Learner Guide

Cambridgeshire County Council

PETERBOROUGH CITY COUNCIL

COVID-19

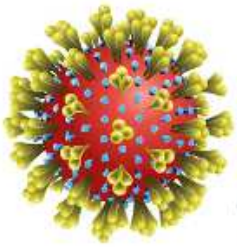
Contact Tracing – The Steps

Contact Tracing Process from NHS Test & Trace Tier 2 through to Local implementation at Tier

Contents

Cambridgeshire County Council

- Covid Overview
- NHS Test & Trace overview
- Contact tracing – The Steps & 'The Ask'
- Local Outbreak Control Plan (OCP) & support hubs
- Terms & Definitions
- The Script
- PPE guidance



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This training will cover:

- NHS Test & Trace, their role and responsibilities and how it works
- Cover the steps of contact tracing (CT) in relation to contacting positive cases to provide self-isolation advice and gather contact information
- Cover the definitions used during CT
- Walk through what the script looks like when doing the face to face visits
- Show you the Cambridgeshire County Council and Peterborough County Council PPE guidance

Background: *The virus and disease*

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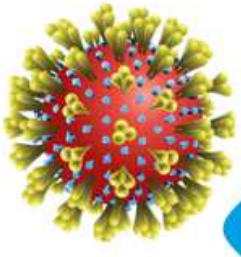

COVID-19:
name of the disease caused by the virus SARS-Cov-2

SARS-CoV-2:
Severe acute respiratory syndrome coronavirus 2
first detected in Wuhan City, China in December 2019

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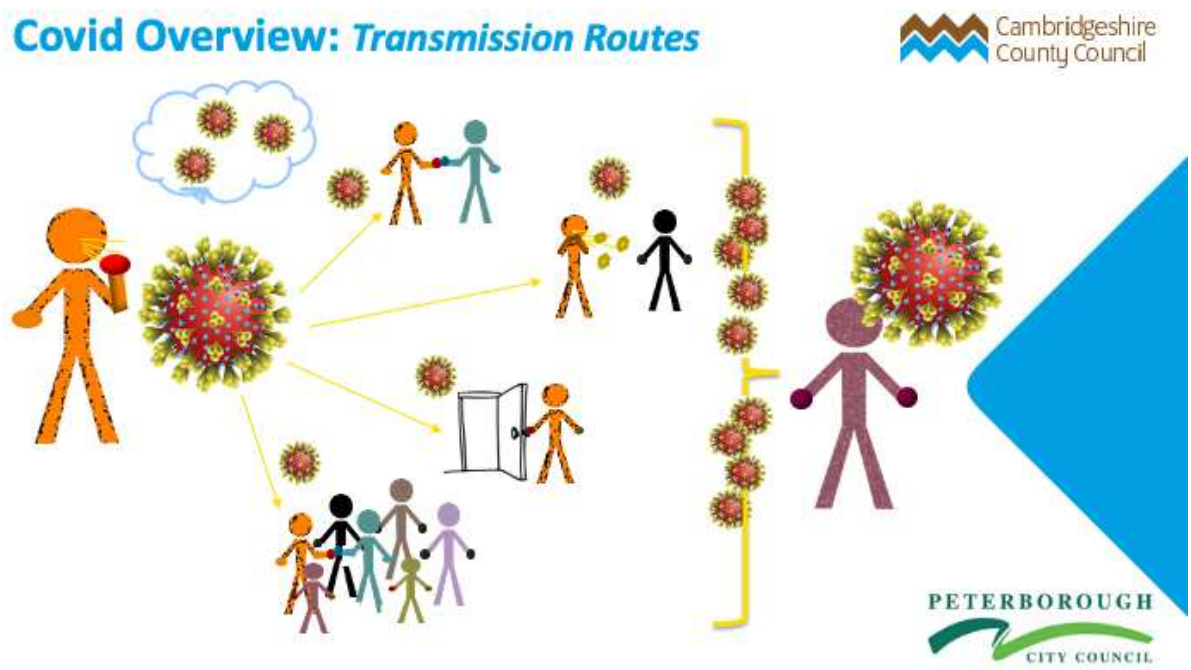
The virus and the disease

The name for the virus is **Covid-19**. This is made from the following:

COV stands for Coronavirus
D stands for disease
19 for the year it was detected, 2019

SARS –CoV-2 Is the actual virus.

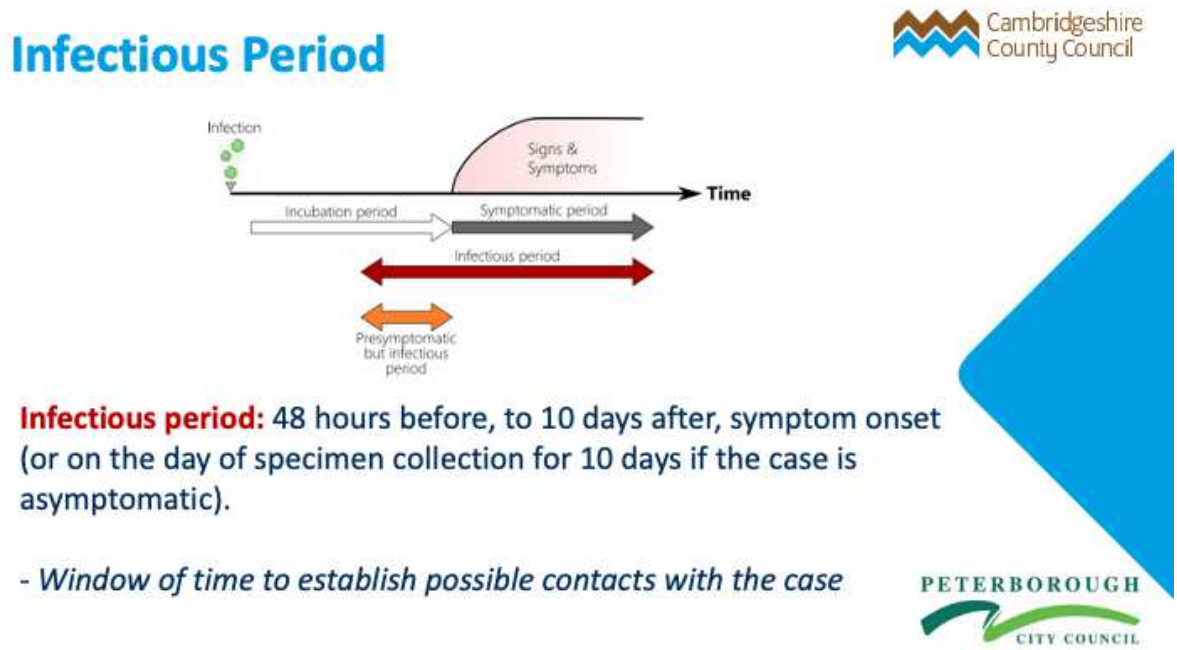
SARS stands for **S**evere **A**cute **R**espiratory **S**yndrome
CoV for Coronavirus
2 is because it is similar to another Coronavirus outbreak in China, SARS-CoV in 2003, so the 2 references being a 'relative' or the second to that outbreak



Transmission is mostly through close person-to-person contact through respiratory droplets and enters through the nose, mouth and eyes :

- By coughing, sneezing, talking, laughing, singing
- through touching surfaces containing the virus
- Groups create a perfect environment for transmission due to close proximity

Can also spread through airborne transmission, when droplets remain in the air after the person with the virus leaves the area.



