

Isle of Wight Council

**COVID-19 Prevention,  
Incident  
and Outbreak Control Plan**

**OFFICIAL**



## Foreword

The Isle of Wight Council (IWC) COVID-19 Prevention, Incident and Outbreak Control Plan describes the management structures and procedures used by the IWC to prevent the spread of COVID-19 and respond to the pandemic through local management of incidents and outbreaks. The plan outlines the roles and responsibilities of the IWC COVID-19 Health Protection Board and the various IWC departments, Public Health England South East, the Isle of Wight (IOW) Clinical Commissioning Group (CCG) and the IOW NHS Trust.

The IWC COVID-19 Prevention, Incident and Outbreak Control Plan is written specifically for managing COVID-19 incidents and outbreaks that occur on the Isle of Wight, however it works in collaboration with the Upper Tier and Unitary Local Authorities across the Hampshire and Isle of Wight Local Resilience Forum (HIOW LRF) footprint which includes Hampshire County Council, Southampton City Council and Portsmouth City Council.

**Due to sensitive nature of the information contained within this Plan, the appendices and any references to these, have been removed from the published version.** The appendices referred to in the full version of the Plan are:

Appendix
Appendix 1 – List of Acronyms (this has been included in the published version)
Appendix 2 – Aims of the IWC COVID-19 Engagement Board
Appendix 3 – IWC COVID-19 Health Protection Board Terms of Reference
Appendix 4 – Template for Theme Situation Report
Appendix 5 – Management of a possible or confirmed case of COVID-19 in a setting
Appendix 6 – Management of a COVID-19 Outbreak in a Setting
Appendix 7 – ICT Management of a COVID-19 Incident/Outbreak
Appendix 8 – List of Isle of Wight Adult Care Providers
Appendix 9 – List of Isle of Wight Children’s Centres, Schools and Children’s Care Settings
Appendix 10 – Example Hostel SOP for Management of a Possible Case of COVID-19
Appendix 11 – Contact List

## Document Control

This plan will be maintained by the IWC Public Health Team.

Plan Version	Date	Remark(s)	Reviewer(s)
0.1 (draft)	05/06/2020	Drafted template	CB
0.2 (draft)	08/06/2020	Updated template and added text to sections	CB
0.3 (draft)	09/06/2020	Updated template with comments from the Joint Biosecurity Centre	CB
0.4 (draft)	15/06/2020	Updated with comments from the IWC DPH	CB
0.5 (draft)	16/06/2020	Updated Section on Outbreak Control to align with draft HP Incident SOP	CB
0.6 (draft)	17/06/2020	Updated Governance Section	CB
0.7 (draft)	18/06/2020	Updated tables in Sections 4 and 5	CB
0.8 (draft)	19/06/2020	Updated following IWC Outbreak Control Group Meeting 19/06/2020	CB
0.9 (draft)	21/06/2020	Updated following IWC Health Protection Board 19/06/2020	JJ/ SiB
0.10 (draft)	23/06/2020	Updated following discussion with Theme leads	CB
0.11 (draft)	25/06/2020	Updated following IWC COVID-19 Health Protection Board Meeting 25/06/2020	CB
1.0	29/06/2020	Final Version signed off by the IWC COVID-19 Health Protection Board	CB

**Date Published:** 30/06/2020

**Next Review Date:** 13/07/2020

## Distribution

Members of the IWC COVID-19 Health Protection Board
Members of the IWC COVID-19 Engagement Board
IWC Gold Group members
HIOW Integrated Care System and IOW Integrated Care Partnership Board
LRF Strategic Coordination Group Chair

## Contents Page

### Contents

Foreword .....	1
Document Control .....	2
Distribution .....	3
Contents Page.....	4
List of Acronyms.....	7
Section 1 .....	9
General Information.....	9
1.1 Introduction .....	9
1.3 Summary of the Plan.....	11
1.4 Purpose of the Plan.....	12
1.5 Aim and Objectives .....	13
Section 2 .....	14
Governance Structure .....	14
2.1 Overview.....	14
2.2 Isle of Wight Council COVID-19 Engagement Board (EB).....	15
2.3 Isle of Wight Council COVID-19 Health Protection Board (HPB) .....	15
2.4 IWC Gold Group .....	16
2.5 COVID-19 Incident Control Teams (ICTs) .....	16
2.6 COVID-19 Stakeholder Advisory Group .....	16
2.7 Hampshire & Isle of Wight LRF .....	17
2.8 Planning and Response Lead .....	17
2.9 Monitoring and Engagement Lead .....	17
2.10 HIOW Integrated Care System (ICS).....	17
2.11 IOW Integrated Care Partnership (ICP) Board .....	18
2.12 Record Keeping .....	18
Section 3 .....	19
COVID-19 Prevention and Incident and Outbreak Response .....	19
3.1 Definitions .....	19
3.2 Strategic Approach to COVID-19 Incidents and Outbreaks .....	20
3.2.1 Prevention.....	20
3.2.3 COVID-19 Incident and Outbreak Management .....	22
3.3 Notification of a COVID-19 Incident/Outbreak in a Setting.....	24

3.4 Management of a COVID-19 Incident/Outbreak in a Setting .....	26
Section 4 .....	28
Care Homes and other Adult Care Settings .....	28
4.1 Prevention.....	28
4.2 Identification and Management of an Outbreak .....	29
4.3 Initial Testing/ Follow-up testing .....	29
4.4 COVID-19 Surveillance and monitoring .....	30
Section 5 .....	32
Schools, Education and Children’s Care Settings.....	32
5.1 Prevention.....	32
5.2 Identification of an outbreak .....	33
5.3 Initial testing/ Follow-up testing .....	34
5.4 Surveillance and monitoring .....	35
Section 6 .....	36
High Risk Settings, Locations and Communities and Healthcare Settings .....	36
6.1 Types of High-risk settings, locations and communities on the Isle of Wight .....	36
6.1.1 High Risk Settings.....	37
6.1.2 High-Risk Groups.....	38
6.2 Prevention.....	39
6.3 Identification and management of an outbreak.....	41
6.4 Initial testing/ Follow-up testing .....	43
6.5 Surveillance and monitoring .....	44
6.6 Mass Gatherings.....	44
Section 7 .....	45
Vulnerable People .....	45
7.1 Supporting vulnerable people – existing arrangements .....	45
7.2 Supporting vulnerable people - arrangements that need to be set up.....	46
Section 8 .....	49
Testing and Tracing.....	49
8.1 Testing Arrangements.....	49
8.2 Testing arrangements currently in place.....	49
8.3 Testing arrangements that need to be set up .....	52
8.4 Contact Tracing Arrangements .....	53
Section 9 .....	55
Data and Outbreak Intelligence .....	55
9.1 Data objectives .....	55

9.2 Current Arrangements for Data Integration ..... 55

9.3 Data sharing..... 58

Section 10 ..... 60

Communication and Stakeholder Engagement..... 60

10.1 Communications with the General Public ..... 61

10.2 Communications between agencies..... 61

Section 11 ..... 63

Roles and Responsibilities..... 63

Section 12 ..... 66

Key Related Documents and Legislation ..... 66

## List of Acronyms

CCG	Clinical Commissioning Group
DHSC	Department of Health of Social Care
DPH	Director of Public Health
DsPH	Directors of Public Health
EHO	Environmental Health Officer(s)
ICP	Integrated Care Partnership
ICS	Integrated Care System
ICT	Incident Control Team
IOW	Isle of Wight
IWC	Isle of Wight Council
ITCG	Island Tactical Coordinating Group
HIOW	Hampshire & Isle of Wight
HPB	Health Protection Board
HPT	Health Protection Team
JBC	Joint Biosecurity Centre
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
MTU	Mobile Testing Unit(s)
OCT	Outbreak Control Team
PHE SE HPT (HIOW)	Public Health England South East Health Protection Team for Hampshire and the Isle of Wight



OFFICIAL

RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
SCG	Strategic Coordinating Group
SOP	Standard Operating Procedure
STC	Satellite Testing Centre

## Section 1 General Information

### 1.1 Introduction

The Isle of Wight Council (IWC), alongside many multi-agency organisations and partnerships across the Hampshire and Isle of Wight (HIOW) Local Resilience Forum (LRF), has been working to support a range of settings and communities, both proactively and reactively, as part of the COVID-19 response. As the national measures ease and change, and workplaces, businesses and other settings begin to re-open, local outbreak control plans are needed to prevent, control and manage COVID-19 incidents and outbreaks at a local level.

As part of the government's COVID-19 recovery strategy, the [NHS Test and Trace service](#) was launched on 28<sup>th</sup> May 2020 with the primary objectives of controlling the COVID-19 rate of reproduction (R), reduce the spread of infection and save lives, and help 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 with local government, NHS and other relevant organisations at the centre of outbreak prevention and response, with development and actioning of local outbreak control plans for COVID-19 by the end of June 2020. National government funding of £300m has been provided to local authorities in England to operationalise these plans. On 10<sup>th</sup> June it was announced that the funding to individual authorities is based on the 2020/21 Public Health Grant allocation, and for the Isle of Wight Council will be £700,230 paid in one instalment in June 2020.

The IWC COVID-19 Prevention, Incident and Outbreak Control Plan has been put in place to protect the health of the population on the Isle of Wight by:

- Preventing the spread of COVID-19;
- Enabling the early identification and proactive management of local COVID-19 outbreaks;
- Co-ordinating capabilities across agencies and stakeholders; and

- Providing assurance to the public and stakeholders that the actions above are being effectively delivered.1.2 The Isle of Wight Context and the Impact of COVID-19 on the Isle of Wight

### 1.2.1 Isle of Wight Context

The data below provides a snapshot of the impact of COVID-19 on the Isle of Wight.<sup>1</sup>

#### **Cases**

There have been 203 lab-confirmed cases of COVID-19 on the Isle of Wight (reported by PHE as of the 27<sup>th</sup> June 2020).

For the Isle of Wight, this is a rate of 143.4 cases per 100,000 population, which ranks the Isle of Wight 139 out of 150 Upper Tier Local Authorities (UTLA) in England (where 1= highest rank) where data were available, in terms of cases of COVID-19.

#### **Deaths**

The first death involving COVID-19 on the Isle of Wight occurred on the 22<sup>nd</sup> March 2020. Deaths occurrence data up to the 12<sup>th</sup> June 2020 report there have been 79 deaths involving COVID-19 on the Isle of Wight. Of these deaths, 39 (49%) have occurred in care home settings, 36 (46%) in hospital, and 4 (5%) in community settings (including home, hospice or other communal settings).

#### **Outbreaks**

28 (37.3%) CQC registered care homes have reported COVID-19 outbreaks on the Isle of Wight as at 15<sup>th</sup> June 2020.

---

<sup>1</sup> Data sources for the contextual information are as follows: Cases: <https://coronavirus.data.gov.uk/#local-authorities>  
Deaths: <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/>;  
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard> Care homes: [https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information?utm\\_source=3c81d35e-b775-4cf1-97ae-bb15fa20848c&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_content=immediate](https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information?utm_source=3c81d35e-b775-4cf1-97ae-bb15fa20848c&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

### 1.3 Summary of the Plan

The National brief asks Upper Tier Local Authorities to develop local outbreak control plans centred on 7 themes:

1. **Care homes and schools** - defining monitoring arrangements, possible scenarios and planning for the required response.
2. **High-risk places, locations and communities** – defining preventative measures and outbreak management strategies.
3. **Local testing capacity** – identifying methods for local testing to ensure a swift response that is accessible to the entire population, defining how to prioritise and manage deployment.
4. **Contact tracing in complex settings** – identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity.
5. **Data integration** – integrating national and local data scenario planning through the Joint Biosecurity Centre (JBC), including planning, data security and NHS linkages.
6. **Vulnerable people** – supporting vulnerable local people to get help to self-isolate (facilitating NHS and local support, identifying relevant community groups and ensuring services meet the needs of the diverse communities).
7. **Governance** - setting out how the plan will be developed, decisions taken about its implementation, and how the plan will be communicated to the public and key stakeholders.

The above 7 themes are covered in this plan as illustrated in Table 1:

Themes in National brief	IWC COVID-19 Plan	Areas Covered
Governance	Governance Structures (Section 2)	<b>Leadership, Decision-making</b>
Care Homes and Schools	Care Homes and Other Adult Care Settings (Section 4)	<b>Settings</b> -based response-planning and managing incidents/outbreaks
	Schools, Education and Children’s Care Settings (Section 5)	
High-risk Places, Locations and Communities	High-Risk Settings, Locations and Communities (Section 6)	
Vulnerable People	Vulnerable People (Section 7)	
Local Testing	Testing and Tracing (Section 8)	<b>Enablers</b> of response-planning and managing incidents/outbreaks
Contact Tracing		
Data Integration	Data and Outbreak Intelligence (Section 9)	
(Not covered as individual theme in National brief)	Communication and Stakeholder Engagement (Section 10)	

Table 1: Outline of Plan

### 1.4 Purpose of the Plan

The strategic purpose of the IWC Prevention, Incident and Outbreak Control Plan is to describe how we will work as a system on the Island to prevent, prepare for, and respond to the COVID-19 pandemic and local incidents and outbreaks of infection. The Plan builds on the Council Public Health team’s “Joint HIOW Public Health Standard Operating Procedure

(SOP) for Health Protection Incidents” already in place and is part of the Council’s overall response to emergencies. It does not replace existing major incident or other plans.

