

Standard Operating Procedure (SOP) Covid-19 Prevention and Incident/Outbreak Management Community Outbreak

Version Number	Change made	Date
Version 1	Adopted by Silver Covid-19 Health Protection Board	August 2020

This SOP summarises

- actions to be taken to identify clusters of infection in the community and intervene early to prevent further escalation
- trigger levels that signal the need for further action

It is expected that this SOP will be updated frequently to

- reflect changes in government policy
- respond to lessons learned from exercise and incidents/outbreaks (locally / regionally / nationally)

Oversight/implementation of SOP	
Ownership	
CLT lead	
Relationship manager (LBH officers leading role in communicating)	
Public Health lead officer(s)	
Public Protection lead officer(s)	
Who holds contact details – can the electoral roll be used – can social media be targeted at geographic communities?	

Data and reporting	
Data in CTAS and HPZone systems	LCRC / PHE
Reports (from CTAS and HPZone) provided to local authorities [DN timescales]	LCRC / PHE
Covid-19 new cases received daily and used to update dashboard and in weekly HPB updates.	LCRC/PHE
Pillar 2 test activity and positivity rates. Included in weekly HPB updates.	NHS Digital Dashboard
New situations and outbreaks in all settings summary report received daily (mostly) included in weekly HPB updates.	LCRC /PHE

Covid-19 inpatients and new admissions at BHRUT Hospitals. Included in weekly HPB updates.	NHS Digital Dashboard
NHS 111 Covid-19 related calls. Not reported currently due to low numbers.	NHS Digital Dashboard
NHS Test and Trace data included in weekly HPB updates.	LCRC /PHE
Exceedance data - Covid-19 cases in the most recent 14 days. Included in weekly HPB updates.	LCRC /PHE
Covid-19 related mortality in borough and care homes. Included in weekly HPB updates.	ONS and Havering registrar of deaths

1. Prevention and early intervention

This section sets out actions that will be taken to reduce the risk of clusters or wider-spread infections. The actions described below are relevant for when all of the following apply:

- the borough is RAG rated Green
- Pre-level 1 epidemic level, when 7-day Borough incidence remains below 10 cases per 100,000
- Positivity rates remain low and stable

	Actions	Responsible Organisation
1.1	<p>On a daily basis, monitor epidemiology and special measures indicators, including</p> <ul style="list-style-type: none"> - Rates of infection (per 100,000) - Uptake of testing and positivity rate - Asymptomatic cases (especially in care homes) - Engagement with Test and Trace (responses by cases and close contacts) - Hospital admissions - Scale of outbreaks in all settings and whether any associations - Compliance by businesses <p>Identify any issues that indicate a rising problem (as per section 2) and immediately escalate to DPH to initiate actions associated with specific levels of concern</p>	LBH Public Health Intelligence
1.2	Monitor trends in uptake of test and trace and undertake targeted communication to those groups under-represented.	LBH Public Health Intelligence LBH Comms
1.3	Share data and intelligence on healthcare-associated infections and ongoing arrangements to prevent transmission in health settings.	BHR CCGs, BHRUT

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1.4	Publish weekly updates on the status of Covid-19 in Havering. Provide commentary that advises residents, businesses, and voluntary and community groups about what is prudent action in response to circulating rates of infection in the community.	LBH Public Health / DPH / Comms
1.5	Develop and implement a communication strategy that sets out the approach to prevention and response, including preparation of communications to be used in the event of situations set out in section 2.	LBH Comms
1.5	Exercise the Community Outbreak SOP and review in the light of lessons learned.	Covid-19 Health Protection Board
1.6	Plan and exercise for outbreaks in high risk and other settings including defining monitoring arrangements, potential scenarios and required response. Continually review SOPs in the light of lessons learned:	
	(i) Healthcare settings	BHR CCGs, Primary Care and BHRUT
	(ii) Care homes	Health, Social Care, Housing Bronze
	(iii) Education settings	Education & Childcare Bronze
	(iv) High risk workplaces	Public Realm Bronze
	(v) Hostels	Health, Social Care, Housing Bronze
	(vi) Plan and exercise for concerns and situations in all other settings where SOPs developed	Relevant bronze groups
1.7	Through the Engagement and Compliance Working Group, engage with settings to ensure Covid-secure and provide reports to the Silver Covid-19 Health Protection Board monthly	Public Realm Bronze
1.8	Publish, promote and implement a Council Enforcement Policy, including thresholds that apply at varying levels of response.	Public Protection
1.9	Identify and train staff to cover roles and functions required to support outbreak management	Resources Bronze
1.10	Design and implement local approach to support NHS Test and Trace	Silver Covid-19 Health Protection Board