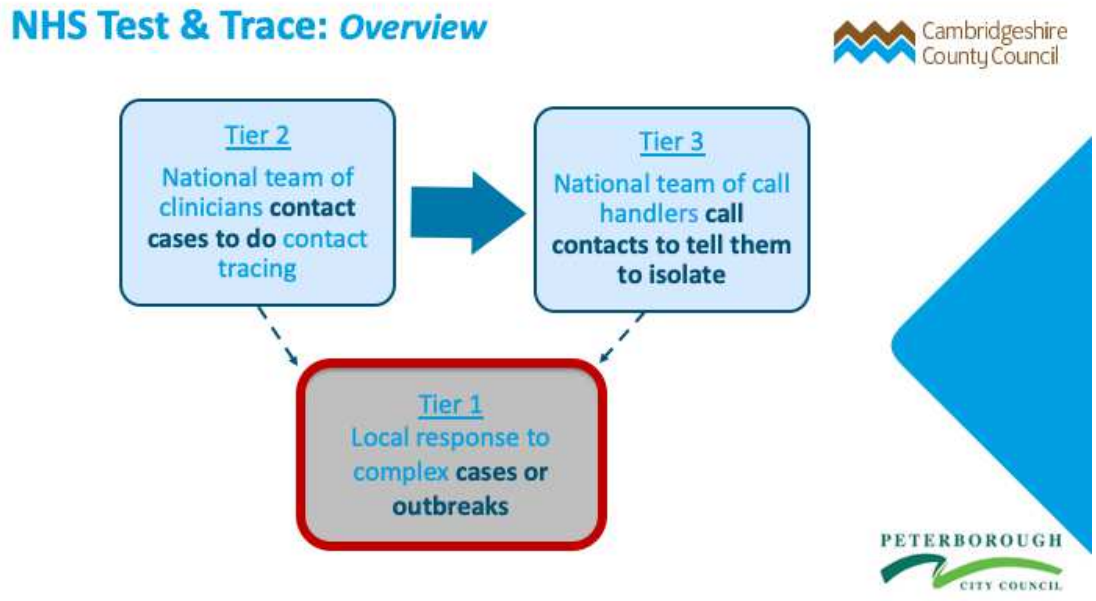
In some cases the infectious period can be as short as from 48 hours before to 5 days or as long as 10 days.

They develop signs and symptoms of disease usually about five days after they're infected, but up to 14 days after their infection.

They themselves are able to infect others two days before they get sick, particularly on the day that they get sick. And they're still able to infect people as long as they have signs and symptoms, which is at least ten days.

The red line shows when they are infectious from the two days before symptoms start and that they remain infectious throughout the time they have symptoms.

To stop transmission of COVID-19 it is important to find people who have been infected and limit the number of people that they have contact with, so the transmission chain won't keep going. But as the diagram shows it is very difficult to do, because very quickly after a person becomes infected, they will themselves become infectious and able to transmit to other people. Which basically means that the window of time to establish possible contacts with the case is very small.



The NHS test and trace service – Normal process 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.

They contact tested cases to provide them with their results and if positive provide support links in how to isolate and what a positive test means.

Helps trace close recent contacts of anyone who tests positive for coronavirus and notifies them that they must self-isolate at home to help stop the spread of the virus.

The aim of NHS test & trace is to help return life more to normal, in a way that is safe and protects the NHS and social care. The service will allow the spread of the virus to be traced and isolate new infections, playing a vital role in giving early warning if the virus is increasing again, locally or nationally.

Tier 2: People who test positive for COVID-19 are contacted by NHS Test and Trace by email, text message or phone call, and will get advice via the Test and Trace website or from a contact tracer over the phone.

Tier 3: Call close recent contacts of anyone who tests positive for coronavirus and notifies them that must self-isolate at home to help stop the spread of the virus.

Tier 1: But there are cases such as those linked to care homes, prisons, homeless hostels or schools, that are more complex to contact trace and are referred to PHE health protection teams, often working in partnership with local government, who will do the contact tracing.

Must ensure that offer reassurance to those you are speaking with that all information will be treated with privacy, respect, collected in good faith for the publics wellbeing, fair and just and totally confidential and that the aim is to reduce the spread of the viruses, not to share their information with any other agency outside of contact tracing.

No contact of a positive case will know the details of the case, they will simply be informed were in contact with someone who received a positive result.

Tier 2 are also doing backward tracing from 7-10 of onset of symptoms to establish places,areas, venues that the positive cases have been to. This is to see if there are common areas of spikes that other positive cases have visited and if a certain setting/environment/ place is an area of risk for the virus spreading.

NHS Test & Trace: *Overview – Person with Symptoms*

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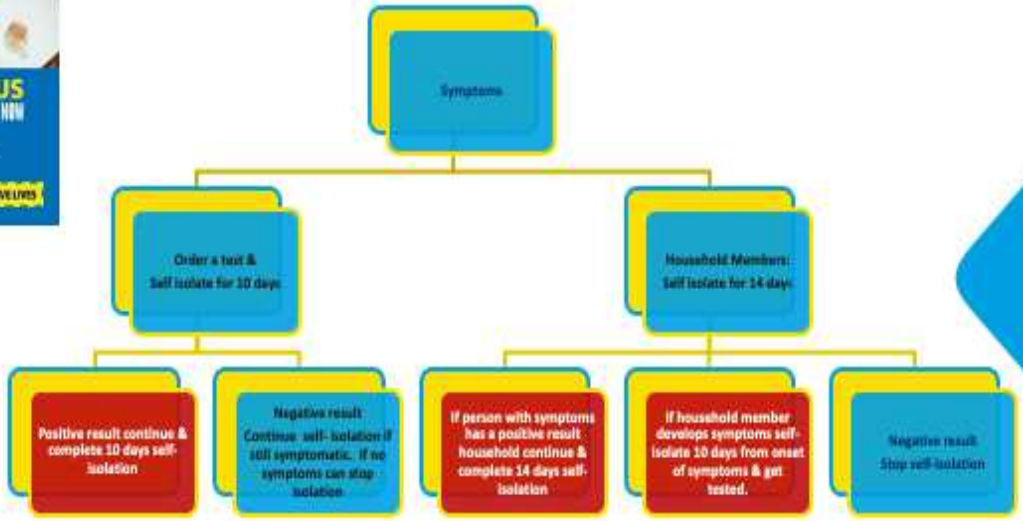

Please note: If asymptomatic but have test positive must self-isolate for at least 10 days, starting from the day the test was taken. If develop symptoms during this isolation period, must restart 10-day isolation from the day develop symptoms.

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How the NHS test and trace service works

There are two parts. Part 1 is for those with symptoms, Part 2 is the process for Contacts of positive cases.

Part 1: for someone with symptoms of coronavirus

They must Isolate for at least 10 days as soon as experience coronavirus symptoms and need to order a test immediately at www.nhs.uk/coronavirus or call 119 if have no internet access.

Anyone else in their **household** must self-isolate for **14 days** from when the person started having symptoms

If the **test is positive**, they must complete the remainder of their 10-day self-isolation. Anyone in their household must also complete self-isolation for 14 days from when the person started having symptoms.

If the t**est is negative but symptomatic** they need to c**ontinue the 10 day self isolation period,** if negative and no symptoms, they no longer need to self-isolate, this is the same for household members.

If test positive for coronavirus, the NHS test and trace service will send a text or email alert or call with instructions of how to share details of people with whom they have had close, recent contact and places have visited. It is important to respond as soon as possible so that appropriate advice can be given to those who need it. This will be done online via a secure website or they will be called by one of NHS contract tracers.

After 10 days, if they still have a temperature they should continue to self-isolate and seek medical advice. They do not need to self-isolate after 10 days if only have a cough or loss of sense of smell or taste, as these symptoms can last for several weeks after the infection has gone.

Please note: If asymptomatic but have test positive must self-isolate for at least 10 days, starting from the day the test was taken. If develop symptoms during this isolation period, must restart 10-day isolation from the day develop symptoms.

The 10-day period starts from the day when they first became ill.

Ending isolation:
After 10 days, if the first person to become ill feels better and no longer has symptoms other than cough or loss of sense of smell/taste they can return to their normal routine.

If they live with others, then everyone else in the household who remains well should end their isolation after 14 days. This 14-day period starts from the day the first person in the household became ill. People in the household who remain well after 14 days are unlikely to be infectious.