The Plan will be kept under review, in line with national guidance and changes in capacity across the system. It is an outline document intended to be flexible and adaptable for local operation.

The Plan will be in place until such time as the pandemic is no longer impacting on the local community and businesses, or where suspected or confirmed COVID-19 outbreaks in any setting type are no longer occurring on a basis that requires a multi-agency response or is disruptive to wider society.

### **1.5 Aim and Objectives**

The aim of the Plan is to provide a framework as to how we will work as a system to respond to COVID-19.

The objectives of this plan are as follows:

- To reduce transmission of COVID-19, protect the vulnerable and prevent increased demand on healthcare services.
- To provide consistent advice to settings to prevent the spread of COVID-19.
- To provide the IWC COVID-19 Health Protection Board with an understanding of data sources and intelligence to support incident and outbreak management.
- To oversee the test and trace programme on the Isle of Wight.
- To coordinate testing across the Isle of Wight.
- To ensure a collaborative and coordinated approach to supporting settings across the Isle of Wight.
- To communicate with the community and work with key stakeholders to build understanding for the Plan and for the continuing need to take personal responsibility for preventing the spread of COVID-19.

## Section 2 Governance Structure

### 2.1 Overview

This section provides an overview of the governance arrangements for the IWC in relation to local COVID-19 incidents and outbreaks. This is illustrated in Figure 1 below with further detail provided in subsequent paragraphs.

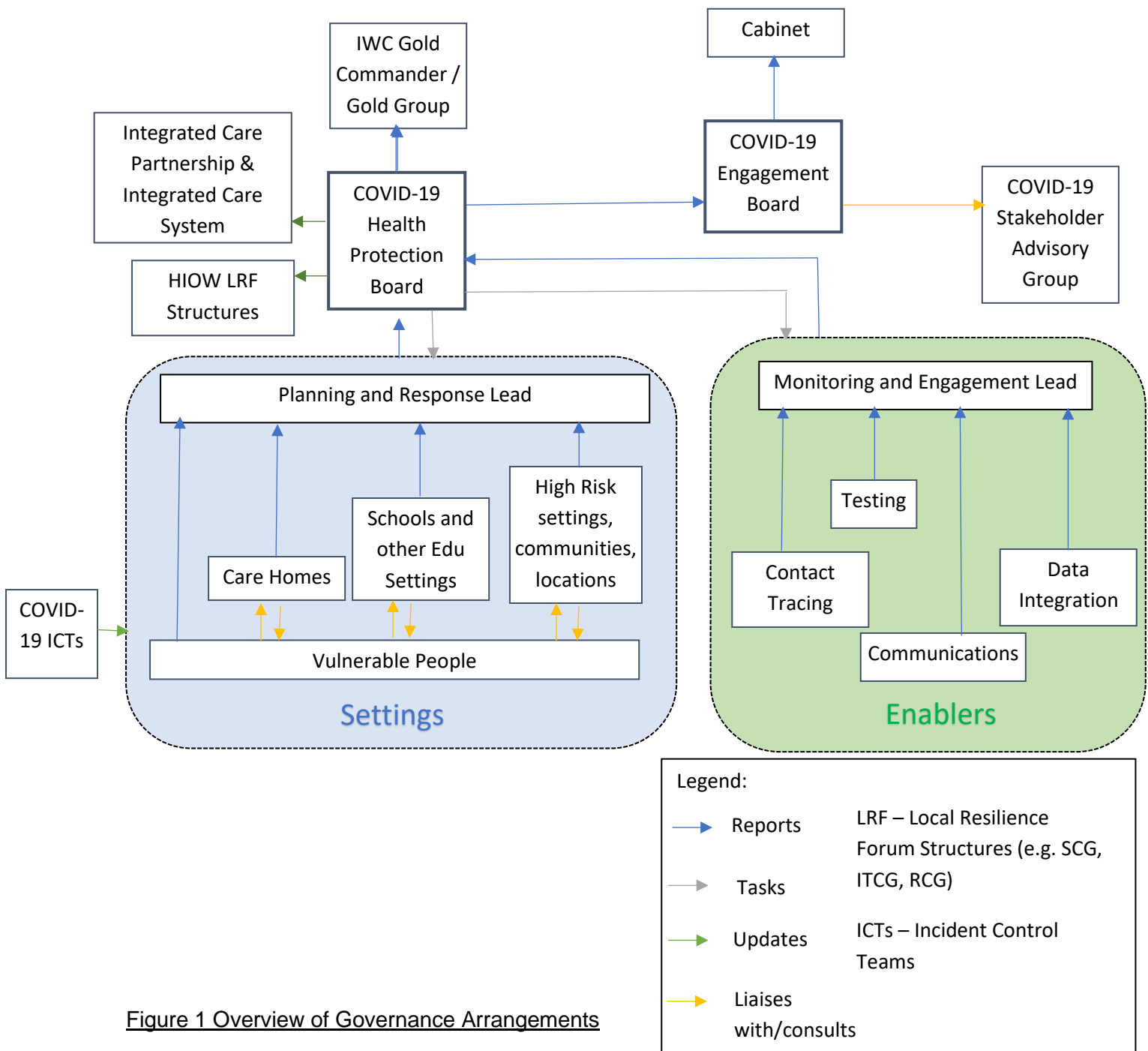


Figure 1 Overview of Governance Arrangements

## **2.2 Isle of Wight Council COVID-19 Engagement Board (EB)**

The IWC COVID-19 Engagement Board (EB) is a member-led oversight board, chaired by the Leader of the Isle of Wight Council. The EB is a subgroup of the IWC Cabinet. The primary roles of the EB are to have political oversight relating to COVID-19 incident and outbreak response, and to provide direction and leadership for community engagement.

## **2.3 Isle of Wight Council COVID-19 Health Protection Board (HPB)**

The IWC COVID-19 Health Protection Board will bring together senior professional leads from a number of organisations involved in outbreak response in the local community. The primary roles of the HPB are the ongoing development and delivery of the Plan, providing updates to LRF Structures, and making recommendations to the IWC Gold Group if allocation of resources is required. The Chair will be the Director of Public Health (DPH).

The Local Authority Chief Executive, in partnership with the DPH and the PHE South East (SE) Health Protection Team (HPT) for Hampshire and the Isle of Wight (HIOW), are responsible for signing off the IWC COVID-19 Prevention, Incident and Outbreak Control Plan.

- The HPB will monitor the burden of COVID-19 across the Isle of Wight and ensure that appropriate actions and resources are in place to prevent the spread of infection, identify outbreaks as early as possible, and ensure steps are taken to control outbreaks, reduce further spread, and mitigate their impact on the local population.
- The HPB will be responsible for the development and targeting of communications to the public to help prevent the spread of infection.
- The Board will oversee the implementation of processes to enable local residents to access COVID-19 testing and participate effectively in the NHS Test and Trace service. This includes providing any required support to the rapid deployment of testing when an COVID-19 incident or outbreak is declared.
- Where there are possible or confirmed cases or COVID-19 incidents or outbreaks, PHE SE HPT (HIOW) will undertake the initial risk assessment and give advice to a setting and the local system on management of the case of incident/outbreak. The Board will ensure follow-up and support settings to continue to operate whilst managing an outbreak, including through oversight of support with infection prevention and control;
- PHE SE HPT (HIOW), through its representation in the HPB, and collaborative working with the Director of Public Health and the Council Public Health Team, will be proactive



and reactive to ensure two way communication about outbreaks and enquiries being managed by the IWC and wider issues/opportunities. PHE SE HPT (HIOW) will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions, as well as other settings.

The HPB will also work closely with the following regional groups:

- PHE South East Contact Tracing Operational Group
- PHE South East Regional Test and Trace Oversight Group
- PHE South East Schools Cell

The IWC Health Protection Board will report to the IWC COVID-19 Engagement Board and the IWC Gold Group/Commander.

## **2.4 IWC Gold Group**

This is the strategic level of command and control at which policy and strategy are established and managed for the IWC's emergency response to any major incident. The Director of Public Health in consultation with the IWC Chief Executive can call a Gold Group at any time consisting of all the Council's directors. IWC Gold will ensure appropriate resources are made available for the management of COVID-19 incidents, as per this Plan.

## **2.5 COVID-19 Incident Control Teams (ICTs)**

As outlined in Section 3, the management of incidents of COVID-19 may require the establishment of Incident Control Teams. ICTs will be responsible for overall management of the incident/outbreak and reporting into HPB via settings-based theme leads. The ICT is a multi-agency response to the incident with membership determined by the nature of the incident and context. Theme leads will have access to "incident logs" which are held by the Council Public Health team, as well as PHE daily and weekly outbreak reporting which is also provided by the Council Public Health team.

## **2.6 COVID-19 Stakeholder Advisory Group**

This group will bring together relevant Island agencies and organisations that can support the implementation of the IWC COVID-19 Prevention, Incident and Outbreak Control Plan. The Stakeholder Advisory Group, working collectively and individually, will also engage with

the IOW residential community and champion support for the plan. In so doing, it may provide 'soft' intelligence of areas of activity or concern which may be an early indicator of the potential for a COVID-19 incident/outbreak.

## **2.7 Hampshire & Isle of Wight LRF**

The HPB will provide regular updates to HIOW LRF structures. Where a level 2 or level 3 response to an incident is occurring (see Section 3.2.3), the Chair of the Health Protection Board communicates this to the LRF Strategic Coordination Group (SCG). The HIOW LRF will support local health protection arrangements working with the HPB through the Tactical, Strategic or Recovery Coordinating Groups, and the following LRF cells:

- Multi-Agency Information Cell (MAIC)
- Modelling Cell
- Preventing the Spread of Infection Cell

## **2.8 Planning and Response Lead**

The Planning and Response lead will be a senior member of the Council Public Health team who sits on the HPB. They will be responsible for oversight of activity within the 'settings'-based themes in this Plan, i.e. vulnerable people, high risk settings, care homes and other adult care settings, and schools, education and children's care settings. Each of these four themes has a designated lead who will be responsible for submitting weekly Situation Reports (Sit-reps) to the Planning and Response Lead, highlighting any matters requiring escalation to the Chair of the HPB.

## **2.9 Monitoring and Engagement Lead**

The Monitoring and Engagement lead will be a senior member of IWC who sits on the HPB. They will be responsible for oversight of activity within the 'Enabler' themes in this plan.

## **2.10 HIOW Integrated Care System (ICS)**

The ICS brings together local authorities and NHS organisations across the HIOW area. The ICS leads on overall system planning and coordination, and the commissioning of health and care services at a scale that best serves the widest population.

## 2.11 IOW Integrated Care Partnership (ICP) Board

The primary aim of the IOW ICP Board is to provide strategic direction for health and social care for the Isle of Wight ICP and for members to hold each other to account for service delivery against agreed strategies. The HPB will provide updates to the ICP on a regular basis. This will contribute to shaping ICS strategies to support system-wide health and care working, so that the needs of the Isle of Wight are properly identified and reflected within the emerging HIOW ICS aspirations.

## 2.12 Record Keeping

It is essential that accurate records are kept and updated daily. Setting theme leads are responsible for completing their weekly Sit-rep using information from “Incident Logs” held and shared by the Council’s Public Health team, as well as any additional daily or weekly PHE reporting cascaded to theme leads by the Council’s Public Health team. Weekly Settings theme Sit-reps will be collated by the Planning and Response lead and shared with the HPB prior to any meetings. Where there is any ambiguity about which Theme lead would be overseeing an incident in a particular setting, the Council’s Public Health team (involved in management of the incident) will facilitate agreement to oversee the incident by the relevant theme lead, based on the scoping information provided in this Plan. Any matters requiring escalation will be documented and referred to the HPB Chair.

## Section 3

# COVID-19 Prevention and Incident and Outbreak Response

### 3.1 Definitions

COVID-19 has been added to the list of notifiable diseases in the revised Health Protection (Notification) Regulations 2020.

For the definition of a 'possible case' of COVID-19, see the latest government guidance [here](#). As of 18th May 2020, a person well enough to remain in the community would be defined as a possible case if they had any of the following symptoms:

- A high temperature.
- A new continuous cough.
- A loss of, or change in, normal sense of taste or smell (anosmia).

Clinicians are also asked to be alert to the possibility of atypical presentations in patients who are immunocompromised.

A 'confirmed case' of COVID-19 refers to someone who has tested positive for COVID-19.

An 'incident' is defined by PHE as an event or situation which threatens or causes damage to the health of the public and that requires urgent action.

An 'outbreak' is defined by two or more people having COVID-19, symptoms in which there is also an association of time, place and/ or contact between them. However, in some instances, only one case may prompt the need to take measures to protect public health. The current definitions of an outbreak in a care home and an educational setting are the following (please note that these may be updated from time to time):

- **Care Homes:** Two or more cases which meet the case definition of possible or confirmed case as above within a 14-day period among either residents or staff in the care home.
- **Education Settings:** Two or more confirmed cases of COVID-19 among students or staff in a school within 14 days OR increase in background rate of absence due to suspected or confirmed cases of COVID-19 (does not include absence rate due to individuals shielding or self-isolating as contacts of cases).

