities affected by the outbreak.

- In the event of an outbreak we will work with our high risk places, locations and communities to coproduce localised, tailored proactive messages.
- We will work with local community representatives to ensure that communication and engagement activities reach residents who may not speak or read English, or are otherwise less likely to be reached by standard approaches.
- Communications plans specific to the outbreak will be prepared identifying specific key messages, audiences, and methods of communicating alongside a specific action plan. These will cover:

Direct management of the outbreak

Dealing with public/media interest

Further targeted preventative messages

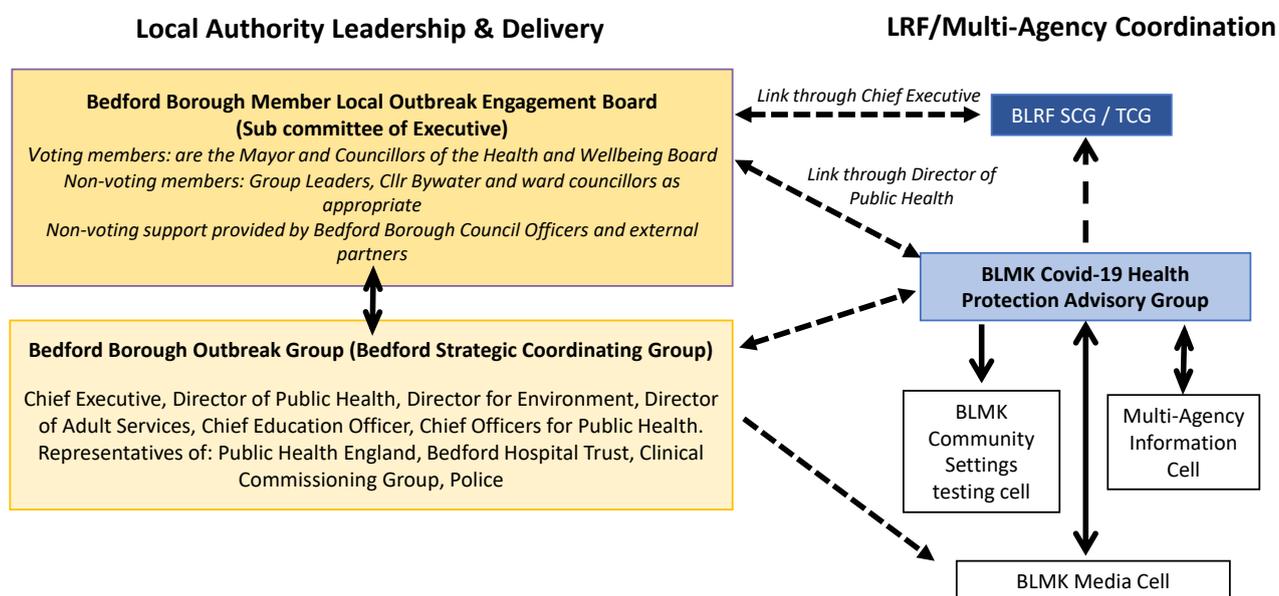
Support available to those self-isolating/vulnerable

- Throughout the period of the pandemic preventative messages will be issued providing advice about action to be taken to reduce the spread of the virus and stay safe. They will also identify symptoms, explain the need to self-isolate and explain the role of test and trace in reducing the spread of the virus.
- Reactive messages will also be prepared in response to enquiries and requests for information.
- A variety of channels for messaging will be considered, to target different audiences in the most effective way.
- All communication will be; frequent, timely, honest and transparent, appropriate for the audience, consistent and informed by local intelligence.
- To develop and deliver community communications to guide key audiences towards local testing services.

7. Governance

The diagram below shows the Bedford Borough governance structure for oversight and delivery of this Outbreak Control Plan.

Figure 8: Test and Trace governance- Bedford Borough



Bedford Borough Member Local Outbreak Engagement Board

The terms of reference of this group are:

- To approve the Council’s Local Outbreak Control Plan.
- To receive data so as to maintain knowledge and surveillance of the local situation regarding COVID-19, and communicate with the public in a timely manner.
- To act as the Council’s interface with the community, businesses and voluntary sector in respect of COVID-19 matters.
- To make decisions and act as a consultee in respect of any local lockdown measures.
- To act as a liaison with ministers.
- To ensure that the Local Outbreak Control Plan remains fit for purpose at all times.