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1.11	Respond to setting-related situations as per relevant SOP	As per SOPs
1.12	Maintain oversight of setting-related situations and identify any complexities/concerns that indicate potential links between individual outbreaks	DPH (with LCRC / IMTs / settings concerned)

2. Incident Response

Action required in the event of the following escalation points as set out in London Covid-19 Containment and Escalation Framework:

Epidemic Level	Borough -Incidence 7-day cases per 100,000	Phase	Key interventions	Priority LA actions	Priority Regional Actions	Priority National Actions
1A	10 - 20	Areas requiring watching brief	Business as usual Testing and Contact tracing Community outreach and support Mass media campaigns Reinforce prevention messaging	Responsible Accountable	Responsible Accountable Consulted Informed	Informed
1B	20 - 25	Areas of national concern	BAU - All of the above plus: Increase MTU access Widen testing and screening options Targeted campaigns Strengthen CT activity Community Outreach	Responsible Accountable Consulted	Responsible Accountable Consulted Informed	Informed Consulted
2	25 - 50	Areas of enhanced support	All of the above plus: Reintroduce epidemic controls Close settings driving epidemic Mandatory masks Restrict social contacts Restrict religious gatherings	Responsible Accountable Consulted Informed	Responsible Accountable Consulted Informed	Responsible Consulted Informed ?Accountable
3	>50	Areas of intervention	All of the above plus: Consider local lockdown Target intervention dependent upon drivers	Responsible Accountable Consulted Informed	Responsible Accountable Consulted Informed	Responsible Accountable Consulted Informed

2.1 Epidemic level 1a: infection levels 10/100,000-15/100,000 (a watching brief)		
When all the following factors apply:		
<ul style="list-style-type: none"> infection levels reach 10/100,000, and infection levels are sustained above 10/100,000 (but below 15/100,000), and trend shows that infection levels are worsening 		
	Actions	
2.1.1	Continue with prevention actions section 1.	
2.1.2	Consider setting up an Outbreak Management Team, chaired by DPH or consultant, and advise Leader, Lead Member, CE and SLT, as appropriate. Whether or not an OMT is established, take the following actions	
2.1.3	Increase uptake of testing	
2.1.4	Support contact tracing	
2.1.5	Where surveillance indicates that specific communities/neighbourhoods are affected, then targeted interventions: specific groups / MSOA or ward level - consider collaboration with neighbouring boroughs	
2.1.6	Implement actions set out in communications strategy, including community outreach and support, amplifying mass media campaigns, reinforcing prevention messaging	

2.2 Epidemic level 1a: infection levels 15/100,000-20/100,000 (a watching brief)		
When all the following factors apply:		
<ul style="list-style-type: none"> infection levels rise beyond the mid-point of epidemic level 1a (15/100,000) infection levels are sustained above 15/100,000 (but below 20/100,000) the trend shows that infection levels are worsening 		
	Actions	
2.2.1	Continue with prevention actions section 1	
2.2.2	Set up an Outbreak Management Team, chaired by DPH, and advise Leader, Lead Member, CE and SLT, as appropriate. OMT to	DPH
2.2.3	Increase uptake of testing	DPH / LCRC
2.2.4	Support contact tracing	
2.1.5	Where surveillance indicates that specific communities/neighbourhoods are affected, then targeted interventions: specific groups / MSOA or ward level – consider collaboration with neighbouring boroughs	
2.2.6	Form Communications Response Cell to deliver response actions as per comms strategy, including <ul style="list-style-type: none"> (i) Wide messaging to alert the population, including businesses and residents of the importance of covid-security (ii) Promote Social distancing, hand and respiratory hygiene, face coverings 	