An Incident Control Team (ICT) is a formal meeting of all partners to address the control, investigation and management of a COVID-19 incident or an outbreak (in which case, it would be more aptly referred to as an outbreak control team or OCT), or a discussion between two or more stakeholders following the identification of a case or exposure of concern. An ICT will be arranged to manage local incidents/outbreaks as required.

### 3.2 Strategic Approach to COVID-19 Incidents and Outbreaks

This plan outlines the role of the IWC in the overall pandemic response. This encompasses two main areas of focus:

1. **Prevention**, which involves preventing the spread of infection across the Isle of Wight population and keeping the Reproduction Number (R) down; and
2. **Management** of incidents and outbreaks in settings and communities.

#### 3.2.1 Prevention

One of the aims of this Plan is to promote the prevention of COVID-19 infection. This requires continued adherence with guidance for the public to stay alert and follow social distancing, adhere to the risk assessed safe working advice set out in the government's [COVID-19 secure guidance](#), regularly clean hands and surfaces, and minimise contacts outside of the household. Guidance for those classed as extremely clinically vulnerable remains important. Continued campaigns and support for essential workers and other residents to self-isolate and promptly access testing on experiencing COVID-19 symptoms will be key in the prevention of further COVID-19 cases and outbreaks. Timely results will enable a prompt public health response. Prevention of COVID-19 cases and outbreaks requires a coordinated approach across a number of existing structures and organisations:

- The IWC has a key role in reminding residents, visitors and businesses about being “COVID-19 secure”. This includes public messaging using social media and signage in public areas such as town centres and parks.
- All local health and care organisations are working to ensure that patients and staff are protected from COVID-19 and that testing of patients prior to discharge home or into care settings, is in place. Specific prevention activity relating to adult and children’s care settings is detailed in Sections 4 and 5.

- Preventing the Spread of Infection (PSI) remains a key objective of the HIOW LRF's Strategic Coordinating Group (SCG). The HPB will seek to share intelligence and to identify opportunities for shared learning and coordinated action via the LRF PSI group.
- The HIOW LRF Modelling Cell facilitates the development and delivery of health intelligence support to all partner agencies including the provision of daily data feeds and an early warning indicator dashboard to all agencies. The HPB will maintain strong links into this Cell in order to facilitate the early identification of emerging patterns or clusters and/or increasing incidence COVID-19 infection across the wider HIOW area
- The LRF Recovery Coordinating Group and the Council's recovery group are also important players in the 'prevention' space. The HPB will establish links with these groups to ensure a coherent approach to both recovery and management of infection.

### 3.2.2 Surveillance and Early Warning Indicators

Actions and decisions taken by the HPB and other players in the governance structure (Section 2) will be based on intelligence from a number of surveillance systems and the Joint Biosecurity Centre (JBC) guidelines for decision-making, as well as situation-specific action cards.

A number of COVID-19 surveillance systems are used to track coronavirus activity<sup>2</sup>.

- **Daily confirmed COVID-19 cases on the Isle of Wight** – PHE dashboard on gov.uk webpages.
- **NHS digital dashboard** – contains data on testing statistics
- **Community surveillance** – Notifications from PHE SE HPT (HIOW) of COVID-19 incidents, exceedance and acute respiratory outbreaks in various settings, internet-based surveillance (Google), and the online [FluSurvey](#) (completed by the public and tracks self-reported respiratory symptoms which has been adapted to monitor community prevalence and trend of COVID-19 symptoms).

---

<sup>2</sup> No single piece of data tells the whole story of any outbreak, nor can any system provide a definitive figure for exactly how many people could have COVID-19 at any given point in time as many will have mild symptoms/be asymptomatic and remain unreported.

- **Primary care surveillance** - GP consultations for respiratory disease (in/out of hours), NHS 111 (online/calls) and Royal College of GPs Swabbing Scheme.
- **Secondary care surveillance** - Emergency Department Syndromic Surveillance (EDSS) and COVID-19 Hospitalisation in England Surveillance System (CHESS).
- **Virological surveillance** - Respiratory Datamart.
- **Mortality surveillance** – Hospital daily deaths, ONS weekly death registrations (all settings) and excess all-cause mortality.
- **International situation** – WHO and ECDC surveillance.

The Council Public Health team uses these surveillance systems along with ‘mobility activity’ as a measure of physical/social distancing, to assess, monitor and track COVID-19 infection.

Some of these surveillance systems inform the LRF Early Warning Indicator dashboard (see Section 9.2). This dashboard will be used to review the rate of infection and, together with the intelligence from ICTs, will be used to determine where support and decision-making by the HPB is necessary.

### 3.2.3 COVID-19 Incident and Outbreak Management

Local outbreaks will need to be prevented and managed. PHE SE HPT (HIOW) and IWC will gather intelligence on COVID-19 outbreaks via the national Test and Trace service, laboratory results, and local partner intelligence about suspected outbreaks.

PHE SE HPT (HIOW) will initially conduct a risk assessment with a setting where a potential outbreak is developing, provide infection control advice and request/advise testing as appropriate. This will follow internal PHE SOPs for managing COVID-19 cases and outbreaks in different settings.

The Council will provide support to incident and outbreak management in settings, as well as additional capacity for contact tracing and testing, as needed. The “Joint HIOW Public Health SOP for Health Protection Incidents” should be referred to in such instances. Further detail is also provided in Section 3.4.

It is highly likely that COVID-19 outbreaks will occur continuously for months and will become normal operational business for the PHE SE HPT (HIOW), Environmental Health Officers (EHO) and the Director of Public Health and his team.

The HPB will provide oversight and support on receipt of notification or intelligence on COVID-19 incidents or outbreaks. Partner organisations contribute to mitigating actions as part of standard practice. An outbreak itself is not an emergency but may require urgent action to prevent or manage risk and to protect public health.

In managing outbreaks, members of the ICT and the HPB will consider the use and implementation of any powers as described in relevant legislation (see Section 12 – Key Related Documents and Legislation). Similarly, settings where an outbreak or incident may be occurring would need to ensure they comply within any reporting requirements to statutory bodies/agencies as would normally be required, or that may be put in place as part of the response to COVID-19.

Broadly speaking, the response to COVID-19 incidents/outbreaks will take place at 3 levels:

- **Level 1:** Cases/incidents/outbreaks dealt with at PHE SE HPT (HIOW) and Local Authority level with oversight from the HPB. This can be referred to as the 'business as usual' approach, as it relies on longstanding systems and processes and has been the approach used prior to the development of this Plan.
- **Level 2:** Management of an incident/outbreak exceeds existing capacity within the PHE SE HPT (HIOW) and/or ICT partners to respond. In such situations, the HPB would provide support through decision-making around resource/capacity deployment to manage the incident/outbreak. As mentioned in Section 2.7, LRF structures would be notified of a Level 2 incident/outbreak.
- **Level 3:** Management of an incident/outbreak exceeds existing capacity within the PHE SE HPT (HIOW) and/or ICT partners to respond and which requires additional regional or national resource or coordination. In such situations, the HPB would provide support through decision-making around resource/capacity deployment to manage the incident/outbreak. The IWC COVID-19 Engagement Board would also support through its public-facing role, e.g. through external communications and public engagement. As mentioned in Section 2.7, LRF structures would be notified of a Level 3 incident/outbreak. If a coordinated multi-agency outbreak response is required, the HIOW and Thames Valley Local Health Resilience Partnership (LHRP) Joint Health



Protection Incident and Outbreak Control Plan may be activated in tandem with this plan.

### 3.3 Notification of a COVID-19 Incident/Outbreak in a Setting

An overview of the notification process for a single case or an outbreak of COVID-19 in a setting is outlined in Figure 2 below.

There are also a number of situations which would trigger the declaration of a COVID-19 incident or outbreak and may require the establishment of an ICT:

- A greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred (e.g. a 'hotspot' of COVID-19 activity identified through surveillance systems as outline in Section 8, including data from the Joint Biosecurity Centre)
- Any of the setting-related 'Escalation Criteria' being met:
  - 2 or more possible or confirmed cases linked to the same setting/location within a 14-day period (cases can be among staff and/or people attending or residing in the setting)
  - Situation worsens considerably within a setting
  - There are COVID-19 hospitalisations or complex case/s associated with the setting
  - Significant public, media or political interest
  - Involvement of more than one setting or local authority

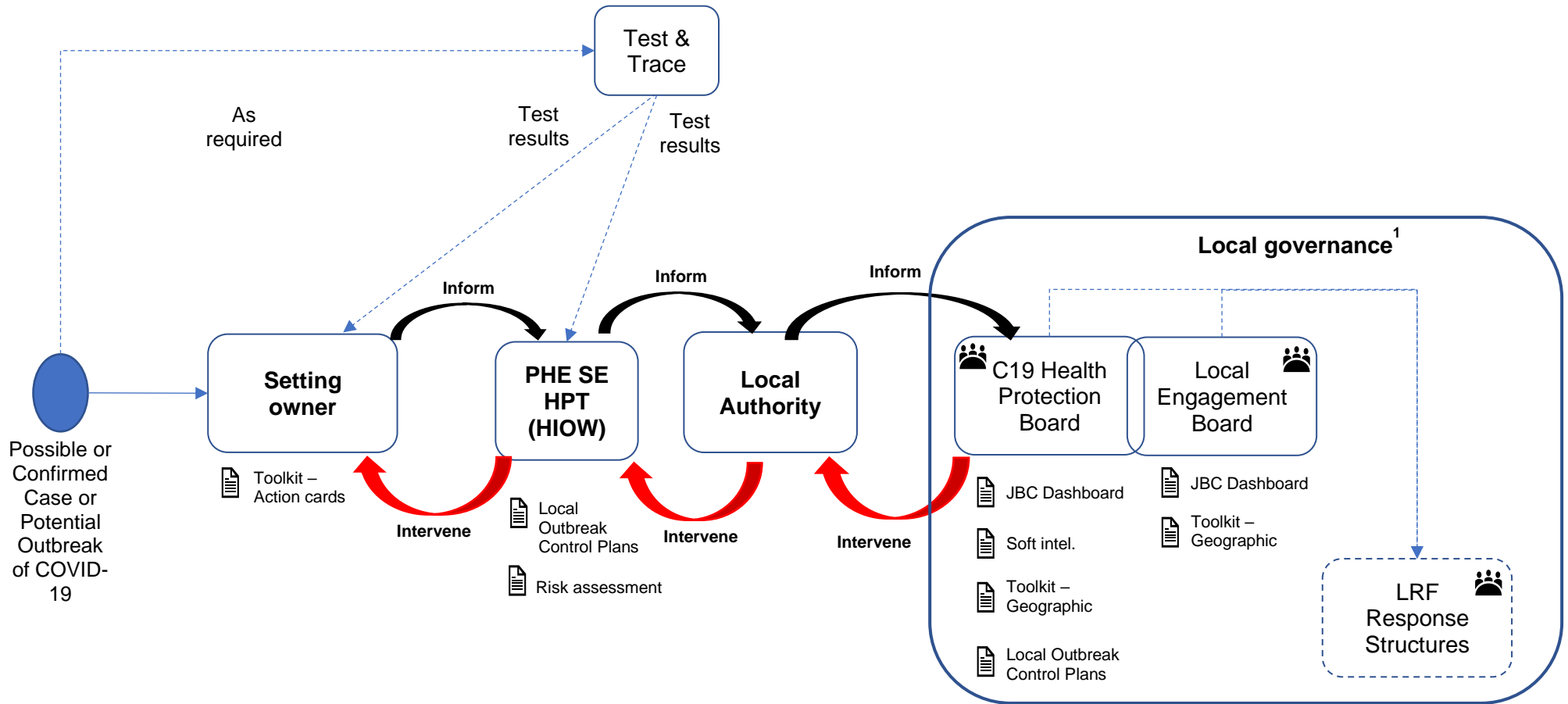


Figure 2 – Overview of COVID-19 Case and Outbreak Notification Process

### 3.4 Management of a COVID-19 Incident/Outbreak in a Setting

The primary objective in incident or outbreak management is to protect public health and prevent the spread of infection. In the context of COVID-19 this requires taking appropriate action to ensure self-isolation of cases, contact tracing, and implementation of infection prevention and control (IPC) measures to prevent further spread or recurrence of infection. PHE has produced a wide range of guidance for various settings on how to manage COVID-19. Some of these are listed hereunder:

[Resources for Childcare and Education Settings](#)

[Resources for Care Homes](#)

[Resources for Workplaces](#)

For health protection incident management, PHE SE HPT (HIOW) has a responsibility to deliver the specialist health protection response which complements the Council's Public Health role of providing relevant 'information and advice' to the person/ body concerned with a view to promoting appropriate local health protection arrangements. The "Joint HIOW Public Health SOP for Health Protection Incidents" should be referred to wherever cases/incidents of COVID-19 are being managed. This should be followed in conjunction with the PHE [Communicable Disease Outbreak Management Guidance](#), which describes the overarching principles of outbreak control, membership, roles and responsibilities of an ICT, and provides a framework for conducting an ICT.