More information at:
https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection & https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works

NHS Test & Trace: *Overview – Contacts of positive cases*

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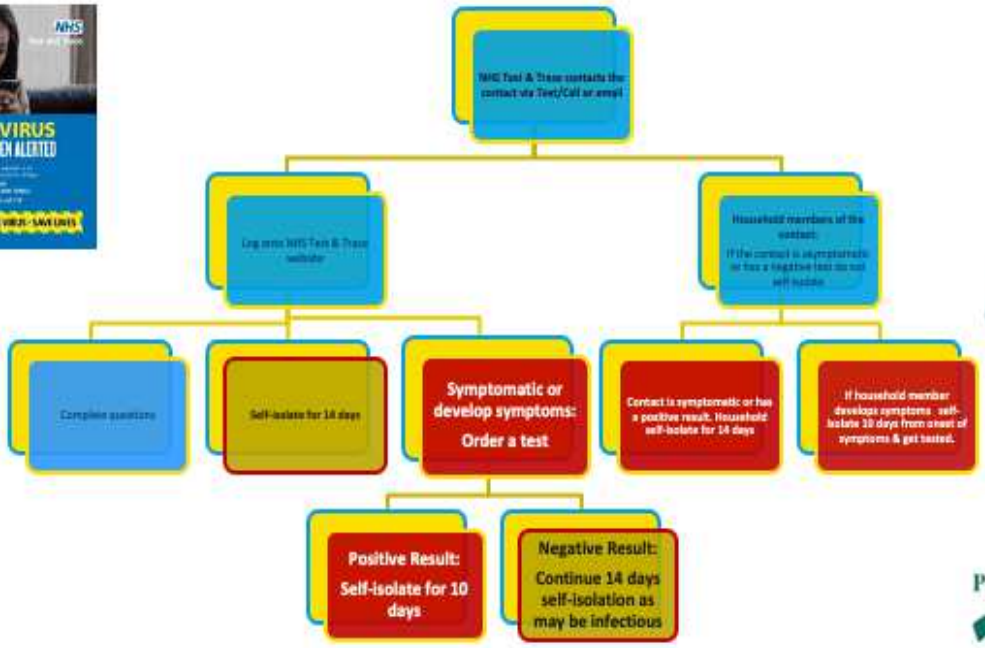

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Part 2: someone is contacted by the NHS test and trace service because they have been in close contact with a positive case for coronavirus.

They are alerted by the NHS test and trace service of their contact with a positive case. The alert will usually come by text, email or phone call advising them to log onto a NHS Test and Trace website, which is normally the easiest way for them and the service to communicate with each other. If this is not possible a trained call handler will talk through with them what they need to do.

Under-18s will get a phone call and a parent or guardian will be asked to give permission for the call to continue.

If a translator is needed, have to check which language and seek permission for a translator to support the contact tracing call. The call may have to be rearranged while the translator is organised through local arrangements.

They will be told to begin self-isolation for 14 days from their last contact with the positive case. It's really important to do this even if they don't feel unwell because, if they have been infected, they could become infectious to others at any point up to 14 days.

Their household doesn't need to self-isolate with them, if they do not have symptoms, but they must take extra care to follow the guidance on social distancing and hand-washing and avoid contact with them at home.

If develop symptoms of coronavirus they must book a test at **www.nhs.uk/coronavirus or call 119 if have no Internet access.** Members of their household must self-isolate immediately at home for 14 days.

If the test is positive, they need to continue to stay at home for at least 10 days and NHS Test and Trace will get in touch to ask about contacts.

If the test is negative, they must still complete their 14-day self-isolation period because the virus may not be detectable yet, this is crucial to avoid unknowingly spreading the virus.

If anyone else in the household starts displaying symptoms, they must stay at home for at least 10 days from when their symptoms appear, regardless of what day they are on in their original 14-day isolation period.

More information at:
https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works

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Isolation

- A person with symptoms should immediately self-isolate, along with any household members. The person with symptoms should get a test
  - Online: www.nhs.uk/ask-for-a-coronavirus-test
  - No online access: call 119
- If the test is positive, the confirmed case must complete 10 days of isolation (starting from the first day of symptoms)
- Their contacts (household and non-household) must complete 14 days of isolation.
- If the test is negative the person with symptoms , and their household, can stop isolating immediately provided everyone is well

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A person with symptoms should be advised to avoid contact with other members of their household as much as possible.

Main messages
If they are or are not experiencing symptoms but have tested positive for COVID-19 they must self-isolate for at least 10 days, starting from the day the test was taken. If they develop symptoms during this isolation period, they must restart the 10-day isolation from the day they developed symptoms.

After 10 days, if still have a temperature they should continue to self-isolate and seek medical advice. They do not need to self-isolate after 10 days if only have a cough or loss of sense of smell or taste, as these symptoms can last for several weeks after the infection has gone.

If live with others, all other household members must stay at home and not leave the house for 14 days. The 14-day period starts from the day when the first person in the household became ill or if they do not have symptoms, from the day their test was taken. If anyone else in the household starts displaying symptoms, they must stay at home for at least 10 days from when their symptoms appear, regardless of what day they are on in their original 14-day isolation period.

If they have symptoms of COVID-19, it is important to reduce the spread of infection to others in their household as much as possible.

They should stay in a well-ventilated room with a window to the outside that can be opened, separate from other people in their home if this is possible. Keep the door closed.

Use a separate bathroom from the rest of the household, if available. If they have to share these facilities, regular cleaning will be required. If a separate bathroom is not available, consider drawing up a bathroom rota for washing or bathing.

- Use the facilities last, before thoroughly cleaning the bathroom.
- Use separate towels from other household members, both for drying after bathing or showering and for hand hygiene purposes.

Avoid using shared spaces such as kitchens whilst others are present. Take meals back to their room to eat. Use a dishwasher (if available) to clean and dry their used crockery and cutlery. If this is not possible, wash them by hand using detergent and warm water and dry them thoroughly, using a separate tea towel.

It is especially important to stay away from anyone who is clinically vulnerable or clinically extremely vulnerable with whom they share a household.

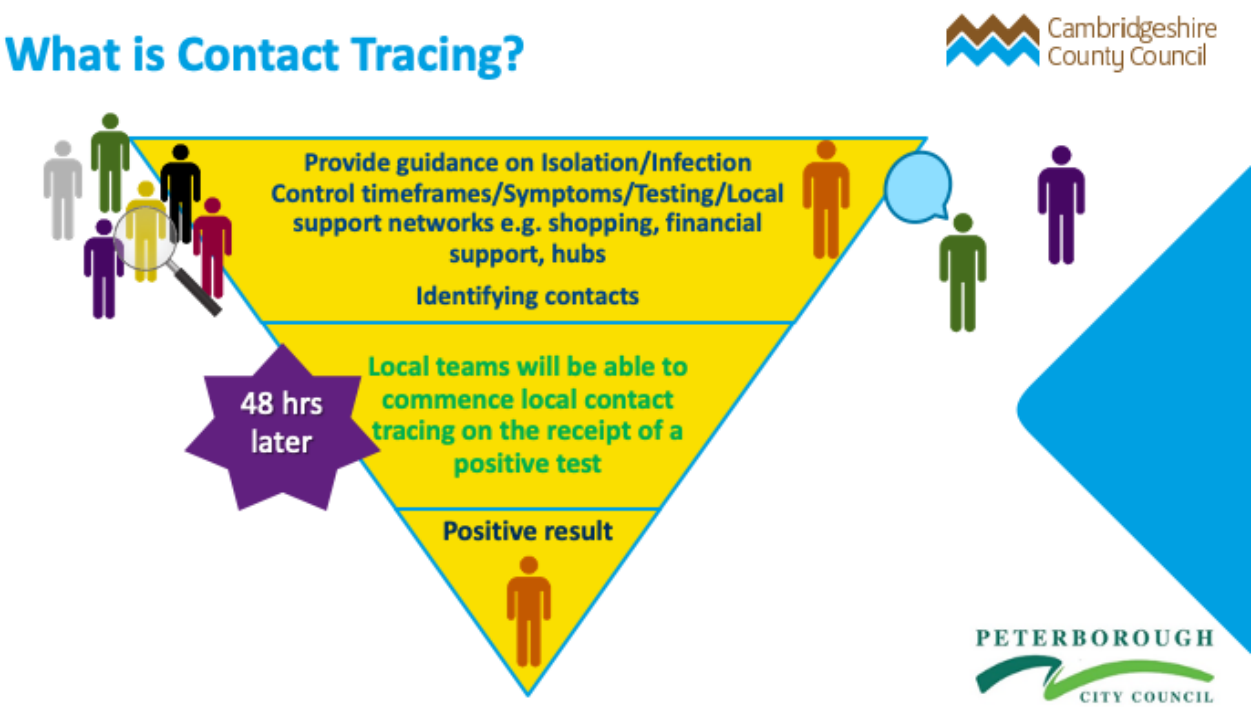
Reduce the spread of infection in their home by washing hands regularly for 20 seconds using soap and water, or use hand sanitiser, and cover coughs and sneezes.

