

Annex B: PHE & BCC prioritisation template

- This public version does not include the contact details

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|---|--|--|--|--|
| LA SPOC   |  | For all settings:<br><br>Include SPOC email address, telephone number of available and days and hours of working, e.g., Mon-Fri 9-5pm  | Key:<br>Red - Support required or managed by PHE<br>Amber - LA/CCG to manage but support may be required<br>Green - LA/CCG to manage |  |
| Please Note: Put 'FOR ACTION' or FOR INFORMATION' at the start of the subject line for all emails to Local Authorities. If actions are needed be clear what the actions are.  |  |  |  |  |
| Setting   |  | LA Response  | Email to:  | For PHE input**  |
| Care Home   | Single cases   | LA SPOC will pick up via notification from Case line listing and from PHE, passed to welfare team (a joint team with ASC and PH) for follow up.  |  | PHE will input at the request of LA, e.g ongoing transmission despite control measures   |
|   | Clusters and outbreaks that don't meet the definition for significant  | LA SPOC will pick up via notification from Case line listing and from PHE and lead via Care Homes Team in SPOC and EHO lead  |  |  |
|   | Outbreaks of significance e.g. ≥10% of staff/residents are affected within 14 days or impact on service delivery or ongoing spread despite implementing control measures   | LA will contact PHE as required  |  |  |
| Schools (non-SEN)   | Single cases   | DFE will be first line for enquiries and LA SPOC will pick up via notification from Case line listing or clarifications from schools, these will be shared with education team in LA             |  | PHE will input at the request of LA, e.g ongoing transmission despite control measures   |
|   | Clusters and outbreaks that don't meet the definition for significant  | DFE will be first line and LA SPOC will pick up via notification from Case line listing or clarification questions from schools and will be supported by LA SPOC and education team in LA        |  |  |
|   | Outbreaks of significance, e.g. Hospitalisation or death in a member of the school community, Significant media interest, Significant outbreak (≥10% of a bubble is affected within 14 days, ≥10% of staff are affected within 14 days, ≥ 3 bubbles are affected) or ongoing spread despite implementing control measure | LA will contact PHE as required  |  |  |
| SEN or residential /boarding school or children's home  | Single cases   | PHE will continue to manage single cases and inform LAPH   |  | PHE will input on all outbreaks and if significant media interest  |
|   | Clusters and outbreaks that don't meet the definition for significant  | PHE will continue to manage multiple cases and outbreaks that do not meet definition for significance and inform LAPH.   |  |  |
|   | Outbreaks of significance ,e.g. All outbreaks, Significant media interest ***  | A SPOC will pick up and lead via notification from Case line listing and from PHE and will lead with PHE input into IMTs   |  |  |
| University  | Single cases   | LA SPOC will pick up via notification from Case line listing and from PHE no further action  |  | PHE will input at the request of LA, e.g ongoing transmission despite control measures   |
|   | Clusters and outbreaks that don't meet the definition for significant  | LA SPOC will pick up via notification from Case line listing and from PHE to SPOC  |  |  |
|   | Outbreaks of significance,e.g., Hospitalisation or death in a member of the university community, Significant outbreak (e.g. outbreaks in halls of residence, ≥10% of defined group affected within14 days) or ongoing spread despite implementing control measures, Significant media interest                          | LA will contact PHE as required  |  |  |
| Workplaces (low risk)   | Single cases   | LA SPOC will pick up via notification from Case line listing and from PHE to Environmental Health (a joint team with ASC and PH)   |  | PHE will input at the request of LA, e.g ongoing transmission despite control measures   |
|   | Clusters and outbreaks that don't meet the definition for significant  | LA SPOC will pick up via notification from Case line listing and from PHE to Environmental Health (a joint team with ASC and PH)   |  |  |
|   | Outbreaks of significance • Significant outbreak (≥10% of a workforce is affected within 14 days or impact on service delivery) or ongoing spread despite implementing control measures or Significant media interest  | LA will contact PHE as required  |  |  |