Any individual with symptoms of COVID-19 could be an initial case in an outbreak scenario. For this reason, recognising and appropriately managing a single case of COVID-19 (whether possible or confirmed) is of paramount importance and is addressed in this Plan. An overview of the management of a possible or confirmed case or a potential outbreak in a setting is found in the "Joint HIOW Public Health SOP for Health Protection Incidents".

It is recognised that COVID-19 incidents and outbreaks will be managed within routine business by PHE SE HPT (HIOW) and overseen by the HPB. An ICT may be convened to respond to suspected or confirmed cases of COVID-19 or following a review of intelligence showing 'hotspots' of COVID-19 activity (as in Section 3.3). Where an ICT is convened, responsibility for managing an outbreak is shared by all organisations who are members of the ICT. This responsibility includes the provision of sufficient financial and other resources necessary to bring the outbreak to a successful conclusion.

All activities in incident/outbreak management should be underpinned by a comprehensive risk assessment. Risk assessments should be agreed by the ICT (or PHE SE HPT (HIOW) if the ICT is not set-up) and regularly reviewed throughout the outbreak investigation. An example of the risk assessment framework used by PHE is provided in Annex 7 of the [PHE Communicable Disease Outbreak Management Guidance](#).

The HPB will work with neighbouring local authorities to ensure a consistent and all-informed regional response, where necessary. Details of any outbreaks linked to another local authority will be shared as a routine matter.

The learning from incidents/outbreaks managed in the context of this plan will be captured through the situation reporting process, with settings theme leads submitting these reports to the HPB on a weekly basis. This learning will be collated and used to proactively manage future outbreaks.

## Section 4

### Care Homes and other Adult Care Settings

This section of the plan looks at adult care settings, with a specific focus on care homes. This encompasses Care Quality Commission (CQC)-registered care and support providers across Residential Care Homes, Nursing Homes and Domiciliary care providers together with Personal Assistants providing care and support to meet a person's eligible care and support needs. On the Isle of Wight there are 74 care homes and 27 domiciliary care agencies registered with the CQC.

Other adult care providers, e.g. private providers of sheltered accommodation, would fall within the scope of the High-Risk Settings theme.

This section includes prevention measures, identification of an outbreak in care settings, testing, and surveillance/ monitoring. Further advice from PHE and the Department of Health and Social Care (DHSC) on adult social care can be found [here](#). In addition, the Social Care Support Taskforce established by the UK Government in June 2020 is also reviewing the processes to be followed when an outbreak in a care home occurs. The IWC will ensure that the local response adheres to any guidance this Taskforce issues.

#### 4.1 Prevention

Care homes have been offered and received Infection Prevention Control (IPC) training and support in line with the requirements of the [Care Home Support Offer scheme](#). This includes funding for staffing, access to specialist IPC advice via the IOW NHS Trust and CCG, access to webinars, IPC training, , access to a PPE supply chain, including urgent and emergency PPE support, and a dedicated support route for all COVID-19 enquiries.

There are 6 key objectives for supporting care homes throughout the COVID-19 response, these are listed in the below bullet points and are taken from the COVID-19 [Care Home Support Plan](#) for the Isle of Wight:

- Ensure that the care provided is of a high standard and able to meet individual needs safely.
- Support care providers in order for them to remain viable now and beyond the COVID-19 pandemic.

- Ensure that care providers receive the specialist clinical advice to support the health of their residents.
- Ensure appropriate provision of testing, availability of Personal Protective Equipment (PPE) and excellence in IPC practice.
- Allocate funds in a fair and transparent way and continue to review financial support needed by providers.
- Provide access to the most up to date information (e.g. government advice, best practice information) in easily accessible formats.

## 4.2 Identification and Management of an Outbreak

In managing cases or outbreaks of COVID-19, adult care providers need to follow guidance available on the [gov.uk website](https://www.gov.uk).

Notification of an outbreak of COVID-19 at a care home or other adult care settings should be made to the PHE SE HPT (HIOW) who, upon notification, will conduct a risk assessment offering advice including on testing for cases at that care setting. Care settings should also inform the IWC Adult Social Care team directly. Following notification of an incident or outbreak by the care setting, the Council Public Health team will follow the “Joint HIOW Public Health SOP for Health Protection Incidents” and will make contact with the PHE SE HPT (HIOW). The Council Public Health team will also liaise with the Adult Social Care and IWC Communications team. The Adult Social Care team will link with the IOW CCG and provide daily support calls to the care setting in the initial phases of the outbreak, followed by weekly support calls thereafter.

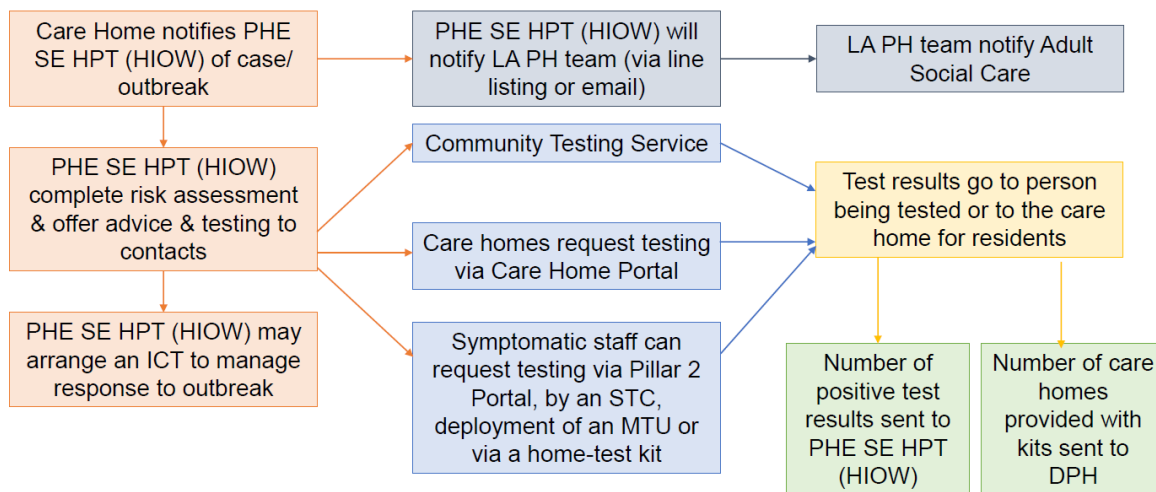
The PHE SE HPT (HIOW) may arrange an ICT to agree further actions required to respond to the outbreak. The Council Public Health team, as members of the ICT, will work with PHE SE HPT (HIOW), and the IWC Adult Social Care team to manage the outbreak.

Further information is also available in section 3 of this plan.

## 4.3 Initial Testing/ Follow-up testing

The HPB will oversee testing requested by PHE SE HPT (HIOW) via the Community Testing Service (CTS) or alternatively care homes/settings can request whole-home testing via the Care Home Portal. Test results for residents’ swabs undertaken by the CTS in the early stages of the outbreak are sent to the residents’ GP.

For symptomatic staff, testing can be requested via the [national pillar 2 testing processes](#), i.e. via the Satellite Testing Centre (STC), MTU or via a home-test kit. The results from the test(s) go to the person being tested or to the care home for residents. The number of positive test results is sent back to the PHE SE HPT (HIOW) and the number of care homes provided with test kits is provided to the DPH.



**Figure 3. Notification and testing flow chart for Care Homes**

#### 4.4 COVID-19 Surveillance and monitoring

To enable surveillance of care home outbreaks across the Isle of Wight, daily and weekly reports on outbreaks in care homes known to PHE SE HPT (HIOW) are sent directly to the Council Public Health team and forwarded to the Care Home theme Lead. In addition, the Care Home theme Lead undertakes daily monitoring of the national Local Government (LG) Inform Capacity Tracker which is a daily return completed by Registered Managers of care homes and domiciliary care agencies. This information includes the most up to date information about key issues pertaining to preventing and responding to COVID-19 outbreaks, such as the availability of PPE and cohorting of residents. Those providers identifying any issues are contacted immediately to receive the support they need.

The information provided within the Capacity Tracker daily return includes the following:

- The number of residents with suspected COVID-19
- The number of residents with confirmed COVID-19

- The number of symptomatic residents
- The number of staff absent
- Levels of PPE
- Ability to isolate residents within their own care homes
- Actions to restrict staff movement between care homes
- Paying staff full wages while isolating following a positive test
- Registration on the government's testing portal
- Access to COVID 19 test kits for all residents and asymptomatic staff
- Testing of all residents discharged from hospital to care homes
- Access to sufficient PPE to meet needs
- Access to medical equipment needed for COVID-19
- Access to training in the use of PPE from clinical or Public Health teams
- Access to training on use of key medical equipment needed for COVID-19
- Access to additional capacity including from locally coordinated returning healthcare professionals or volunteers
- Named Clinical Lead in place for support and guidance
- Access to mutual aid offer (primary and community health support)

Weekly calls are made to Care Homes reporting symptomatic residents or confirmed cases and daily calls are made to Care Homes identifying challenges with access to PPE or workforce

Information on COVID-19 incidents or outbreaks in Care Homes will be shared with the HPB via the Care Home theme Lead's Sit-rep which will be collated prior to each HPB meeting, as well as through the data integration theme.

Please refer to the [IWC care home support plan](#) for further information.



## Section 5

### Schools, Education and Children's Care Settings

This section of the Plan looks specifically at planning for local outbreaks in schools, education settings, and children's care settings. On the Isle of Wight such settings are classified as follows:

- Childminders
- Day nurseries/Sessional preschools/Nursery units of Independent Schools
- Primary Schools
- Secondary Schools
- Special schools
- Independent schools
- Further Education Colleges
- Children's Homes

There is a single IWC-managed residential children's home, and a small number of private children's social care settings, which also provide placements for children in care. Considerations around COVID-19 prevention and incident management vary across different care settings, depending on the level of health and care needs of the children within the setting.

#### 5.1 Prevention

There is various Government advice available for schools, educational settings and children's social care:

- [Coronavirus \(COVID-19\): implementing protective measures in education and childcare settings](#)
- [Actions for education and childcare settings to prepare for wider opening from 1 June 2020](#)
- [Actions for schools during the coronavirus outbreak](#)
- [Managing school premises during the coronavirus outbreak](#)
- [Safe working in education, childcare and children's social care settings, including the use of personal protective equipment \(PPE\)](#)

- [guidance for special schools, specialist colleges, local authorities and any other settings](#)

General advice to schools on COVID-19 prevention is also available from the Department for Education (DfE) and via IWC school communications. There are PHE webinars available for education settings and other resources available [here](#). The resources available will be updated and reviewed on a regular basis to reflect changes in policy / local infection rates and key issues raised by settings.

Children's care settings are reminded to follow government guidance on children's social care settings, as well as additional advice on PPE use (especially for settings where higher levels of direct personal care is required). Children's care settings receive advice from the Council's Public Health Team, where necessary, and are supported by the Children's Services team in accessing PPE through a local supply chain. Should there be a possible or confirmed case of COVID-19, or an outbreak in a children's care setting, providers are being asked to notify IWC commissioners within the Children and families Branch of Children's Services team as well as the relevant social worker. They will be guided to contact PHE SE HIOW (HPT). This also applies to providers who have off-Island placements for IWC's children in care.

## 5.2 Identification of an outbreak

There are a number of routes that notification of a case (incident) or outbreak in schools, education settings, and children's care settings may take, these are shown below:

1. Local laboratory reporting (PHE SE HPT (HIOW))
2. Setting reporting to PHE SE HPT (HIOW)
3. Contact tracing from a positive case
4. Setting reporting to Council's Children's Services team

Following notification of an incident or outbreak the Council Public Health team will follow the "Joint HIOW Public Health SOP for a Health Protection Incident" and will make contact with PHE SE HPT (HIOW). The Council Public Health team will notify and support Children's Services and the Council's Communications team, and liaise with the setting where necessary.

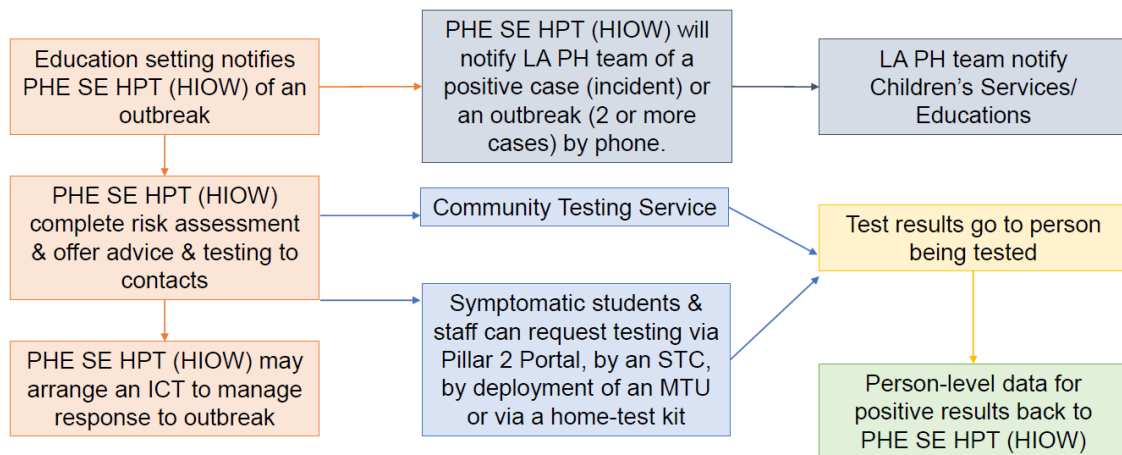
The PHE SE HPT (HIOW) will conduct a risk assessment and offer advice, including on testing, as appropriate. Follow-up of testing results and advice on management of the contacts of possible/confirmed cases will be provided by the HPT. If necessary, PHE SE HPT (HIOW) will arrange a multiagency ICT to agree further actions.