Bedford Borough Outbreak Control Group (Bedford Strategic Coordinating Group)

The development and delivery of the Bedford Borough Local Outbreak Control Plan will be through the Bedford SCG Local Outbreak Plan Group.

The terms of reference of this group are:

- To develop and deliver the Local Outbreak Control Plan.
- To act on data and local intelligence received through new data flows, coordinated through the joint COVID-19 Health Protection Advisory Group.
- To undertake engagement with communities and settings to reduce risks of transmission, in line with the directions set by the Member Local Outbreak Engagement Board.

- To coordinate links with community support offer.
- To have oversight of local contact tracing and outbreak management.
- To advice or enforce closure of premises in line with statutory powers.
- To coordinate where appropriate issues cross-border through the Joint COVID-19 Health Protection Advisory Group.
- To escalate requests for flexible testing capacity and mutual aid to the Joint COVID-19 Health Protection Advisory Group.

Joint Covid-19 Health Protection Advisory Group

The role of the Joint COVID- 19 Health Protection Advisory Group is:

- To provide health protection advice to inform local authorities' implementation of TTCE across BLMK;
- To provide oversight of data flows relevant to TTCE, ensuring efficient use of collective analytical capabilities through the MAIC and provision of analytical products to inform local decision making.
- To ensure a coordinated approach to:
 - Respond to localised outbreaks, particularly where these impact across boundaries;
 - Deployment of flexible testing capacity in response to need, prioritising requests where necessary, through oversight of the BLMK Community Settings Swabbing Cell;
 - Management of 'hotspots', including advice on local lockdown measures and consideration of wider impacts including across boundaries. Decision-making rests at a local authority level.

Membership includes:

- Public Health- Director of Public Health and Public Health Consultants from Bedford Borough, Central Bedfordshire and Milton Keynes and Director of Public Health and Public Health consultants from Luton Borough Council.
- Local Authority leads
- Public Health England
- Multi Agency Information Cell
- Clinical Commissioning Group lead
- Communications lead
- Voluntary sector lead
- Microbiology representative
- Infection Control lead

Risks and Issues

A register has been developed to document current and future risks and issues. This will be maintained by the work stream leads and reviewed by the Bedford Borough Outbreak Control Group. Priority actions to mitigate these issues will be identified by work stream leads, and agreed by the Bedford Borough Outbreak Control Group.

Acronyms

ADPH	Association of Directors of Public Health
CCG	Clinical Commissioning Group
C19-ARC	COVID 19 Advice and Response Cell
DAS	Director of Adult Services
DCS	Director of Children's Services
DHSC	Department for Health and Social Care
DPH	Director of Public Health
EOE	East of England
EHO/EHT	Environmental Health Officer/Team
IMT	Incident Management Team
IPC	Infection Prevention and Control
HEE	Health Education England
HPT	Health Protection Team
HSE	Health and Safety Executive
ICS	Integrated Care System
JBC	Joint Biosecurity Centre
LOCP	Local Outbreak Control Plan
LRF	Local Resilience Forum
MHCLG	Ministry for Housing, Communities and Local Government
MOU	Memorandum of Understanding
NHS	National Health Service
PHE	Public Health England
PPE	Personal Protective Equipment
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
SCG	Strategic Coordinating Group
SOP	Standard Operating Procedure
SRO	Senior Responsible Officer
TCG	Tactical Coordinating Group
TOR	Terms of Reference
T&T	Test & Trace
TTCE	Test, Trace, Contain, Enable
UTLA	Upper Tier Local Authority