Consider they alert people who they do not live with and have had close contact within the last 48 hours to let them know they have symptoms of COVID-19.

Following a positive test result, they would have received a request by text, email or phone to log into the NHS Test and Trace service website and provide information about recent close contacts.

If they feel they cannot cope with their symptoms at home, or their condition gets worse, then use the NHS 111 online COVID-19 service. If they do not have internet access, call NHS 111. For a medical emergency dial 999.

If they develop COVID-19 symptoms again at any point after ending their first period of isolation (self or household) then they must follow the guidance on self-isolation again.



Contact tracing is used to help prevent the infection spreading further and is a fundamental part of outbreak control that's used by public health professionals around the world.

Aims:
Ensure anyone that has tested positive for Coronavirus is quickly contacted – with an aim to achieve an 80% contact rate for positive cases.

Environmental Health Officers, Regulatory Officers and Support Team, who have undergone special training in contact tracing, will be following up on people who have tested positive for Covid-19, but who haven't responded to a call or email from the national Tier 2 service.

National Tier 2 Teams will make the initial attempt at contact and if after 48 hours there is no contact will pass information to the local team (Tier 1) who are involved with complex cases and outbreaks. An example of a 'complex' case would be where there has been an identified positive case in a setting, e.g. school or care home and Tier 1 have to implement process to manage the situation within that environment.

*Council officers will initially make contact by phone, text or email asking people to call a local number -which earlier experiences in contacting shielded people, has been found to be more effective than a contact from a national number.

If this fails, the officers, (in pairs) who will all carry County/District Council identification - will make house to house visits to reach those people who have tested positive. They will be given advice on how they can stay isolated to break the chain of infection, and prevent it spreading to their contacts.

***Please note:** At this stage of local contact tracing we will be tracing those with a positive test, checking they are well, have all the support they need, understand about self-isolation and seeking to identify their most recent contacts. We will gather this information, input it to CTAS but we will not be tracing the contacts.

'The Ask'

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- Attending the addresses of confirmed Covid-19 cases who have not been successfully contacted by the national system
- Establishing that they are isolating
- Provide guidance on self-isolating/symptoms/testing and identify whether they need any support
- Offering IPC advice to avoid household transmission
- Identifying who their close contacts are

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The ask is to contact by calling or attending addresses of confirmed Covid-19 cases who have not been successfully contacted by the national Test and Trace system.

Learning from outbreaks, to date, and the Peterborough Pilot, provides helpful insight into how local contact tracing can help to achieve an 80% case contact rate. Including:

- Addressing the barriers to self-isolation (e.g. financial concerns)
- Understanding the diversity of communities and find appropriate messengers to deliver key messages/to reach out
- Using local information/contact details to make contact

By utilising specialist setting teams more localised conversations can happen offering appropriate support to enable and encourage self-isolation

Have the advantage to capture learning and key insights from Peterborough Pilot to support the rollout across Cambridgeshire

Terms & Definitions:

- Testing Pillars
- Case
- Contact:
  - Household
  - Non household
- Isolation

It is useful to understand more around some of the different terms used for contact tracing to help in explaining what happens if someone has had a positive result and the need for contacts information.

The next few pages will go through the terms and definitions for:

- Testing pillars
- Case
- Types of contacts
- Isolation

Terms & Definitions: *Testing Pillars*

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Pillar 1: Testing in laboratories

Pillar 2: Processed in national laboratories; mainly tests booked by individuals in the community

Pillar 3: Serology testing to show if people have antibodies

Pillar 4: Blood and swab testing for national surveillance

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Pillar 1: is testing in laboratories - so mainly for hospital patients, healthcare workers and care home residents.

Pillar 2: testing is processed in national laboratories and is mainly tests booked by individuals in the community - such as the tests available at the drive through site in Peterborough Showground, the postal tests made available through the national Test and Trace website, and whole care home testing of staff and residents.

Pillar 3: serology testing to show if people have antibodies from having had coronavirus.

Pillar 4: blood and swab testing for national surveillance supported by PHE, ONS, and research, academic, and scientific partners to learn more about the prevalence and spread of the virus and for other testing research purposes, such as the accuracy and ease of use of home testing.

Terms & Definitions: *Case*

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- **Possible case**: new continuous cough or high temperature or a loss of or change in, normal sense of taste or smell (anosmia)
- **Confirmed case**: those who have received a positive test result for SARS-CoV-2
- **Outbreak:** 2 or more cases that are linked by time and place
- *Contact tracing undertaken on confirmed cases (at the moment)*

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A possible case is someone with a new continuous cough or high temperature, or are experiencing a loss of or change in normal sense of taste or smell.

A confirmed case is someone who has tested positive for SARS-CoV-2.

An outbreak is defined as 2 or more cases that are linked by time and a place.

Contact tracing is only being undertaken on confirmed cases at the moment.

Terms & Definitions: *Household Contacts*

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Household:

- Those living together (sharing kitchen, bathroom), **or**
- Spending a cumulative ≥8 hours in same household, **or**
- Sexual contacts, **or**
- Cleaners without PPE (even if resident is not at home during cleaning)

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Household includes shared university accommodation. The 8 hours is equivalent to an overnight stay/contact.

The addition of the cleaners without PPE has been introduced possibly due to the element of risk they bring as they touch surfaces and move around the house plus the fact that they move between houses and could act as infectors for spread of the disease.

Terms & Definitions: *Non- Household Contacts*

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Non-household:

- had face-to-face contact of any duration, less than 1 metre away from a case, **or**
- were coughed or sneezed on by the case, **or**
- had unprotected physical contact (skin to skin) with case, **or**
- spent more than 1 minute within 1 metre of the case, **or**
- spent more than 15 minutes within 2 metres of the case, **or**
- travelled in a car or other small vehicle (even on a short journey), **or**
- airline contacts

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For non household contacts the definition is a person who has had face-to-face contact (within one metre), with someone who has tested positive for COVID-19, including:

- 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 person 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

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Terms & Definitions: *Isolation*

- Isolation is used to separate an ill person from those who are healthy
- Isolation means not leaving the house at any point for any reason. The only exception is to leave the house to get tested
- Support whilst isolating (food, emotional, financial) is available from local hubs
- Clear national guidance on isolation is available here: https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance

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As coronavirus can be spread from person to person, isolation restricts the movement of someone who is ill to prevent the spread elsewhere meaning that they can not leave their house, with the only exception to get tested.

- Someone self-isolating will require support to complete fully, they will need support for:
- having food delivered
- finances
- understanding benefits that can help them during their isolation period if no income
- emotional and wellbeing support
- medicine supplies and how to arrange any new prescriptions and delivery during isolation

The above are only examples of key areas of support. There are local hubs that have been set up to provide links to support, check in the Local Outbreak Control Plan for details of the hubs.

Further guidance can be found on the government website: https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection

Who Will You Be Contacting?

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In the national system, cases are contacted 3 times in the first 8 hours (email and SMS)

If no response, they will be phoned 3-4 times per day by **Tier 2** up to 96 hours

If all these attempts fail the case will be marked as Follow Up Failed on the system

The local process will add in extra steps where by the local authority, **Tier 1**, will complete their own process with data passed over to the LA after 48 hours from the tier 2 national team

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The current national process is to 'auto invite' cases to add in their details online which is followed up by a tier 2 task force for 96 hours if they do not respond. If there is still no response then the case is closed, marked as Follow Up Failed.

The local process will add in extra steps where by the local authority will complete their own process. The auto invite stage is bypassed and data passed over to the LA after 48 hours with the tier 2 national team. This will mean local teams, Tier 1, will be able to commence local tracing on the receipt of a positive test.

Process

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- Allocate cases to individual EHOs to contact trace
- Feedback information on contacts and action accordingly

Data triangulation	**Local council systems and databases used to check contact details passed from tier 2 and if necessary obtain alternative contact details to aid contact being made**
Desk-based telephony support	Contact is attempted by environmental health to gather contact information, provide information and advice on the need to self-isolate and any requirements for support arranged
Contact Tracing on the ground	Where telephony contact has been unsuccessful a local team will be mobilised to undertake home visits led by environmental health and supported by hub staff – whereby contact is attempted, survey completed and support offered where appropriate
Community Outreach	Maintaining a clear relationship with the community rapid response team, ongoing coordination of volunteer support, connection with the preventative agenda and community messaging

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Support to local enhanced contract tracing team by Hubs who can provide localised data e.g. contact details.