In managing cases or outbreaks of COVID-19, childcare and education settings need to follow guidance available on the [gov.uk website](https://www.gov.uk), as well as any tailored guidance and SOPs produced by the PHE SE Schools Cell and cascaded by the IWC.

### 5.3 Initial testing/ Follow-up testing

Following notification, the Health Protection Board will oversee testing in education and children’s care settings.

Symptomatic staff and students in childcare and education settings can request testing via the [national pillar 2 testing processes](#), i.e. via the Satellite Testing Centre (STC), MTU or via a home-test kit. The results from a test go back to the person being tested. Person-level data for positive results flow back to PHE SE HPT (HIOW) and it is expected that results will also go directly to the GP.



**Figure 4. Notification and testing flow chart for Schools & Educational Settings**

Following notification of symptomatic residents or an outbreak of COVID-19 in a children’s care setting, the PHE SE HPT (HIOW) will assist with requesting testing through the community testing service, or a MTU may be deployed if necessary. Symptomatic staff can access testing via the STC, MTU (if deployed), or a home test kit.

## 5.4 Surveillance and monitoring

For operational monitoring and management, PHE SE HPT (HIOW) will inform the Council Public Health team of suspected and confirmed outbreaks. This may be in the form of real-time notification or retrospective daily/weekly reporting.

When a case is confirmed in an individual attending a setting within the scope of this workstream, alerting will take place by phone through an agreed cascade described in the “Joint HIOW Public Health SOP for Health Protection Incidents”. Relevant individuals will then be alerted to offer support to the setting.

Outbreaks known to PHE SE HPT (HIOW) are also sent directly to the Council Public Health team and forwarded to the Schools and Education Settings leads, or designated leads for children’s care settings, as necessary.

To enable surveillance of outbreaks in schools and education settings across the Isle of Wight, daily and weekly reports on incidents and outbreak will be aggregated to show total incidents/outbreaks by setting and new incidents and outbreaks by setting in order to understand trends over time and increases in levels of COVID-19 infection more generally.

The COVID-19 Children and Families Management Team meets daily to discuss matters concerning children’s social care across Hampshire and the Isle of Wight, and this may include discussion on matters around COVID-19 incidents in these settings.

## Section 6

### High Risk Settings, Locations and Communities and Healthcare Settings

This section of the plan looks specifically at preventing and planning for local outbreaks in settings, locations and communities where there may be an increased risk of substantial onward transmission, i.e. settings where significant numbers of people mix and/or social distancing is challenging and/or in which people who may be more vulnerable to COVID-19 may be living or working. Such settings include but are not limited to; transport access points (e.g., ports), detained settings, accommodation for homeless people, domestic abuse refuges, meat packing plants, religious settings, call centres, rehabilitation units, tourist accommodation and attractions, and populations such as transient communities.

#### 6.1 Types of High-risk settings, locations and communities on the Isle of Wight

A mapping exercise of high-risk settings, locations and communities on the Isle of Wight has yielded the following list:

Category	Examples (this is not a full and comprehensive list)
Housing	Sheltered accommodation/housing Houses of Multiple Occupation (HMOs) Hostels/Shelters/Refuge Private providers of assisted living accommodation
Health Settings	Hospitals GP surgeries Dentist Pharmacies Alternative health settings (Chiropractor)
Leisure/ Tourist Venues	Theatres/cinemas/bingo halls Amusement parks/zoos Leisure centres
Transport hubs	Railway Cross-Solent ports/ harbours/moorings Bus Taxis/Private hire

High Risk workplaces	Primary food production, including meat packing / abattoirs Call centres Manufactures Large office or retail
Hotels and Holiday settings	Hotels/B&B Camp or caravan parks Educational adventure centres Beach hut rental Other rental accommodation
Public Facilities	Public Toilets Parks/esplanades/beaches
Detained settings	Custody suite HMP Isle of Wight
Faith/community setting	Churches/chapels/mosque Church halls Community halls
Events	Festivals Markets
Transient Communities	Migrant workers Circus/travelling shows/fairs Homeless/rough sleeping
Emergency Services	Coastguard Offices, bases Fire Services Police
High Risk Communities	BAME

Table 2: Categories and Examples of IOW High-Risk Settings and Communities

### 6.1.1 High Risk Settings

A full list of High-risk settings is being compiled as part of the mapping process outlined in Table 2.

Classification of a high-risk setting will be determined using the following a risk-rated methodology:

- Number of employees (e.g. under or over 50)

- Number of employees, clients, customers or residents who may be classified as vulnerable to COVID-19 (e.g. hotel primarily for coach parties)
- Presence of an activity where close contact is for a prolonged period inside (e.g. factory setting)
- Impact on business or service provision that would have an impact on emergency service provision or economy (e.g. ambulance control or fire service)

A number of high-risk places, locations and communities of interest, which need additional support to control the spread of COVID-19, may be identified through:

- Risk rating (see above)
- Contact tracing (see section 8)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) Notification (see below)
- Intelligence (requests for advice, complaints via the public or employees)

The reporting requirements relating to cases of, or deaths from, COVID-19 under RIDDOR apply only to occupational exposure, that is, as a result of a person's work. The following circumstances would require a report under RIDDOR:

- an accident or incident at work has, or could have, led to the release or escape of coronavirus (SARS-CoV-2). This must be reported as a dangerous occurrence;
- a person at work (a worker) has been diagnosed as having COVID-19 attributed to an occupational exposure to coronavirus. This must be reported as a case of disease;
- a worker dies as a result of occupational exposure to COVID-19. This must be reported as a work-related death due to exposure to a biological agent.

### 6.1.2 High-Risk Groups

Assorted factors make people more vulnerable at different stages of the COVID-19 outbreak; response, recovery or both. Evidence shows an increased clinical vulnerability to severe outcomes from COVID-19 such as hospitalisation or dying for certain groups of people, as well as specific employment positions and living conditions also widely further increase risks.

The following factors have been identified in the COVID-19 Data Compendium developed by HIOW LRF Data Analysts, to support the range of approaches for the IWC.

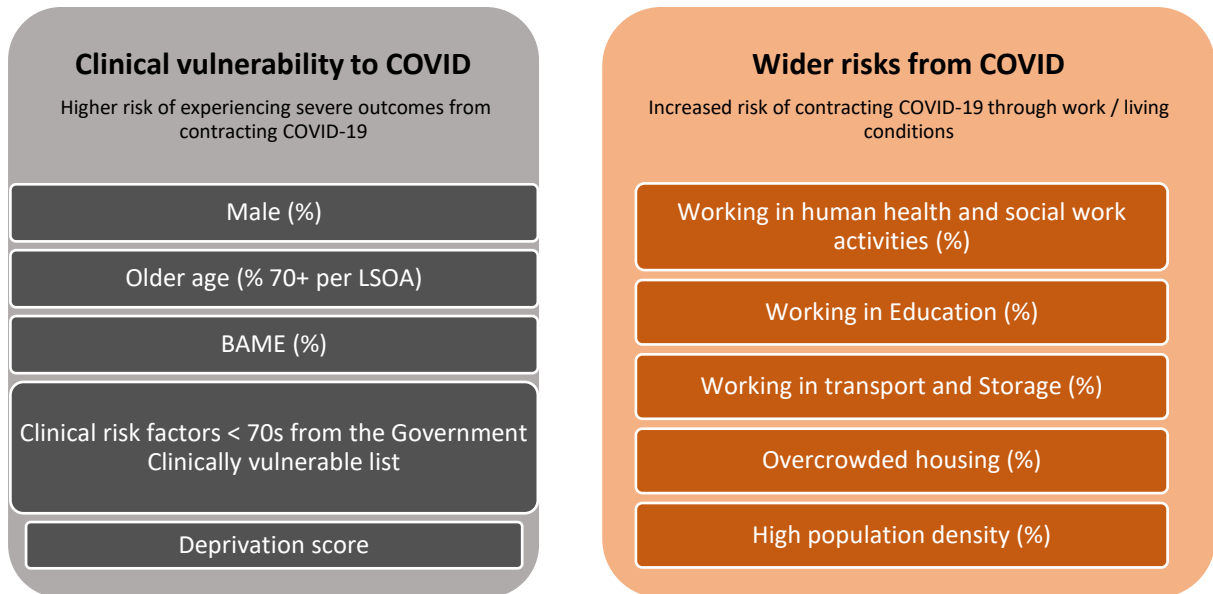


Figure 5 COVID-19 Vulnerability Indices

Public Health Data Analysts are undertaking a mapping exercise of vulnerability indices which could inform prevention and response to COVID-19 incidents and outbreaks on the Isle of Wight.

## 6.2 Prevention

Guidance on prevention of COVID-19 incidents can be found on the government website for a number of setting-types:

Sector	Guidance
Employers and businesses	<a href="https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19">https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19</a>
Housing	<a href="https://www.gov.uk/government/publications/covid-19-and-renting-guidance-for-landlords-tenants-and-local-authorities">https://www.gov.uk/government/publications/covid-19-and-renting-guidance-for-landlords-tenants-and-local-authorities</a>



<b>Healthcare settings</b>	<a href="https://www.england.nhs.uk/coronavirus/">https://www.england.nhs.uk/coronavirus/</a>
<b>Leisure/Tourist Venues</b>	TBC
<b>Festival/Events</b>	<a href="https://www.gov.uk/guidance/covid-19-guidance-for-mass-gatherings">https://www.gov.uk/guidance/covid-19-guidance-for-mass-gatherings</a>
<b>Transport hubs</b>	<a href="https://www.gov.uk/government/publications/coronavirus-covid-19-safer-transport-guidance-for-operators">https://www.gov.uk/government/publications/coronavirus-covid-19-safer-transport-guidance-for-operators</a>
<b>Public Places</b>	<a href="https://www.gov.uk/guidance/safer-public-places-urban-centres-and-green-spaces-covid-19">https://www.gov.uk/guidance/safer-public-places-urban-centres-and-green-spaces-covid-19</a>
<b>Detained settings</b>	<a href="https://www.gov.uk/government/publications/covid-19-prisons-and-other-prescribed-places-of-detention-guidance/covid-19-prisons-and-other-prescribed-places-of-detention-guidance">https://www.gov.uk/government/publications/covid-19-prisons-and-other-prescribed-places-of-detention-guidance/covid-19-prisons-and-other-prescribed-places-of-detention-guidance</a>
<b>General</b>	<a href="https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings">https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings</a>

Table 3: Existing national guidance for high-risk settings

The IWC Regulatory Services Team, through this pandemic and into the UK Government Recovery strategy, has been and will continue to assist businesses in understanding and where necessary enforcing the provisions of the Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 and the Health and Safety at Work Act 1974. This support enables businesses to prevent the spread of infection and ensures they are operating safely and in line with government guidance.

Continued communication campaigns (which are part of the overall communications strategy for this Plan) and support for essential workers and other residents to self-isolate and promptly access testing when first experiencing COVID-19 symptoms will be key in the prevention of further cases. Timely results will enable a prompt public health response.

### 6.3 Identification and management of an outbreak

Where a setting becomes aware of COVID-19 cases or an outbreak within their premises/community, they would need to refer to any relevant guidance on the gov.uk website, NHS website or a setting-specific standard operating procedure (SOP), if this is available. COVID-19 SOPs or action cards may be developed for specific high-risk places, locations and communities to ensure all relevant partners are clear on their roles and responsibilities and action needed, especially for outbreak management, and will assist in determining the resource capabilities and capacity implications. These SOPs or action cards will be based on national resources where and when these are available.

As part of management of cases/incidents/outbreaks, settings should make contact with the PHE SE HPT (HIOW). The HPT may also become aware of outbreaks in high risk settings through other mechanisms (e.g. information from Council teams, contact tracing, RIDDOR notifications).

The PHE SE HPT (HIOW) will conduct a risk assessment and offer advice, including on testing, as appropriate. Following this, the HPT may arrange an Incident/Outbreak Control Team (ICT/OCT) to agree further actions with support from the Council Public Health team, Environmental Health team and relevant stakeholders. Subsequently the incident/outbreak will be followed-up and provided with information about contacts of cases.

The role of the HPB in overseeing the prevention and management of incidents in high-risk settings and communities will require particular consideration given the scope and complexity of some settings, and the nuances of addressing groups of people rather than location-based settings.

It is recognised that while established protocols, and data and communication flows may already exist that enable prevention and outbreak management in some traditional settings, e.g. care settings and schools, work is required to understand how these can be adapted to encompass high risk settings and communities. In particular, the role of the IWC Regulatory Services and Environmental Health teams, as well as housing, community safety, and others, will be crucial in this response, and a mapping process to understand the skills needed for the workforce to meet this additional demand is underway.