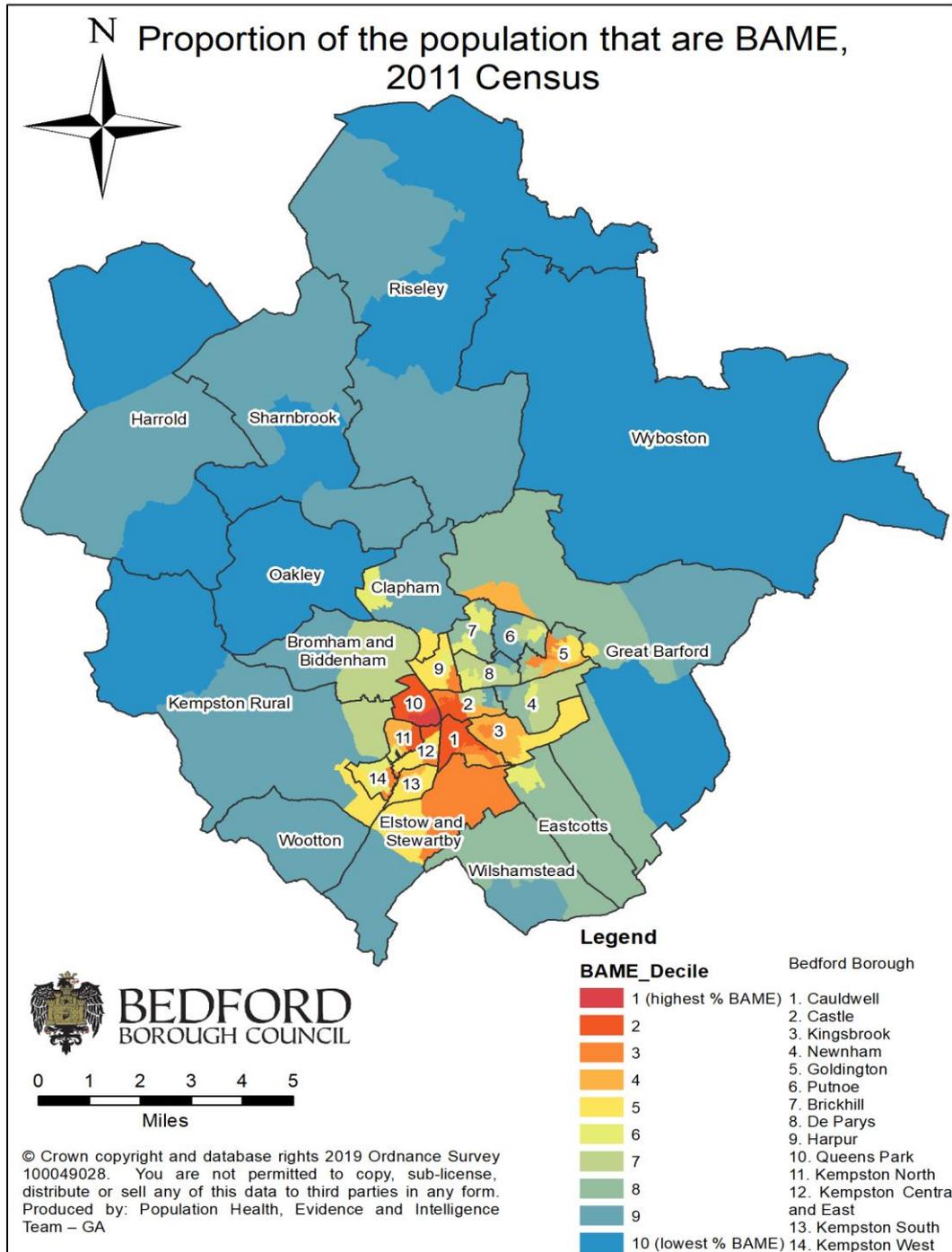
Appendices

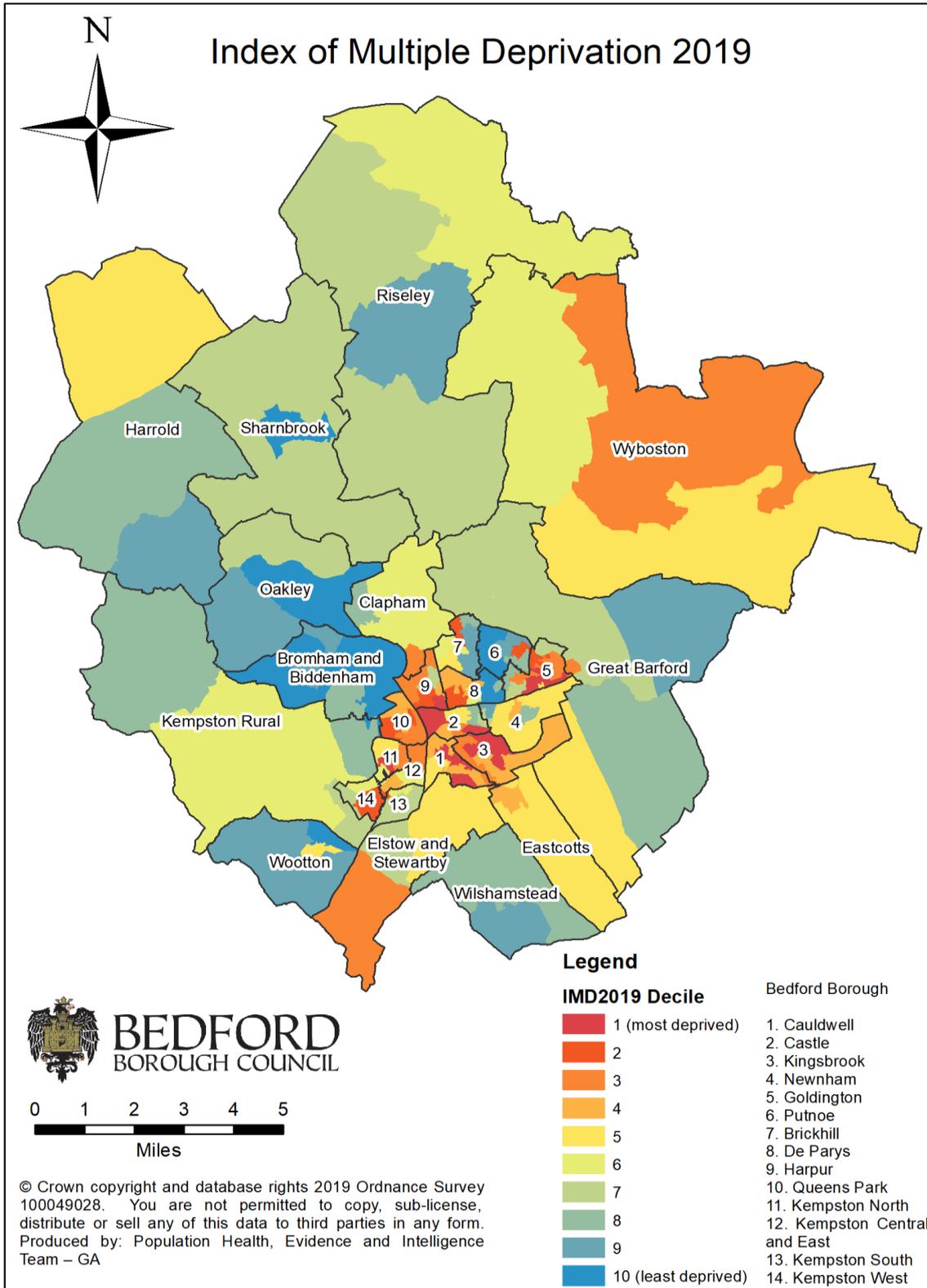
Appendix 1: Public Health workstream leads

Key LOCP theme	Lead	Setting	Team
1. Prevent	Assistant Director of Public Health Central Bedfordshire	Care settings	<u>Public Health Registrar</u> , Public Health Manager Bedford Borough and Assistant Director of Public Health Central Bedfordshire
		Schools	Public Health Principal - Children & Young People, Senior Officers for Public Health Children and Young People
		Workplaces	<u>Public Health Principal Work and Workplaces</u> and Public Health Officers
		Other complex settings	<u>Head of Public Health Programmes Central Bedfordshire</u> , Public Health Principle for Drugs and Alcohol and Public Health Mental Health leads
2. Respond	<u>Chief Officer for Health Protection</u>		COVID-19 Advice and Response Cell (C19- ARC)
3. Testing	<u>Chief Officer for Health Protection</u> linking into the Joint Covid-19 Health Protection Advisory Group		
4. Data	<u>Chief Officer for Public Health Bedford Borough</u>		Public Health Evidence & Intelligence Team & the Bedfordshire Local Resilience Forum Multi-Agency Info Cell (MAIC)
5. Communications and engagement	Public Health Manager (Emergency Planner)		<u>Public Health Principal for primary care</u> , <u>Public Health Practitioner-Health protection</u> and senior public health officer for health weight
6. Governance	<u>Director of Public Health</u>		