Support the household contact tracing led by Environmental Health where a positive case is identified.

Coordinate the self-isolation support package offer – ensuring people have access to essential supplies and working closely with each district and city to arrange financial support where needed

Collate the learnings of the Peterborough pilot to support the Countywide rollout.

Local Implementation - *Local Outbreak Plan (OCP)*

Cambridgeshire County Council

Produced by every upper tier local authority in June 2020.

Key aims: Prevention, surveillance and response

7 themes:

1. Planning for outbreaks in care homes and schools
2. Identifying and managing outbreaks in high risk places, locations and communities
3. Identifying methods for local testing capacity
4. **Contact tracing in complex settings**
5. National and local data integration
6. Supporting vulnerable people to get help to self-isolate
7. Establishing local governance structures

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The Government announced in May that part of its national strategy to manage and control the pandemic is for every area in England to develop a Local Outbreak Control Plan (OCP) for COVID-19 by the end of June 2020.

In Cambridgeshire and Peterborough the OCP builds on existing outbreak plans and relies on working closely with local communities to reduce the risk of transmission of the infection, establish systems to identify new cases and reduce outbreaks.

Where clusters of new COVID-19 cases arise they will be identified swiftly, and by working with Public Health England (now National Institute for Health Protection (NIHP)) Health Protection Team, will put measures in place to control them, to support the continued lifting of lockdown restrictions and the gradual return to normal life.

The Local Outbreak Control Plan (OCP), has two principal aims:

1.1 Prevention
Support communities and businesses to understand and observe national guidance and prevention measures, reducing the likelihood of contracting or spreading the virus.

Reinforcing key public health messaging on hand washing and social distancing.

1.2 Surveillance & Response
Quickly identify any new cases of COVID-19 and their contacts to reduce spread.
Put steps in place to control outbreaks – particularly in high risk settings -and stop them spreading.

Prevention and resilience is at the heart of the Cambridgeshire and Peterborough Outbreak Control Plan. Social distancing, hand washing, self isolation, getting tested and following advice, and helping to contact trace are all key to success in preventing spread.

This is achieved by working with the communities, community champions, volunteers, businesses, health partners, education & childcare settings, staff and councillors to stop the spread of COVID-19 infection.

Local Outbreak Plan (OCP) - *Prevention*

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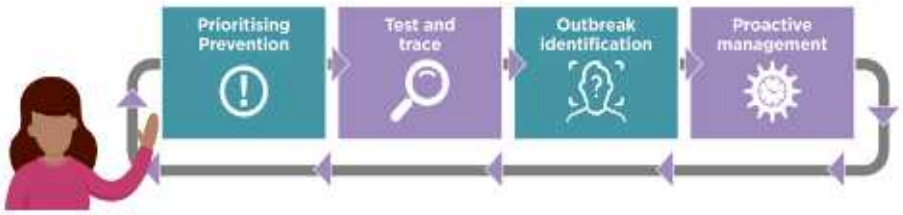
Prevention based on the four E's: Explain, Engage, Encourage and only as a very last resort Enforce

Explain
- We will make it easy and understandable for people to behave in ways that prevent them catching or spreading the disease.
- We will help everyone build good public health measures into their daily lives to prevent infection.

Engage
- We will work proactively with people or settings which are most at risk of contracting or spreading the disease to reduce their levels of risk or manage cases to contain outbreaks.

Encourage
- We will provide practical support – food, medicine or access to relevant benefits – to help people isolate to break the chain of infection

Enforce
- If we need to take action to encourage people to do the right things, only as last resort we will use the powers of enforcement that are available to us.



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Prevention is based on the four E's - Explain, Engage, Encourage - and only as a very last resort Enforce.

Explain • We will make it easy and understandable for people to behave in ways that prevent them catching or spreading the disease. • We will help everyone build good public health measures into their daily lives to prevent infection.

Engage • We will work proactively with people or settings which are most at risk of contracting or spreading the disease to reduce their levels of risk or manage cases to contain outbreaks.

Encourage • We will provide practical support – food, medicine or access to relevant benefits - to help people isolate to break the chain of infection

Enforce • If we need to take action to encourage people to do the right things, only as last resort we will use the powers of enforcement that are available to us.

Local Outbreak Plan (OCP) – *Surveillance & Response*

Cambridgeshire County Council

Surveillance
- Gathering information from different sources, monitoring, identifying changes and escalating

Response
- Escalate
- Testing
- Outbreak control
- Vulnerable groups and complex settings
- COVID-19 Coordination and Response Hubs

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We are at a point in the pandemic where the first wave has subsided but we still have COVID-19 virus circulating in our communities and in our NHS and Care Home institutions in particular.

We have seen in the UK and Worldwide that there is a continuing risk of local outbreaks occurring if we are not vigilant in observing social distancing, hygiene and other public health measures and that there may be a national second wave.
Surveillance is about bringing together information from different sources about our local population, monitoring this carefully and identifying any changes, which may need escalating as an incident requiring assessment and perhaps to convene an Incident Management Team.

The composition of this team will vary depending on scenario, such as school or workplace setting, and will consist of Public Health England, (National Institute for Health Protection (NIHP)) local Public Health specialists, Environmental Health Officers and others such as NHS infection prevention and control staff or head teachers.

The surveillance system, a multiagency information system will quickly identify new cases from local and national testing and other data sources. We will use local, regional and national data on a daily basis to provide clarity on the status of the pandemic locally.

Response:
Escalate any early warning signals of complex outbreaks or emerging trends to the relevant organisations and or partners so they can take prompt action, convene an Incident Management Team if needed and prevent any further spread.

Testing:
Ensure that there is adequate swabbing and sample testing capacity available across Cambridgeshire and Peterborough, both locally and nationally-commissioned and that the public and various employment groups are able to access it easily, and that results are returned swiftly to support people to isolate and to inform our early system for surveillance.

Outbreak control:
Encourage different settings to report local outbreaks of new cases so the appropriate agencies can be mobilized to ensure control measures are quickly put in place.

Vulnerable/Complex settings:
Appropriate arrangements put in place for testing in more complex settings such as care homes, schools & early years settings, workplaces, homeless hostels, and for other socially excluded and hard to reach groups.

Populations and settings at greater risk. The pandemic has exposed the population groups such as older people and those with underling conditions who are at particular risk of becoming very ill with COVID-19 infections.

It has also shown that more disadvantaged populations, people of BAME heritage, some occupational groups and those living in dense urban areas are at increased risk. Finally healthcare settings, care homes and institutions such as prisons are also at a greater risk of outbreaks.

Covid-19 Coordination and Response Hubs:
In March 2020, a network of COVID-19 Coordination and Response Hubs was established across Cambridgeshire and Peterborough, comprising the countrywide coordination hub and local hubs led by the district/city councils. Offers support for individuals as well as working to manage shielding group and contact tracing.

Aim to provide support, guidance and links to everyone within the local authority areas Complementing the Environmental Health capacity, a core hub team is established to create more capacity to respond to an unexpected surge that overwhelms specialist capacity, to also ensure the specialist expertise within Environmental Health is able to focus on more complex outbreaks and provide subject matter expertise.

Help individuals to self-isolate at home safely with the right support in place (e.g.. encouraging neighbours or community groups to offer support, or providing direct practical support via the hubs). This support has been beneficial for those vulnerable people in the community who have been advised to stay at home and maintain social distancing if going outside.