### 6.3.1 Health Care settings

Working with the CCG and the local NHS providers, the IWC will have strong links to St. Mary's Hospital and GP practices' COVID-19 response plans to ensure that any outbreaks in these settings are connected into this plan. Incidents in these settings would be locally managed by the IOW NHS Trust and CCG. It is recognised, however, that ensuring two-way communication on the COVID-19 response with health partners will be a key part of the activities of the HPB given the interdependencies across the system.

Evidence has now shown that people infected with COVID-19 who are either pre-symptomatic<sup>3</sup> or have very mild or no respiratory symptoms (asymptomatic) can transmit the virus to others without knowing. Detail as to how NHS Trusts will respond to this has been outlined in a letter from NHS England and NHS Improvement to Chief Executives, Chief Nurses, Medical Directors and HR Directors on 24th June 2020.

### 6.3.2 Transport hubs

Public transport associated with an area where there is a localised community outbreak will need to be considered by any ICT convened for this purpose. It is likely to prove difficult to identify specific contacts associated with individuals travelling through a transport hub itself but careful monitoring of the relevant intelligence may identify whether a transport hub (e.g. Ryde and Newport bus stations) is a potential source of infection, leading to appropriate action led by an ICT.

Links and working relationships are being developed with other local authorities and plans where specific transport/travel has been established and this may be a necessary element of an investigation, for example the cross-Solent ferries, in addition to coach operators that service the Isle of Wight Tourism industry.

IWC is a Port Health Authority, however the activity around this area is minimal and the IWC Regulatory Services team will continue to gain Medical Health Declarations from ships masters. Where possible COVID-19 cases are present on board, this will trigger the ports action plan. The IWC will work with PHE SE HPT (HIOW) to support the harbour master to ensure appropriate action is taken.

---

<sup>3</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/890236/s0267-nervtag-assessment-pre-symptomatic-transmission-covid-19-300420-sage30.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/890236/s0267-nervtag-assessment-pre-symptomatic-transmission-covid-19-300420-sage30.pdf)

### 6.3.3 HMP Isle of Wight

HMP Isle of Wight's Health Care Provider has an established outbreak management plan that is based on the [Prison Outbreak Plan for England](#). Further COVID-19 guidance for places of detention is available on the [gov.uk webpages](#).

### 6.3.4 Tourist Settings

The Isle of Wight is a significant tourist destination, with a substantial number of particularly small to medium sized tourist attractions. Accompanying these attractions are a range of different accommodation, including traditional hotels and bed and breakfast establishments, formal camping and caravan sites.

The IWC Environmental Health team are providing advice and support to tourist attractions to ensure that they are following COVID-secure guidance, although many of these settings are still closed to the public for tourism related matters until they may re-open on 4th July 2020. The existing cleaning and social distancing guidelines apply in the interim, where they remain open for specific groups.

Government guidance for the visitor economy is available online: <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/the-visitor-economy>, as well as guidance for accommodation providers: <https://www.gov.uk/guidance/covid-19-advice-for-accommodation-providers>.

### 6.4 Initial testing/ Follow-up testing

Following notification, the PHE SE HPT (HIOW) will discuss and advise on testing for the settings in consultation with the Council Public Health team. Testing is also available to key workers and the broader public who show symptoms of COVID-19, which may be accessed independently and the results of which may prompt/inform the public health response.

In delivering this plan, there is a need to consider how local testing arrangements (including deployment of MTUs) might be flexed to support incidents or outbreaks in high risk settings to enable an effective and expedient response, bearing in mind the contextual aspects of the setting or community affected.

The government has released specific guidance for employers on test and trace. This can be found at <https://www.gov.uk/guidance/nhs-test-and-trace-workplace-guidance>

## 6.5 Surveillance and monitoring

PHE SE HPT (HIOW) will provide surveillance and monitoring in terms of identifying cases, contacts and linked settings, informing the Council's Public Health and calling an ICT where necessary. This builds on existing protocols for surveillance and information-sharing.

PHE SE HPT (HIOW) also uses daily and weekly reporting processes to communicate outbreaks in high-risk settings with the Council Public Health team, as is also done for care settings and education settings.

## 6.6 Mass Gatherings

According to [World Health Organisation guidance](#), mass gatherings are events characterised by the concentration of people at a specific location for a specific purpose over a set period of time. These events could amplify the transmission of COVID-19 and impact response capacity.

The current [UK Government guidance on mass gatherings](#) states that *"In line with the social distancing guidance it is advised that large gatherings should not take place. While the risks of transmitting the disease at mass gatherings are relatively low, these steps will also allow emergency services that would have been deployed for these events to be prioritised in alleviating pressure on public services"*.

Any decision to restrict, modify, postpone, cancel or proceed with holding large gatherings should be based upon a rigorous risk assessment tailored to the event. This work should be done in conjunction with the IWC Public Health team and the event Safety Advisory Group (SAG) and should consider the following:

- Normative and epidemiological context in which the event takes place
- Evaluation of risk factors associated with the event
- Capacity to apply prevention and control measures

## Section 7 Vulnerable People

This section of the plan looks specifically at supporting vulnerable local people to get help to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups, etc.) and ensuring services meet the needs of diverse communities.

The NHS Test and Trace service asks people to self-identify as vulnerable or needing support. This information is provided to the NHS Business Services Authority (NHSBSA) who text the individuals with the relevant local authority helpline details and provide links to websites with numbers for helplines.

The response to supporting vulnerable people is co-ordinated at IWC-level, and the service is delivered via volunteers and IWC redeployed resources to people in the following categories:

- Category A - Extremely clinically vulnerable people who are shielding. There are currently approximately 6,000 shielded people on the Isle of Wight. The scheme is well developed for these people but will cease on 31<sup>st</sup> July 2020.
- Category B - Clinically vulnerable people (over 70s, people with specific medical conditions and pregnant women).
- Category C - Other vulnerable people (not at increased risk due to medical reasons) who are at risk due to the restrictions put in place through social isolation, worsening mental or physical health, or risk of violence. It includes people who are homeless and who need to self-isolate, people with specific disabilities, people with at-risk factors where social isolation exaggerates or worsens illnesses or their circumstances (including drug and alcohol dependency), those who need safeguarding such as children and vulnerable adults, traveller communities, financially vulnerable, and the BAME community.

### 7.1 Supporting vulnerable people – existing arrangements

The 'Community Cell', which is a sub-group of the IWC's Silver Group response to the pandemic, provides Isle of Wight residents with a dedicated Helpline 01983 823600 and response provision for those who are vulnerable as a consequence of COVID-19. As of June 2020, there were 27 community hubs providing responder provisions locally in addition to other Voluntary and Community Sector (VCS) provisions in place.

Vulnerable Island residents can access support, advice, and assistance with specific needs such as shopping, and medication pick-up and delivery.

The Helpline provision follows a three-stage process: Triage (identify need, urgency and signposting to relevant support provisions); Coordination (how to best match the resident to the required support and make the relevant referral); Response (act on referral and provide the support needed through the community responder provisions). Additionally, the service can provide regular 'check in' contact to ensure residents without support continue to feel safe and supported with any needs.

The Community Cell also offers support to shielded residents on the Isle of Wight (Category A). As of June 2020, there were approximately 2000 outbound calls made per week to people in a shielded list that is shared with the Cell on a daily basis. National Food Parcels are provided for shielded residents, with the ability for the IWC to top this up from their emergency food provisions for additional needs.

Volunteers that are part of the services covered by the Community Cell have been provided with local guidance for volunteers and national guidance on shielded individuals.

## **7.2 Supporting vulnerable people - arrangements that need to be set up**

The role of the Community Cell will be expanded to encompass the following aims in the context of the COVID-19 Prevention, Incident and Outbreak Control Plan:

- Continue to support vulnerable local people to get help to self-isolate (as mentioned above)
- Continue to encourage neighbours to offer support to shielded patients and families
- Support residents to be prepared to self-isolate and helping them with specific needs that cannot be achieved through other channels of support

It is anticipated that most people will be able to self-isolate for the maximum two-week period without any support. However, a mechanism for including people who have requested support via the Helpline while they self-isolate as a result of notification from the Test and Trace service will need to be added on to the food and medicines support scheme, where it is identified that



they have no other means to get help. As people will be self-isolating for a short period of time (either 7 or 14 days), this support will need to be timely, and flexible to support a cohort of people that will be constantly changing. A set of sharing schedules under the existing information sharing framework between LRF partners will need to be developed to include sharing data on those self-isolating due to COVID-19, who require support.

The challenges include:

- The unknown demand for urgent food and medical supplies that may fluctuate in scale at any given time based on the number of outbreaks and specific setting type.
- The reduced volunteer pool as many (particularly the IWC redeployed resources) may return to work and life as usual.
- Volunteers for outbound calling may be deactivated if volume of calls is reduced and would need to be remobilised to respond to multiple or large-scale incidents.
- Access to timely shopping and emergency food provisions if there is a sudden demand and a depletion of supermarket stocks in an outbreak scenario.
- System infrastructure for increased telephony needs and ability to mobilise quickly if over and above current capacity.

In order to ensure that the Community Cell can support the needs of vulnerable people on the Island, there needs to be continued review of community hub/volunteer provision, working with broader hubs and Town and Parish Councils, and settings-related Theme leads. As illustrated in Figure 1 in Section 2 (Governance), intelligence regarding outbreaks in IoW settings needs to be shared in a timely way with the Vulnerable People Theme Lead so that arrangements can be made to communicate and scale-up provision of the service.

The local Community Hub and volunteers could be directly impacted if a specific location is affected by COVID-19. This would require arrangements for provision of support from neighbouring hubs, VCS and/or IWC responders.

There is currently no available list for vulnerable people in Category B and C above (other than those registering for the IWC's helpline). This might be addressed in two ways:

- For Category B, joint-working with the IOW CCG could enable targeted and proactive communications messaging on the support available to this group;
- For Category C, joint working with specific services with known records of vulnerable individuals (Housing teams, Adult Social Care), settings, community groups and hubs, Town and Parish Councils, and Settings-related Theme Leads to:



- Identify vulnerable communities on the Island, using the [PHE disparities review](#) as a framework for this work;
- Provide proactive and reactive communications messaging about the support available both prior to and during a COVID-19 incident.

## Section 8 Testing and Tracing

### 8.1 Testing Arrangements

Testing is a key pillar of the NHS strategy to protect the NHS and save lives. The National Testing Strategy has a 5-pillar approach which includes:

1. NHS testing (patients and NHS staff, initial care home testing)
2. Commercial swab testing – now commonly referred to as Pillar 2 testing
3. Antibody testing
4. Surveillance testing (PHE)
5. Diagnostics National Effort

Testing enables appropriate clinical management of patients/public, identification of infected individuals who need to self-isolate, and informs policy decisions for implementing, continuing or easing lockdown measures.

### 8.2 Testing arrangements currently in place

The LRF Preventing the Spread of Infection Group has oversight of arrangements for testing for:

- essential workers (including staff from the Isle of Wight's local public sector agencies, national public agencies based in or assigned to the Isle of Wight, suppliers of essential services/contractors, agency workers, interims or consultancies directly engaged by the Island's public agencies, and other organisations or businesses who are directly assigned to support the response)
- residents (including care home residents and those in group living settings such as extra care and supported living, and detained settings, i.e. HMP Isle of Wight)
- wider IOW resident testing as per government guidance.

Testing capacity on the Isle of Wight is comprised of a combination of local and national provision.

National testing provision is via:

- Satellite Testing Centre (STC) at Medina Leisure Centre

- Mobile testing units (MTU) which can be deployed in various locations for a few days at a time
- Postal/courier swab kits.

Local testing provision is via:

- St. Mary’s Hospital
- A hybrid community testing model
- GP Practices (‘hot sites’)

The main routes into testing are as follows:

- Symptomatic residents can apply via the [NHS website](#), or by telephoning 119, to either be tested at a regional testing site, mobile testing unit, or receive a home testing kit.
- Essential workers can be referred individually or in bulk via the [GOV.uk site](#)
- Care homes can request whole-home testing for all residents (irrespective of symptoms) and asymptomatic staff via the [GOV.uk site](#).
- Acute hospital patients and staff (including those who are asymptomatic, where indicated by clinical need) can be tested at St. Mary’s Hospital
- Outbreak testing – At the point of notification, PHE SE HPT (HIOW) will request testing of symptomatic (and sometimes asymptomatic) individuals where appropriate, in order to inform outbreak management in various settings, including care homes, prisons and hostels.

This is summarised in the following table:

<b>NHS Patients and NHS Staff</b>	For patients, testing takes place at admission to the Trust (and before discharge to care homes), and for staff with and without symptoms.
<b>Care Home - Residents</b>	PHE SE HPT (HIOW) arrange testing of all symptomatic residents through the Community Testing Service.
<b>Care Home - Symptomatic Staff</b>	Order a postal kit via the national online system, attend the satellite testing centre, or access the MTU, if this is mobilised.