| Workplaces (high risk) e.g. Food factories  | Single cases   | Single cases e.g. LA SPOC will pick up via notification from Case line listing and from PHE to Environmental Health (a joint team with ASC and PH)   |  | PHE will input at the request of LA, e.g ongoing transmission despite control measures   |
|   | Clusters and outbreaks that don't meet the definition for significant  | LA SPOC will pick up via notification from Case line listing and from PHE to Environmental Health (a joint team with ASC and PH)   |  |  |
|   | Outbreaks of significance, e.g. Significant outbreak (≥5% of a workforce is affected within 14 days) or ongoing spread despite implementing control measures or Significant media interest   | LA will contact PHE as required  |  |  |
| Blue light services   | Single cases   | PHE to manage  |  | PHE will input on all outbreaks and if significant media interest  |
|   | Clusters and outbreaks that don't meet the definition for significant  | PHE to manage and inform LAPH  |  |  |
|   | Outbreaks of significance • Significant outbreak (≥5% of a workforce is affected within 14 days or impact on service delivery) or ongoing spread despite implementing control measures or significant media interest   | PHE to lead and manage with LA input into IMTs   |  |  |
| Hospital  |  | PHE to Lead with support from IPC in the CCG (commissioned by the LA). LA to lead contact tracing of community contacts and receive copies of notes and support IMTs where PHE is not available. |  | PHE will attend Trust led IMTs for outbreaks as able to  |
| Healthcare settings e.g. GP, dentist, optometry, pharmacy, domiciliary care, private hospitals)   | Single cases   | CCG will lead the response with support from LA SPOC as required   |  | PHE will input on all outbreaks and if significant media interest  |
|   | Clusters   | CCG will lead the response with support from LA SPOC as required   |  |  |
|   | Outbreaks  | CCG will lead the response with support from LA SPOC   |  |  |
| Prison  |  | PHE to manage  |  | PHE will input on all cases and outbreaks  |
| Vulnerable settings e.g. homeless, hostels  | Single cases   | LA will lead the response with support from LA SPOC as required  |  | PHE will input at the request of LA, e.g ongoing transmission despite control measures   |
|   | Clusters and outbreaks that don't meet the definition for significant  | LA SPOC to manage and relevant LA team   |  |  |
|   | Outbreaks of significance, e.g. Hospitalisation or death in a member of the vulnerable community or all clusters and outbreaks or significant media interest   | LA SPOC will pick up and lead via notification from Case line listing and from PHE and will lead with PHE input into IMTs  |  |  |
| Enhanced Contact Tracing (data review)  | Common exposure reports  |  |  | PHE will continue to review postcode coincidence reports each day and communicate situations identified to the LA for follow up in accordance with the agreed prioritisation framework.                                  |
|   | Postcode coincidence reports   | PHE to review daily  |  |  |
| Variants and Mutations  | Single cases and clusters  |  |  | PHE will complete the relevant survey for the case which may require for the case to be contacted . PHE will inform the relevant DPH, liaise with the national leads and jointly agree a plan of action for the locality |
| PHE are always willing to receive queries from LAs if advice for situations they are managing. These can be directed to the team by 0344 225 3560 (and pressing option for non-COVID) or by ringing named consultant or practitioner as agreed locally.                             |  |  |  |  |
| Where LAs identify areas that would benefit from support/training we will endeavour to provide this during transition to the new roles.   |  |  |  |  |
| We will also regularly review how this is working and adjust criteria as required.  |  |  |  |  |
| The system accepts that things need to be done differently to optimise impact, and recognises that other parts of the system are now increasingly competent to undertake work that we were previously doing (e.g. headteachers frequently respond well to cases in their settings). |  |  |  |  |
| ** PHE input may be leading/chairing the IMT response or joining the IMT (depending on the situation and capacity within LA and PHE).   |  |  |  |  |
| Useful contacts   |  |  |  |  |