Local Outbreak Plan (OCP) – *Surveillance & Response – Local Lockdowns*

Cambridgeshire County Council

- **Enforcement last resort**
- Existing legislation:
  - **Public Health (Control of Disease) Act 1984** and **2010** Regulations
    Gives LA power to ask for co-operation, for example in closing premises or asking people to stay away from an area.
- New legislation:
  - **Coronavirus Act 2020**
    Gives powers to designated Public Health Officers (PHOs) in PHE, to impose requirements on people for screening, assessment, and possible restrictions afterwards. Exceptional circumstances only.
  - **COVID-19 contain framework (17/06/20)**
    UTLAs will have powers to close individual premises, public outdoor places and prevent specific events without making representation to a magistrate

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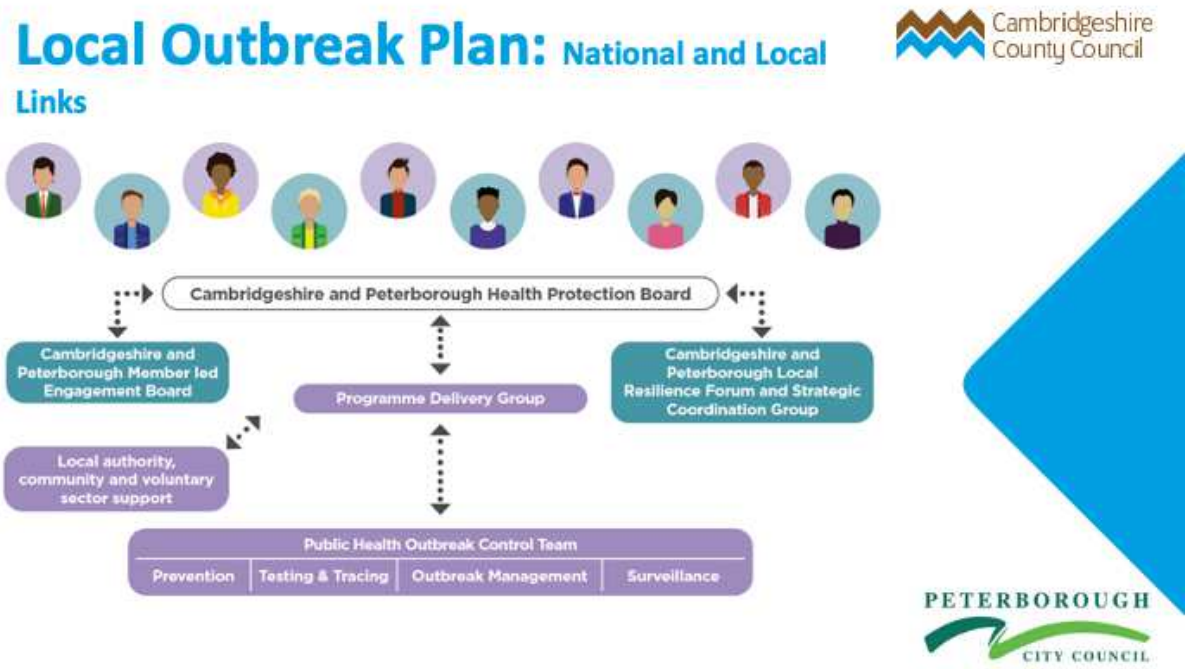
Enforcement of actions is the last resort and will only be put in place in response to ask for cooperation to support control of the virus, in cases of non compliance and/or to control outbreaks.

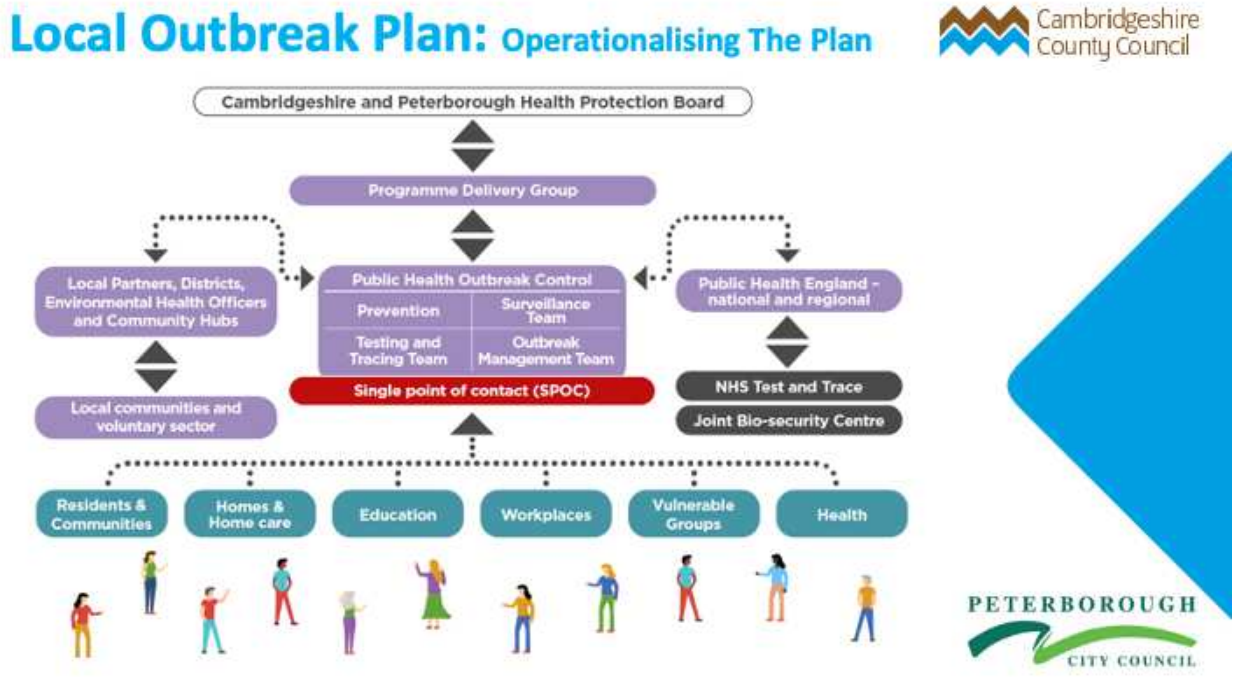
Existing legislation is the Public Health Control of Disease Act 1984 and 2010 regulations and the new legislation, Coronavirus Act 2020 which adds extra power for designated public health officers in PHE to impose requirements on people for screening, assessment and possible restrictions afterwards.

The Local Outbreak Control Plan (OCP) can be accessed via Camweb and the links on the slide OCP priorities:

- **Prevent**
- **Test & trace**
- **Track & trace the virus to id outbreak areas and be prepared with a CT surge plan**
- **Proactive management so can respond immediately to outbreaks in any setting through to geographical areas**



The OCP is set up to deliver two way travel of communication in a collaborative partnership so all communities/teams are working together to deliver the optimal plan for managing Covid and supporting the region.



How the plan works if there is an outbreak/emerging trends:
Any early warning signals of complex outbreaks or emerging trends are escalating to the relevant organisations and or partners (operating model as shown on diagram) so they can take prompt action, convene an Incident Management Team if needed and prevent any further spread.

Health protection board gives strategic leadership. Groups in purple support with the delivery of this.

Groups in blue at the bottom are working groups that deal with outbreaks in specific settings.

District representation on health protection board.

EH representation on health protection board, programme delivery group, outbreak management team, testing and tracing team, and workplaces cell.

Local Outbreak Plan: Support Hubs

Cambridgeshire County Council

We have created a network of coordination and response hubs across Cambridgeshire and Peterborough that can offer advice and information, or arrange practical help where needed.

Countywide Coordination Hub
www.cambridgeshire.gov.uk/coronavirus
or 0345 045 5219

Fenland Hub
www.fenland.gov.uk/coronavirus
or 01354 654321

Cambridge City Hub
www.cambridge.gov.uk/coronavirus
or 01223 457000

Peterborough Hub
www.peterborough.gov.uk/coronavirus
or 01733 747474

East Cambridgeshire Hub
www.eastcambs.gov.uk/content/coronavirus-community-support or 01353 665555

South Cambridgeshire Hub
www.scambs.gov.uk/coronavirus/
or 03450 455 218

Huntingdonshire Hub
www.wearehuntingdonshire.org/

If there is anything that prevents you from being able to self-isolate if you test positive for Coronavirus, or because you are contacted by someone from the NHS Test and Trace service and are asked to self-isolate, please get in touch with us for your own protection and those around you.

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Across Cambridgeshire and Peterborough a network of coordination and response hubs have been set up and are working extremely well.

Complementing the Environmental Health capacity, the core hub team was established to create more capacity to respond to an unexpected surge that overwhelms specialist capacity, to also ensure the specialist expertise within Environmental Health is able to focus on more complex outbreaks and provide subject matter expertise.