	The employer can register on the employer referral portal and upload lists of all employees who require testing.
<b>Care Homes – Whole Testing</b>	For symptomatic and asymptomatic residents and asymptomatic staff. Tests can be requested through the national care home testing portal or the DPH, in partnership with ASC, CCG and CQC can refer the home for priority testing.
<b>Essential Workers</b>	Symptomatic essential workers, and their symptomatic household members can order a postal home testing kit via the national online system or book an appointment on this system. Alternatively, employers can register on the employer referral portal. The staff member can attend the satellite testing centre or an MTU, if mobilised.
<b>Children under the age of 5 years</b>	Parents of children who are symptomatic can apply for a test through the NHS 111 can have a postal home testing kit.
<b>Anyone (over the age of 5 years)</b>	Anyone who is symptomatic can apply for a test through the NHS 111 can have a postal home testing kit. Those over the age of 5, can also get tested via the STC or MTU, if mobilised.
<b>Hostels, Refuges and Other Closed Settings</b>	<b>Not included in the national testing strategy</b>  Notification to PHE SE HPT (HIOW) of an initial outbreak, PHE will then arrange testing through the community testing service, advise testing via postal home testing kit, or gain access to the MTU, if mobilised.
<b>Schools</b>	<b>Not included in the national testing strategy</b>  Notification to PHE SE HPT (HIOW) of an initial outbreak. Anyone, including children under age 5, who is symptomatic, can apply for a test through the NHS 111 system. School staff can apply for a test via the national online system, including postal home testing kit, STC, or MTU, if mobilised. The employer can register on the employer referral portal and upload lists of all employees who require testing.

<p><b>Prisons</b></p>	<p><b>Not included in the national testing strategy</b></p> <p>Notification to PHE SE HPT (HIOW) of an initial outbreak. PHE will arrange testing of all symptomatic staff and prisoners.</p> <p>Prison staff can additionally apply for testing postal kit or attend the STC, or MTU is this is mobilised.</p>
-----------------------	---

Table 4: Routes into Testing

### 8.3 Testing arrangements that need to be set up

The IWC may need to arrange for the rapid deployment of mobile testing units (MTUs) to assist in the management of a local outbreak. The DPH has the ability, working with the COVID-19 Health Protection Board, to direct the mobile testing units to meet the needs of management of the outbreak.

In addition, local testing capacity will continue to be expanded to accommodate the increased demand for testing as the eligibility criteria is widened nationally, and the new technology becomes available (e.g. antibody tests and rapid PCR tests). There is work in progress to establish a mechanism to allow people who are not eligible for testing via national routes to be referred into the local hybrid community testing model, including the STC.

Local delivery of community testing is progressing plans for the following types of scenarios:

- Swabbing in new care home outbreaks
- People being admitted to care homes from their own house
- People in domiciliary care and supported living - symptomatic and asymptomatic
- Prison outbreaks
- Looked after children/ vulnerable adult and children
- If major issues beyond initial outbreak in settings e.g. safeguarding/multiple deaths
- Schools/special schools/ boarding schools
- Cases within the homeless population and among other high-risk communities or settings

## 8.4 Contact Tracing Arrangements

Contact tracing is a fundamental part of outbreak control which is being delivered through the NHS Test and Trace service. When a person is tested positive for COVID-19, they are contacted to gather details of places they have visited, and people they have been in contact with. Those who they have been in contact with, are risk assessed according to the type and duration of that contact. Those who are classed as 'close contacts' are contacted and provided with advice on what they should do e.g. self-isolate.

### 8.4.1 NHS Test and Trace Service

The NHS test and trace service ensures that anyone who develops symptoms of COVID-19 can quickly be tested to find out if they have the virus and to help trace close recent contacts of anyone who tests positive for COVID-19 and, if necessary, informs close contacts to self-isolate to stop the spread of the virus.

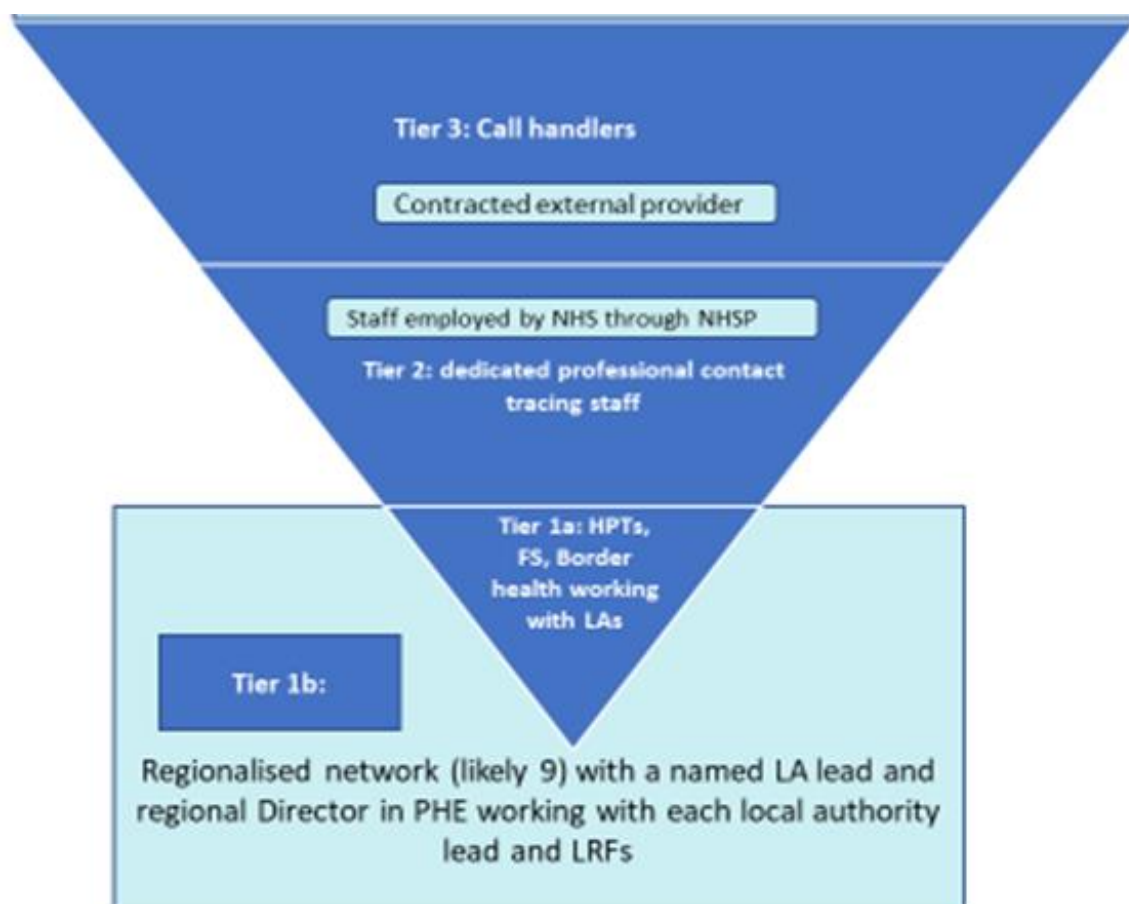


Figure 6. NHS Test and Trace Service

- Tier 3 – Around 20,000 call handlers have been recruited under contract to PHE to contact people who have tested positive for COVID-19, to determine who they have been in close contact with in the two days before they became ill and since they have had symptoms. Advice following national standard operating procedures (SOP) and scripts is given to close contacts as appropriate. An automated app will also be launched nationally for people to report symptoms, access testing and complete an online questionnaire.
- Tier 2 – Around 3000 dedicated professional contact tracing staff have been recruited by the NHS where there are difficult/more complex issues to address which have been escalated from Tier 3. Appropriate advice following national guidance is given to cases and their close contacts.
- Tier 1 – PHE Health Protection Teams (including PHE SE HPT (HIOW)) will investigate cases escalated from Tier 2. This will include complex, high risk settings, and communities such as care homes, special schools, prisons/places of detention, healthcare and emergency workers, health care settings, and small vehicles; and places where outbreaks are identified e.g. workplaces. Advice following national guidance will be given to cases, their close contacts and settings/communities as appropriate. An outbreak will trigger this plan as detailed in section 3.3.

## Section 9

### Data and Outbreak Intelligence

#### 9.1 Data objectives

The objectives for the data and intelligence that will underpin operationalisation of this Plan, are as follows:

- Review daily data on testing and tracing.
- Identify incidents/trends, undertaking mapping and surveillance of COVID-19 infection so that appropriate action can be taken, including support for any decision to convene an ICT.
- Track relevant actions (e.g. care home closure) if an incident control team is convened.
- Identify epidemiological patterns on the Isle of Wight to refine our understanding of high-risk places, locations and communities, support decision-making and monitor effectiveness and impact of any actions
- Provide intelligence to support quality and performance reporting to the IWC COVID-19 Engagement Board.
- Ensure that those who require access to the intelligence for different purposes can do so, regardless of organisational affiliation, whilst ensuring information governance and confidentiality requirements are met.

#### 9.2 Current Arrangements for Data Integration

##### 9.2.1 LRF Work

###### Modelling Cell

The HIOW LRF Modelling Cell has successfully used a public health approach to model the spread of COVID-19 infection across the HIOW population. This modelling work has fed directly into the LRF Response and Recovery structure to support decision making by providing a range of scenarios based on the best available epidemiological evidence. The model uses the epidemiological evidence that we know of COVID-19 and simulates infection spread through a population. Population age structure, density and household composition are strong determinants of how infection spreads, so every area is different. The model includes evidence-based assumption on a range of transmission dynamics including population size, reproduction number (R), length of incubation, and duration patient is infectious. Actual data on infections, hospitalisations and deaths are used to calibrate and further refine the model.



### Data Compendium

Public Health analyst teams across HIOW have worked collectively across the LRF throughout the response to COVID-19 to deliver intelligence products efficiently through sharing resources and avoiding duplication of effort. This integration is evident in the HIOW LRF COVID-19 Data Compendium, which distils the increasing amounts of COVID-19 intelligence that are available into one place. It provides an overview of the impact of COVID-19 across the LRF system, with data also presented at more local geographies where appropriate and possible.

The COVID-19 Data Compendium:

- collates a variety of data from a range of sources to understand COVID-19 related need, risks and vulnerabilities (see information about COVID-19 Vulnerability Indices in Section 6.1.2)
- summarises information from data systems to monitor and track COVID-19 related activity in HIOW; and
- presents situation reports and summary sections where there are pressures for targeted LRF system intervention.

### Early Warning Indicators Dashboard

Public Health analysts reporting to the LRF Modelling Cell have produced an Early Warning Indicators Dashboard that is presented as a separate product within the Compendium and reviewed on a regular basis. It includes:

- Data on population mobility in different sectors and geographies from Google and Researchers at Oxford University, and data from the Police on complaints of non-compliance with social distancing
- Data on the number of people contacting 999 and 111 (phone or online) from NHS pathways data published by NHS Digital, the latter of which has been shown to be a good predictor of COVID-19 16 days later during wave 1
- Data on COVID-19 cases in primary care and hospital admissions
- Data on confirmed COVID-19 infections

Data from the Data Compendium is currently being used to provide updates to IWC senior management, Silver and Gold Groups and to the Island's Tactical Coordinating Group (ITCG) updating them on key trends relating to COVID-19. This includes the Early Warning Indicators

Dashboard and will include a care home dashboard, once established. This will continue under the IWC COVID-19 Prevention, Incident and Outbreak Control Plan, and it is expected that relevant information from the data compendium, early warning indicators and contact tracing intelligence will be fed into an intelligence platform for use by the HPB. As with all other intelligence products, this will be delivered in an integrated way across HIOW.

Data to support the HPB work is sourced from PHE SE HPT (HIOW), PHE Field Epidemiology Service, the Office of National Statistics (ONS), the local registry office, local health and care partners, national COVID-19 reporting and the Test and Trace reports provided to local authorities. The Council Public Health team now receive the Contact Tracing UTLA daily reports, the Contact Tracing Epidemiology report (weekly), and the Contact Tracing quality and monitoring report (weekly). These reports are accessed through a PHE file-sharing site. Also of relevance for this plan is daily reporting by PHE SE HPT (HIOW) on outbreaks in care homes, schools and prisons and the hospital on-set COVID-19 reporting to NHS England. The assumption is that existing arrangements for notifying PHE about individuals with positive COVID-19 test will remain.

The Joint Biosecurity Centre (JBC), which has the role of bringing together data from testing and contact tracing, alongside other NHS and public data, will provide insight into local and national patterns of transmission and potential high-risk locations, and identify early potential outbreaks so action can be taken. Linkages to the Joint Biosecurity Centre need to be established, including around testing data, local outbreaks intelligence, and local/regional R values/growth rates. The Chief Executive, DPH and Public Health Analysts will have access to the national COVID-19 dashboard (also known as the JBC Playbook).

## 9.2 Data/Intelligence in Development

The resource capabilities and capacity implications for partners involved in this workstream is dependent on determining the precise requirements of the end users for an intelligence 'platform', and the ease and convenience of dataflows. It is anticipated that the following arrangements will need to be set up:

- Map and secure regular automated dataflows from a variety of organisations to provide the intelligence to support the system. This includes but is not limited to data from the national testing programme, the community testing programmes, and the national contact tracing programme.