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	(iii) As per 2.1.5 commence targeted communications and community engagement	
2.2.7	As a result of surveillance and monitoring, DPH may recommend one or more of following actions	
	(i) support NHS Test and Trace to undertake further discussions with index cases to trace source(s) of infection	Public Protection
	(ii) enhanced inspection for businesses	
	(iii) voluntary closure of certain businesses and venues (e.g. shops, cafes, gyms, recreation centres, offices, warehouses)	
	(iv) cancelling some organised events / voluntary cancellation of organised events	
	(v) closing outdoor public areas (e.g. outdoor gyms, outdoor play areas)	
	(vi) encouraging increased working from home where possible	
	(vii) partial closure of schools/early years providers, prioritising year groups, vulnerable children, children of critical workers	
	(viii) residents to restrict/reduce their travel (except key workers)	
	(ix) bespoke measures for people who were previously shielding	
	(x) other bespoke measures for the population	
	(xi) implementation of escalated phase of enforcement as per Enforcement Policy and enforcement matrix	
	(xii) reassigning staff previously identified and trained to support covid compliance	

2.3 Epidemic level 1b: infection levels 20/100,000-25/100,000 (National Concern)		
	Actions	
2.3.1	Continue with actions section 1	
2.3.2	Potential for national intervention (Joint Biosecurity Unit)	
2.3.3	Through monitoring and surveillance, DPH to identify settings/sectors that appear to be driving increase in infections, and increase uptake of testing in those settings, including through Mobile Testing Unit	
2.3.4	In the absence of Joint Biosecurity Unit intervention, continuation of Outbreak Management Team chaired by DPH. Advise Leader, Lead Member, CE and SLT, as appropriate. OMT to	DPH
2.3.5	Increase uptake of testing across the borough	DPH / LCRC
2.3.6	Strengthen contact tracing activity	
2.3.7	Form Communications Response Cell to deliver response actions as per comms strategy, including	

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	<ul style="list-style-type: none"> (i) Wide messaging to alert the population, including businesses and residents of the importance of covid-security (ii) Promote Social distancing, hand and respiratory hygiene, face coverings (iii) Where epidemiology suggests a specific population is affected, then commence targeted communications and community engagement (iv) Increase community outreach 	
2.3.8	As a result of surveillance and monitoring, DPH may recommend one or more of following actions	
	(i) support NHS Test and Trace to undertake further discussions with index cases to trace source(s) of infection	Public Protection
	(ii) enhanced inspection for businesses	
	(iii) voluntary closure of certain businesses and venues (e.g. shops, cafes, gyms, recreation centres, offices, warehouses)	
	(iv) cancelling some organised events / voluntary cancellation of organised events	
	(v) closing outdoor public areas (e.g. outdoor gyms, outdoor play areas)	
	(vi) encouraging increased working from home where possible	
	(vii) partial closure of schools/early years providers, prioritising year groups, vulnerable children, children of critical workers	
	(viii) residents to restrict/reduce their travel (except key workers)	
	(ix) bespoke measures for people who were previously shielding	
	(x) other bespoke measures for the population	
	(xi) implementation of escalated phase of enforcement as per Enforcement Policy and enforcement matrix	
	(xii) reassigning staff previously identified and trained to support covid compliance	

2.4 Epidemic level 2: infection levels 25/100,000-50/100,000 (Enhanced Support)		
	Actions	
2.4.1	Continue with actions section 1	
2.4.2	Continue with actions 2.3	
2.4.3	National intervention may require:	
	(i) Reintroduction of epidemic controls	
	(ii) Closure of settings driving epidemic	
	(iii) Mandatory use of masks	
	(iv) Restricting social contacts	
	(v) Restricting religious gatherings	

2.4 Epidemic level 3: infection levels >50/100,000 (Area of intervention)		
	Actions	
2.4.1	Continue with actions section 1	
2.4.2	Continue with actions 2.3 & 2.4	
2.4.3	National intervention may require:	
	(i) Local lockdown	
	(ii) Other targeted interventions, dependent on drivers	