Using a revised redeployment process the plan is that a scalable resource will be able to support the local pilot and the longer term planning by:

- **Providing localised data e.g. contact details**
- **Supporting the household contact tracing led by Environmental Health where a positive case is identified**
- **Coordinating the self-isolation support package offer – ensuring people have access to essential supplies and working closely with each district and city to arrange financial support where needed**
- **Collating the learning of the Peterborough pilot to support the future Countrywide roll-out**

Will also Provide support for longer term work:

- Support survey work as part of the one-off asymptomatic testing and engagement with employers associated with recent outbreaks
- Support to shielding in the event of a local lockdown
- Maintaining the 0345 phone line (research shows over 80% calls were not referred due to dedicated line and training)
- Coordination of the rapid response for each district and city

Local Outbreak Plan: Aim

Cambridgeshire County Council

Support those who have **to isolate and are also vulnerable** through the existing community hubs: Peterborough, Cambridge Cities, The Districts of East Cambridgeshire, South Cambridgeshire, Huntingdonshire and Fenland

Following up of complex contacts and cannot be achieved by the national call handlers, the contact arrangements will be handled by trained staff deployed in Cambridgeshire and Peterborough

Ensure that COVID-19 outbreaks in care homes, schools and in the community are prevented by clear measures identified in the plan

Where outbreaks do occur in care homes, schools and in the community those outbreaks are effectively managed and controlled

Ensure that there is sufficient local testing

Ensure that all data from national, local and NHS sources are brought together to inform clear and decisive decision making to prevent, identify and control outbreaks

Ensure that there are sufficient staff and volunteers trained and able to take on the responsibilities within the Local Outbreak Control

PETERBOROUGH CITY COUNCIL

Where someone is instructed to isolate and is also vulnerable there will be plans put in place to support that person through the existing community hubs in Peterborough and Cambridge Cities and the Districts of East Cambridgeshire, South Cambridgeshire, Huntingdonshire and Fenland.

Where the following up of contacts is more complex and cannot be achieved by the national call handlers, the contact arrangements will be handled by trained staff deployed in Cambridgeshire and Peterborough.

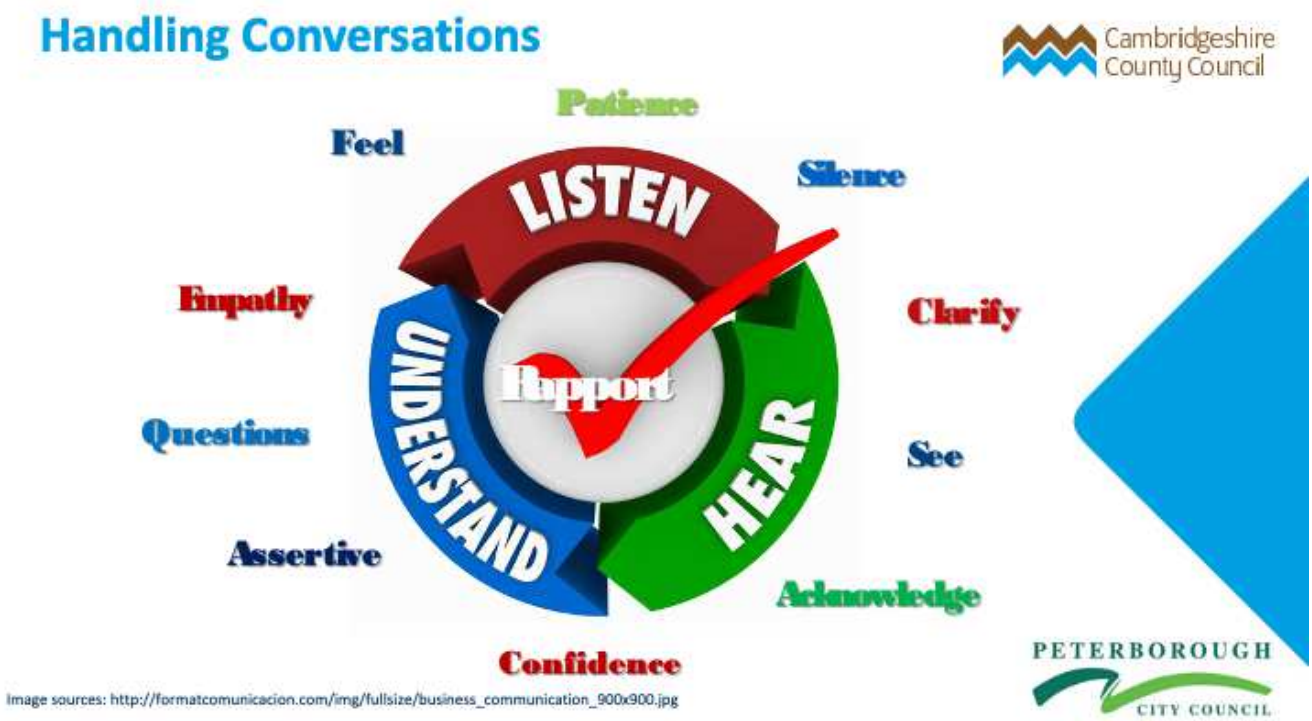
Ensure that COVID-19 outbreaks in care homes, schools and in the community are prevented by clear measures identified in the plan, including supporting workplaces, communities and locations at higher risk to avoid COVID-19 outbreaks.

Where outbreaks do occur in care homes, schools and in the community those outbreaks are effectively managed and controlled calling upon already established infection control measures for the outbreaks of infectious diseases.

Ensure that there is sufficient local testing with results coming back in a timely manner so it is quick and easy for people to get tested for COVID-19.

Ensure that all data from national, local and NHS sources are brought together to inform clear and decisive decision making to prevent, identify and control outbreaks.

Ensure that there are sufficient staff and volunteers trained and able to take on the responsibilities within the Local Outbreak Control Plan including the setting up of community rapid response teams to take immediate steps to prevent and deal with local outbreaks.



The way that we communicate is made up of 3 key factors:

- The words we choose to use
- How we say those words, the tone, pace, volume
- In our facial expressions and whole body language – you can often make assumptions by what someone is about to say due to their stance, gestures, eye movements, but be cautious as sometimes expressions can be misleading

You will be following up on someone who has been difficult to trace, there could be various reasons for this, and potentially they may not have received the news about their positive test, so be cautious in how you deliver your introduction and the test result.

You need to create rapport to continue the conversation and to ensure the person feels reassured and willing to speak with you. This can be achieved by being empathetic and taking time in asking questions and really listening to answers.

Tips to help the conversation:
Use silence. Really powerful as allows the person time to stop and think and they will be more inclined to fill the silence and provide more information.

Be assertive and confident in your approach as it offers reassurance. Being too strong in your approach may come across as aggressive and stop the conversation.

Use good questioning techniques to build the rapport and to get the information that is needed.

Types of questions:

- **Open** – Great for getting more information as allows the other person to speak
- **Closed** – useful for controlling the conversation or for where a simple yes or no is needed
- **Paraphrasing** – helps to make sure you have understood the person correctly, basically re-saying what they said but in a different way
- **Probing** – delving deeper with your questions to uncover more detail. Useful when need to recall someone's steps or activities, as you ask them for a little more, the What, How, When, Who type of questions, so each time you are digging down until you get to a place where you are only using closed questions to confirm you have all the information.
- **Leading** – This is where you may start the question with an idea. E.G. '*You didn't have a change of taste did you?'* This puts an idea to someone that you want them to say that or that they should have had this symptom. But can be useful as a prompt to remember the symptoms they had.
- **Clarifying/Checking** - As simple as recalling what you have heard but in a simplified almost list like structure as allows the person to say yes, no, add bits they may have forgotten or to correct your understanding if you have misheard or misunderstood something.

Paraphrase back what you have heard to clarify on points, summarise if you are unsure you have understood correctly, check in that you have the correct details noted from the conversation, reflect to acknowledge their concerns and feelings. For example they have expressed concern about their family being sick and that they themselves will not be able to go to work and support the family. Respond by acknowledging what you have heard:

' I can hear that you are worried about others and how they are feeling and if they will get sick that must be hard, especially if you are concerned about how there will be any financial support while you are all self-isolating. If you will let me there are support structures in place within the county/district/hub that can provide support during this isolation period and I would like to be able to share those links with you'.

By responding this way you have acknowledged their worries, reflected on how it feels for them and paraphrased their concerns, ending by checking in (a form of clarification) that there are resources that could be offered to support them and if they are happy for this to be shared.