- Apply the Information Governance models of compliance for the intelligence platform:
  - Establish purpose and future uses
  - Define data sets, ownership and rules of disclosure
  - Agree and define role-based access
  - Agree outputs of categories of data i.e. personal, pseudonymised, etc.
  - Define retention and closure
  - Agree information sharing protocols in a timely fashion as a matter of priority
  - Develop a local intelligence platform with role-based access to support the objectives identified above in collaboration with the end users. The institutional owner of the platform will need to be determined as part of the discussion about data flows,
  - Develop insight reports to support the various governance structure

Insight reports for the HPB Chair will include the following information, to enable oversight of the situation on the IOW:

- A daily report which includes the number of positive test results, an exceedance report summary, a test and trace summary, and a summary from the daily or weekly PHE SE HPT (HIOW) outbreak report. (Other data will be integrated from the JBC 'playbook' as it becomes available).
- A weekly IOW COVID-19 Situation Report for the HPB, this should be in a format which enables the Board to identify key areas for decision-making, and will be based on theme lead situation reporting.
- A weekly surveillance report which would include infection mapping and surveillance data as well as epidemiological analysis.

### 9.3 Data sharing

There will be a proactive approach to sharing information between local responders by default, in line with the instructions from the Secretary of State, the statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act 2004. Data-sharing to support the COVID-19 response is governed by 3 different regulations:

- The four notices issued by the Secretary of State for Health and Social Care under the Health Service Control of Patient Information Regulations 2002, requiring several organisations to share data for purposes of the emergency response to COVID-19.

OFFICIAL

- The data sharing permissions under the Civil Contingencies Act 2004 and the Contingency Planning Regulations.
- The Statement of the Information Commissioner on COVID-19.

Access to national data has been given to the Chief Executive and Director of Public Health through a secure web-based portal, and protocols are already established for holding and sharing this data.

Where additional personally identifiable data will need to be shared between organisations for purposes of outbreak response, it is anticipated that this will be performed under existing data sharing arrangements and powers. If new arrangements are required as part of the development of outbreak control plans these will be subject to Data Protection Impact Assessments (DPIA).

## Section 10

### Communication and Stakeholder Engagement

Recognising that public engagement and trust is crucial, an external communications and engagement plan will:

1. Ensure communications plans are in place to support the IWC Prevention, Incident and Outbreak Control Plan and communicate key developments to IOW residents
2. Consolidate the National Test and Trace campaign locally to motivate compliance with national and local strategies to prevent the spread of COVID-19.
3. Aid in the development of best practice

The Communications and Engagement plan will be informed by ongoing discussions on communication plans being held by the Good Practice Network of eleven local authorities supporting development of local outbreak control plans. It will provide an overview of the key target audiences, as identified by the Stakeholder Advisory Group, and how they will be reached. The plan will ensure that Isle of Wight residents and businesses understand both the national Government messaging as well as the IWC COVID-19 Prevention, Incident and Outbreak Control Plan and any potential 'local lockdown' measures and how this impacts them.

The communications approach will include digital engagement tactics to ensure messaging can be targeted at residents within a few hours of a notification of a local outbreak. It will build on existing communications activity and draw on a range of national and international guidance and resources designed to support local communication activity on COVID-19 to include:

- General communications to the public and wider system about the wider Isle of Wight strategic response to COVID-19
- Public communications about COVID-19 in general and during an outbreak
- Agency and stakeholder communications about COVID-19 in general and during an outbreak

The communications and engagement plan will outline how specific groups will be reached using online platforms, including how residents can be targeted by their locality (home or work) and /or their profession. This plan will also give consideration as to how we reach other at-risk groups such as the Black, Asian, and Minority Ethnic (BAME) and 'shielded' community.

### **10.1 Communications with the General Public**

The IWC COVID-19 Engagement Board (EB) will be a key 'voice' with the public in all messaging about the IWC COVID-19 Prevention, Incident and Outbreak Control Plan. The EB will support public communications about COVID-19 and local outbreaks. All communication with the public will be in line with World Health Organisation (WHO) Guidance and the five World Health Organisation (WHO) Outbreak Communication Principles which are summarised as:

- Trust
- Announcing early
- Transparency
- Listening
- Planning

The IWC COVID-19 EB will also take account of the needs of different populations on the Isle of Wight, especially the need to provide public communications in languages and formats appropriate for the local BAME Groups and residents with learning difficulties.

### **10.2 Communications between agencies**

The HPB is responsible for communications between agencies and other forums, including the LRF, EB, ICP Board, and PHE. This includes:

- Making recommendations to EB about COVID-19 communications
- Developing and implementing the communications strategy during COVID-19 outbreaks
- Agreement on which agency will lead on communications for specific outbreaks.

OFFICIAL

To deliver messaging effectively, the IWC Communications team will work with the HPB and will monitor Government advice to provide real-time updates on the NHS Test and Trace service and signpost people to the correct Government sources to gain information.

## Section 11

### Roles and Responsibilities

Agencies across the public sector have a shared responsibility for the prevention and management of outbreaks of COVID-19. The key roles of PHE SE HPT (HIOW) and IWC in jointly managing complex cases and outbreaks are highlighted below.

PHE SE HPT (HIOW) will fulfil its statutory duties in relation to:	IWC will fulfil its statutory duties in relation to:
<ul style="list-style-type: none"> <li>• <b>The detection of possible outbreaks</b> of disease and epidemics as rapidly as possible, by receiving direct notification of outbreaks (i.e. from specific settings) and through monitoring covid-19 notifications, testing data and local intelligence.</li> <li>• <b>Swabbing/testing of new outbreaks</b> (notified via all routes): PHE may arrange swabbing and testing for symptomatic individuals when first advised of an outbreak (within a particular setting, or particular cohort), linked in with regional/local arrangements for testing, including Mobile Testing Units.</li> <li>• <b>Risk assessment of complex cases and situations:</b> PHE will undertake the initial risk assessment and give advice to the setting and the local system on management of the outbreak.</li> <li>• <b>Providing specialist advice and support</b> related to management of outbreaks and incidents of infectious diseases.</li> </ul>	<ul style="list-style-type: none"> <li>• Wider proactive work with particular settings and communities in order to <b>minimise the risk of outbreaks/clusters of cases.</b></li> <li>• Working with PHE to <b>support complex cases and outbreak management</b> (in a range of settings/communities).</li> <li>• <b>Supporting swabbing of contacts</b> e.g. school contacts.</li> <li>• <b>Supporting individuals who are shielding and those self-isolating</b> as required.</li> <li>• <b>Providing a single point of access for communication with the local authority</b> on matters relating to the reactive response, as well as out of hours contact (through Directors of Public Health and Health protection leads, or other local arrangements as they emerge).</li> <li>• <b>Maintaining accountability for the local COVID-19 Outbreak Control Plan</b>, ensuring appropriate PHE representation on COVID health protection boards/member-led Boards.</li> </ul>

Table 5: PHE and IWC Roles and Responsibilities

The roles and responsibilities of individual services within the IWC as well as other external partners in relation to this Plan is provided below:



Organisations/service	Key responsibilities
<b>Local Authority Functions</b>	
Public Health	<ul style="list-style-type: none"> <li>• Prepare for and lead the Council Public Health team response to outbreaks.</li> <li>• Coordinate wider proactive work to prevent the spread of infection and minimise risk of outbreaks/clusters of cases.</li> </ul>
Emergency Planning	<ul style="list-style-type: none"> <li>• Support the Local Authority and system-wide preparation for and response to outbreaks.</li> </ul>
Adult Social Care	<ul style="list-style-type: none"> <li>• Support the response with a focus on higher risk settings and vulnerable groups.</li> </ul>
Children's Services	<ul style="list-style-type: none"> <li>• Provide advice to education settings (using national guidance and local public health recommendations) to prevent the spread of infection and minimise risk of outbreaks/clusters.</li> <li>• Liaise with PHE SE HPT (HIOW) and IWC PH to support the investigation and management of outbreaks in education settings.</li> <li>• Ensure a focus on children and young people that will be particularly vulnerable as a result of the outbreak and response i.e. vulnerable CYP needing to self-isolate.</li> </ul>
Leisure and Sport	<ul style="list-style-type: none"> <li>• Coordinate wider proactive work to prevent the spread of infection and minimise risk of outbreaks/clusters of cases in cultural and leisure facilities.</li> <li>• Liaise with PHE SE HPT (HIOW) and IWC PH to support the investigation and management of outbreaks.</li> </ul>
Communications	<ul style="list-style-type: none"> <li>• Preparing and delivering the Communications Plan, which includes proactive and reactive communications with all relevant settings, agencies and the public.</li> </ul>
Environmental Health*	<ul style="list-style-type: none"> <li>• The EH Team sits within the Regulatory Services Department</li> <li>• Advisory role to food, pubs, clubs and other relevant premises on preventing the spread of infection and minimising the risk of outbreaks/clusters of cases.</li> <li>• Enforcement of <a href="#">The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020</a> relating to the closure of pubs, clubs, restaurants and other relevant premises.</li> <li>• Additional support in the event of the escalation of a local outbreak that requires further local capacity i.e. for contact tracing and interviewing.</li> <li>• The Health Protection (Part 2A Orders) Regulations</li> </ul>
Private Sector Housing	<ul style="list-style-type: none"> <li>• This team also sits within the Regulatory Services Department</li> <li>• Coordinate wider proactive work to prevent the spread of infection and minimise risk of outbreaks/clusters of cases in key higher risk settings, such as hostels and communal housing (HMOs).</li> </ul>

	<ul style="list-style-type: none"> <li>• Liaise with PHE SE HPT (HIOW) and IWC PH to support the investigation and management of outbreaks.</li> <li>• Ensure a focus on people that will be particularly vulnerable as a result of the outbreak and response.</li> </ul>
<b>Partner Organisations</b>	
PHE SE HPT (HIOW) *	<ul style="list-style-type: none"> <li>• Discharge the responsibilities of PHE via the SE HPT (HIOW).</li> </ul>
NHS England and NHS Improvement*	<ul style="list-style-type: none"> <li>• Provide strategic direction to local commissioners and providers of NHS funded care.</li> </ul>
IOW CCG *	<ul style="list-style-type: none"> <li>• Coordinate wider proactive work to prevent the spread of infection and minimise risk of outbreaks/clusters of cases in healthcare settings and services i.e. primary care.</li> <li>• Take local action (e.g. testing and treating) to assist the management of outbreaks, and to provide services for prevention, diagnosis and treatment of illness, under the Health and Social Care Act 2012.</li> </ul>
Infection Prevention Control- Via the IOW CCG	<ul style="list-style-type: none"> <li>• Provide specialist infection control advice to organisations and settings to prevent the spread of infection and minimise risk of outbreaks/clusters of cases, and to inform the response.</li> </ul>
IOW NHS Trust	<ul style="list-style-type: none"> <li>• Deliver the Trust's Infection Control Plan in relation to COVID-19.</li> <li>• Liaise with PHE SE HPT (HIOW) in the event of an outbreak.</li> </ul>
Police	<ul style="list-style-type: none"> <li>• To support the response to an outbreak through the implementation of relevant policies or powers.</li> <li>• The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 with regard to movement restrictions</li> </ul>
Voluntary Sector	<ul style="list-style-type: none"> <li>• Coordinate and provide support to residents with a particular focus on those that are vulnerable because they are shielding or self-isolating.</li> </ul>

Table 6: Roles and Responsibilities of Council Services and External Organisations

\* Please refer to the HIOW & TV LHRP Joint Health Protection Incident and Outbreak Control Plan for further detail on roles and responsibilities.

## Section 12

### Key Related Documents and Legislation

There are a number of IWC plans, HIOW LRF multi-agency plans, national guidance and legislation that this plan is built upon. These are shown in Table 7.

<b>Plan/Document/Legislation</b>	<b>Key Section(s)</b>	<b>Type of Document</b>
IWC Emergency Response Plan	All sections	Plan
HIOW and Thames Valley (TV) Local Health Resilience Partnership (LHRP) Joint Health Protection Incident and Outbreak Control Plan		Plan
HIOW LRF Community Recovery Plan		Plan
Joint HIOW Communications with the PHE HPT and the Local Authority Public Health (Council Public Health Team)		SOP
Hampshire and the Isle of Wight Joint Public Health Standard Operating Procedure (SOP) for Health Protection Incidents		SOP
The Health Protection (Coronavirus, Restrictions) England Regulations 2020	Regulations 4, 5, 6, 7, 8, 10 & 11	<a href="#">Legislation</a>
Coronavirus Act 2020	Schedule 21 part 2 to 5: powers	<a href="#">Legislation</a>
Public Health (Control of Disease) Act 1984 and associated Regulations (2010)	Regulations 2, 3, 4, 5, 6, 7, 8, 9, 10 & 11  The Health Protection (Part 2A Orders) Regulations	<a href="#">Legislation</a>
PHE Communicable Disease Outbreak Management – Operational Guidance	All sections	<a href="#">Guidance</a>

Plan/Document/Legislation	Key Section(s)	Type of Document
PHE – LA Joint Management of COVID-19 Outbreaks in the South East of England		SOP
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013		<a href="#">Legislation</a>
Premises Closure Guidance		<a href="#">Guidance</a>

Table 7 – Plans and Legislation

Guidance for particular settings e.g. Care Homes can be found in the relevant parts of the plan under section 3.

Further to the above list, the legal context for managing outbreaks of communicable disease which 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
- Directors of Public Health under the Health and Social Care Act 2012
- Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984 and suite of Health Protection Regulations 2010 as amended
- NHS Clinical Commissioning Groups 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
- Other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004