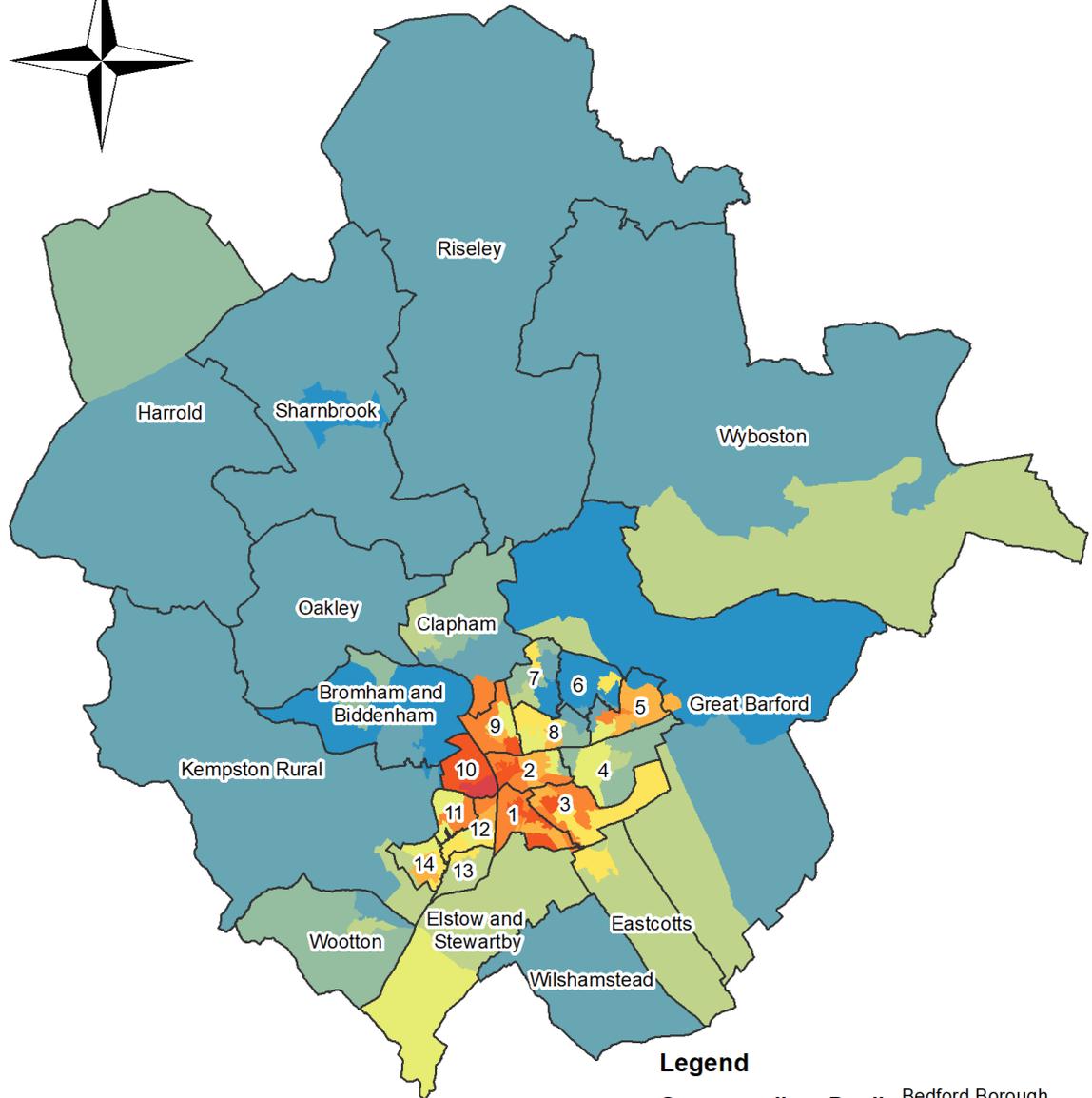
Appendix 2: Mapping of socio-economic characteristics to inform identification of communities at higher risk

The maps in this section show the specific indicator in comparison to the rest of the local authority footprint, rather than in comparison with the rest of the country. For example, this means that places that are red or green are those with the most or least: proportion of the population that are BAME; deprivation and proportion of households that are overcrowded within the local authority area, and do not represent a comparison to the rest of the country.