Remember communication is not all about the words, look for clues in their body language, tone of voice, gestures. This will help you to see how they are feeling, if there is more they need to share, if they are worried. You can use this in your questions by reflecting and saying things like:

'I can see you are feeling worried, what is it that is worrying you other than what we have discussed already?'

'I can hear that you are concerned, lets talk about the areas worrying you and see how we can help.'

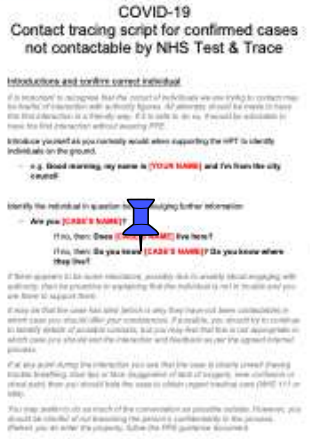
There is separate training on how to handle conversations and difficult situations so if you feel you could benefit from the extra training please let your lead or SPOC know so you can book onto the training.

As you work through the call script think about how it will sound, think of different situations you may encounter when making the call and think about which elements will support you during these conversations.

Contact tracing script for confirmed cases not contactable by NHS Test & Trace

Cambridgeshire County Council

Click on the Script for the call flow & to view the Contact collection form


COVID-19
Contact tracing script for confirmed cases not contactable by NHS Test & Trace

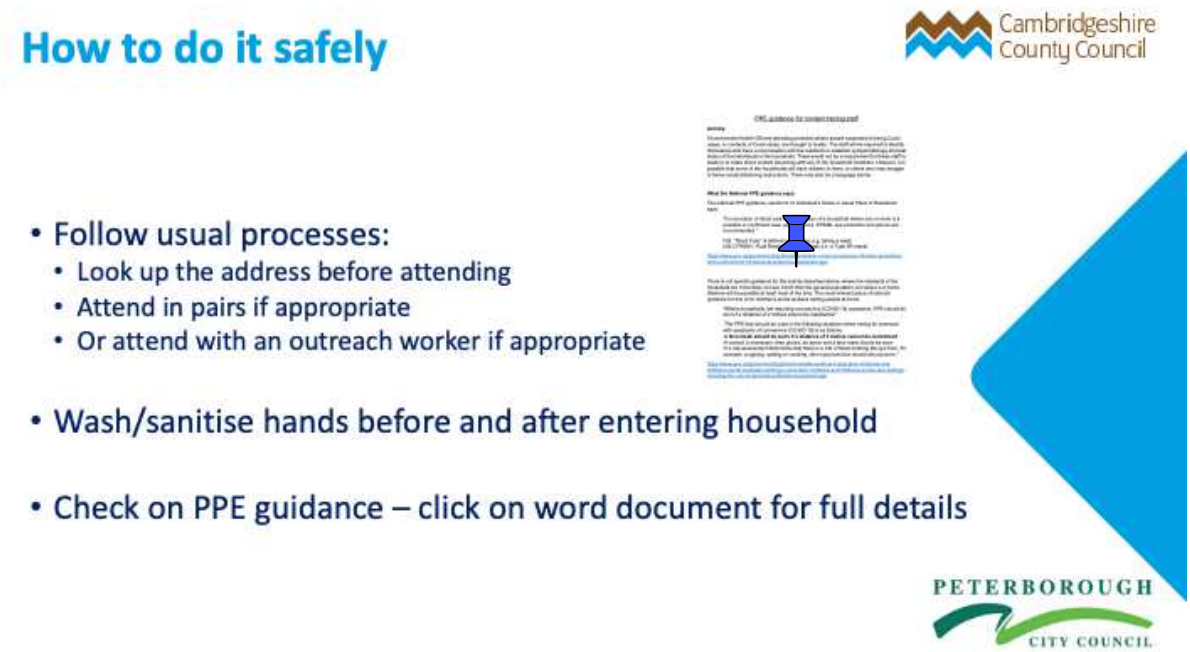
PETERBOROUGH CITY COUNCIL

The script is an example and is subject to change due to changes within CTAS on a regular basis. Which means that questions and format will change to align with CTAS. This example will provide you with an idea of how the conversation may flow and types of questions you will need to ask to check on the individual and to gather their contact information.

Remember to provide reassurance about the importance of the call/visit in checking that they are well, following isolation and that their contacts are well too.

At the end of the script you will see the information form that needs to be completed on their contacts details, there is a form for Household and Non-household contacts. Again at this stage reinforce that this information is not being used to share with any other agency other than those coordinating contact tracing and that the information is vital for follow up on their contacts and reduce the impact of the virus.

Please click on the script document to view in word.



Follow due diligence for the visit to ensure safety of all conducting the contact tracing.

Check addresses, history, attend in pairs with an EHO lead and support worker, ideally someone from the speciality of the setting you are visiting, this will help in three ways:

1. The person you are calling on may know you or your team, so feel more comfortable with a 'known' person. Meaning that you are maintaining and protecting relationships built within that environment
2. As the support specialist you will be able to guide the EHO on the environment they are entering
3. It will also enable more teams to be active, rather than two EHO doing calls together

Please click on the PPE document to access in word.

Summary

Cambridgeshire County Council

- NHS Test & Trace contact positive cases and their contacts
- Contact tracing – The Steps taken after positive cases referred locally
- Discussed the different terms and their definitions used in contact tracing
- Reviewed the Local Outbreak Control Plan and Support & Response Hubs
- Handling Conversations to build rapport and gather information
- The Script – Step by step guide
- PPE guidance – step by step guide

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NHS Test & Trace overview – The NHS test and trace service – Normal process:
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.

Contacts those with a positive result.

Helps trace close recent 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.

Contact tracing – The Steps, moving to local level after 48 hours, contacting those with a positive result who the national test & trace have not been able to contact, provide advice and identify contacts

Leads will be EHO with support from hubs, those with specific knowledge of area and speciality. Visit in pairs

Definitions:
Case - Possible case: new continuous cough or high temperature or a loss of or change in, normal sense of taste or smell (anosmia)

Confirmed case: those who have received a positive test result

Contact tracing undertaken on confirmed cases (at the moment)

Contact:
Household - Those living together, sharing key rooms, contact for 8 hrs more/Sexual contacts/Cleaners with no PPE **Non Household -** had face-to-face contact of any duration, less than 1 metre away from a case, **or** were coughed or sneezed on by the case, or had unprotected physical contact (skin to skin) with case, or spent more than 1 minute within 1 metre of the case, or spent more than 15 minutes within 2 metres of the case, or travelled in a car or other small vehicle (even on a short journey), or airline contacts.

Isolation – what it means and involves. Top line:
If they are or are not experiencing symptoms but have tested positive for COVID-19 they must self-isolate for at least 10 days, starting from the day the test was taken or the symptoms first started. If they develop symptoms during this isolation period, they must restart the 10-day isolation from the day they developed symptoms.

After 10 days, if still have a temperature they should continue to self-isolate and seek medical advice. They do not need to self-isolate after 10 days if only have a cough or loss of sense of smell or taste, as these symptoms can last for several weeks after the infection has gone.

If live with others, all other household members must stay at home and not leave the house for 14 days. The 14-day period starts from the day when the first person in the household became ill or if they do not have symptoms, from the day their test was taken. If anyone else in the household starts displaying symptoms, they must stay at home for at least 10 days from when their symptoms appear, regardless of what day they are on in their original 14-day isolation period.

The OCP has two key principles:

1.1 Prevention

Support communities and businesses to understand and observe national guidance and prevention measures, reducing the likelihood of contracting or spreading the virus.

Reinforcing key public health messaging on hand washing and social distancing.

1.2 Surveillance & Response

Quickly identify any new cases of COVID-19 and their contacts to reduce spread.

Put steps in place to control outbreaks – particularly in high risk settings -and stop them spreading.

Support & Response Hubs provide support, guidance and links to everyone within the local authority areas, complementing the Environmental Health capacity, established to create more capacity to respond to an unexpected surge.

Handling Conversations – Reviewed some top line communication skills tips. Overall aim building rapport to encourage the person to share information and maintain the conversation to be able to trace contacts and reduce the risk of transmission

The Script – looked at the script, touched on possible obstacles or difficult situations.

PPE guidance – looked through guidance and how to handle different situations.