Chartered Institute of Environmental Health

Covid Conversations: escalation and response to outbreaks with Public Health England

Escalation Criteria

1. Complex and high risk settings
2. Consequence management
3. Increase in disease frequency or severity that may require further investigation locally
4. Cases where liaison with an educational/ childcare setting or employer may be required

Complex and high risk settings

a. Case living or working in **care home/long term care facility** or other care facility for those with complex needs
b. Cases in **Healthcare** workers
c. Cases in **Emergency Services** workers
d. Cases in **Border Force and Immigration** officers
e. Cases who **attended healthcare for non COVID reasons**
f. Cases in those living or working in **Prison** or other places of detention
g. Cases in those attending or working in **special schools**
h. Cases in those living in **homeless hostels or shelters or refuges and similar residential settings**
i. Cases attending **Day care** centres for older/vulnerable people
j. Cases with concerns about deductive disclosure
k. Cases where contacts can't be identified without disclosure of name to employer or other third party
l. Cases or employers unwilling to provide information

Escalation Criteria (2)

Consequence management

a. Identified impact on local public sector services or critical national infrastructure due to high proportion of staff quarantining
b. Cases or contacts who are unable to comply with restrictions (homeless, complex social issues etc)
c. Likely media or political concerns/interest

Cases where liaison with setting or employer may be required

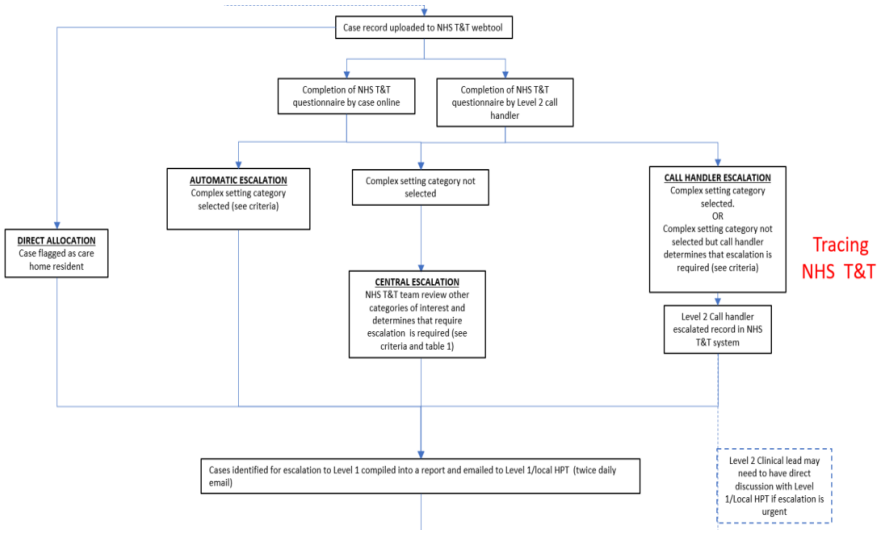
a. Cases who have attended educational/childcare setting while infectious
b. Cases who have attended work while infectious and who are unable to identify their contacts who will require follow up

Increase in disease frequency or severity that may require further investigation locally

a. Second or subsequent cases in school class /bubble
b. Reported high absenteeism rate in school or workplace
c. Reported high levels of hospitalisations

Escalation Routes

From Test and Trace



From local systems

- Schools
- Businesses
- Health and Social Care
- Voluntary Sector
- Surveillance and Exceedances

Often faster
Based on local relationships and ways of working

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Lessons learnt from a cluster of COVID-19 cases in a food distribution cold store in the SW

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30th July 2020 CIEH webinar

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Outline

- Background
- Timeline
- Outbreak management and Control measures
- Lessons learnt

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Background

- **Pre-COVID actions**
  - Business continuity plan
  - E-learning module for staff on social distancing
  - Communications with staff including Safety (STAR) conversations
  - Social distancing and Hygiene measures in place

  - **COVID** secure actions– Leadership and Site based practical measures
  - Risk assessment
  - Social distancing in practice
  - Simplified processes to reduce head count on site (max 15)
  - 26-point action plan - activated
  - Tracker system for cases
  - COVID audit per shift
  - Processes for visitors to site – questionnaire, temp checking

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Timeline

- 4th June 2020 – Onset in first case (symptomatic)
- 8th June 2020 – Onset in second case (symptomatic)
- All Staff testing initiated by the company – COVID-19 contingency action plan
- National level 2 contact tracer identified 2 cases linked to a context and informed Level 1 (PHE Centre)
- 19th June 2020 Outbreak control meeting (OCT). Control measures in place noted additional measures advised.
- Findings during OCT: 85/115 staff tested so far; 5 staff shielding
- 64 results available (9 positive, 3 symptomatic). No contact between cases
- 28th June 2020: 11 positives in total (8 asymptomatic cases identified as a result of testing)
- 22nd July 2020 Outbreak declared over.

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Outbreak management and control measures

- Outbreak Control Team set up under standard procedures between LA and PHE – within Local outbreak management plan
- Social distancing
- Infection Control – Hand hygiene, facilities, PPE, environmental cleaning
- Exclusion of contacts of confirmed cases
- Internal Track and Trace system
- Follow up of cases and their contacts
- Communication with staff
- Advice about travel to work
- Regular updates provided by company of test results

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EHP -Local Authority Involvement

- Contacted to support PHE Track and Trace Process & Outbreak Management
- Contact business- make sure you're speaking to the right person
- Business Continuity Plan and Covid- Control measures
- Implemented.
- Infection Control – Hand hygiene, facilities, PPE, environmental cleaning
- Excellent record keeping of cases, symptoms and results
- Support PHE Incident Management Team Meeting
- Useful experience and case study for writing our OMP for meat processing plants & high risk food businesses

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Lessons learnt

- Importance of Leadership and preparatory planning work by the company - action plan, Risk assessment, audits, social distancing and other hygiene measures – limited the spread of outbreak
- Importance of adherence to national guidelines
- Prompt and proactive action by company to initiate whole staff testing – resulted in identification of 8 asymptomatic cases
- Maintenance of an Internal Track and Trace system by the company – showed not evidence of transmission in workplace
- Proactive engagement by the EHOs with food processers – planning
- Good multiagency cooperation in Outbreak Control Team using the Local Outbreak Management plan
- Comprehensive follow up of cases and contacts by close working with National Test and Trace service

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Conclusion

This incident illustrates how good preparation, planning (company's plan & the Local Outbreak management plan) and close joint multi-agency working through an Outbreak Control Team can limit the spread of an infection.