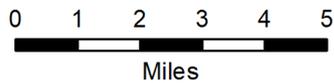




N Proportion of households that are overcrowded, 2011 Census



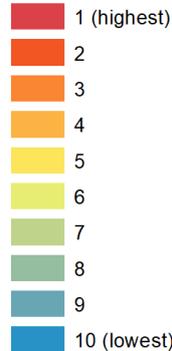
BEDFORD
BOROUGH COUNCIL



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Legend

Overcrowding_Decile



Bedford Borough

1. Cauldwell
2. Castle
3. Kingsbrook
4. Newnham
5. Goldington
6. Putnoe
7. Brickhill
8. De Parys
9. Harpur
10. Queens Park
11. Kempston North
12. Kempston Central and East
13. Kempston South
14. Kempston West

Appendix 3: Roles at a national, regional and local level²²

Level	Place based leadership	Public Health Leadership
Local	<p>Local Authority (LA) in partnership with Director of Public Health (DPH) and PHE Health Protection Team (HPT) to:</p> <ul style="list-style-type: none"> a) Sign off the Local Outbreak Plan led by the DPH b) Bring in wider statutory duties of the LA (e.g. Director of Adult Social Services, Director of Children’s Services, Chief Environmental Health Officer) and multiagency intelligence as needed including CCGs c) Hold the Member-led COVID-19 Engagement Board (or other chosen local structure) 	<p>DPH with the PHE HPT together to:</p> <ul style="list-style-type: none"> a) Produce and update the Local Outbreak Plan and engage partners (DPH Lead) b) Review the daily data on testing and tracing c) Manage specific outbreaks through the outbreak management teams including rapid deployment of testing d) Provide local intelligence to and from LA and PHE to inform tracing activity e) DPH Convenes DPH-Led COVID 19 Health Protection Board (a regular meeting that looks at the outbreak management and epidemiological trends in the place) f) Ensure links to Local Resilience Forum (LRF) and Strategic Coordinating Group (SCG)
Regional	<p>Regional Lead Chief Executive in partnership with national support team lead, PHE RD and ADPH (Association of Directors of Public Health) lead and Joint Biosecurity Centre (JBC) colleagues:</p> <ul style="list-style-type: none"> a) Support localities when required when there is an adverse trend or substantial or cross boundary outbreak b) Engage NHS Regional Director and Integrated Care Systems <p>Link with Combined Authorities and LRF/SCGs</p> <ul style="list-style-type: none"> d) Have an overview of issues and pressures across the region especially cross boundary issues 	<p>PHE Regional Director with the ADPH Regional lead together:</p> <ul style="list-style-type: none"> a) Oversight of the tracing activity, epidemiology and Health Protection issues across the region b) Prioritisation decisions on focus for PHE resource with LAs c) Sector-led improvement to share improvement and learning d) Advice to National Health System providers e) Liaison with the national level
National	<p>Contain Senior Responsible Officer and PHE/JBC Director of Health Protection: a) National oversight for wider place</p> <ul style="list-style-type: none"> b) Link into Joint Biosecurity Centre especially on the wider intelligence and data sources 	<p>PHE/JBC Director of Health Protection (including engagement with Chief Medical Officer): a) National oversight identifying sector specific and cross-regional issues that need to be considered b) Specialist scientific issues e.g. Genome Sequencing c) Epidemiological data feed and specialist advice into Joint Biosecurity Centre</p>

²² Public Health Leadership, Multi-Agency Capability: Guiding Principles for Effective Management of COVID-19 at a Local Level. June 2020. [Cited June 2020] Available at: <https://www.adph.org.uk/2020/06/guiding-principles-for-effective-management-of-covid-19-at-a-local-level/>

Appendix 4: Stakeholder mapping

Bedford Borough Council

Public Health
Environmental Health
Community Engagement
Adult Social Care
Children’s services
Community Safety Partnership
Trading standards
Economic development
Housing

Education

Early years settings- nurseries, childminders
Primary and secondary schools (including academy, special & independent schools)
Residential settings
Universities, colleges, further education settings
School transport
Unions

Criminal justice

Bedfordshire Police
HMP Bedford
Probation service
Youth Offending Services

Healthcare

Bedfordshire, Luton and Milton Keynes Commissioning Collaborative
BLMK ICS including Infection Prevention and Control teams
Primary Care Networks including clinical leads and GP practices
Local Medical, Dental and Pharmaceutical Committees
Drugs and alcohol commissioned services
Mental health commissioned services

Housing

Landlords
Hostel accommodation
Housing associations

Community and voluntary sector

CVS Bedfordshire

Public

Bedford Borough residents
Children/students, parents
Informal carers
Healthwatch
Employers, employees

Bedfordshire Local Resilience Forum (BLRF) cells

BLRF Health & Social Care cell
BLRF Health Cell
BLRF Finance Cell
BLRF Media Cell
BLRF Economic recovery cell

Businesses

Bedford Business Improvement District
Chambers of Commerce
Unions
Trade Associations
Accrediting bodies
Health and Safety Executive
Food Standards Agency