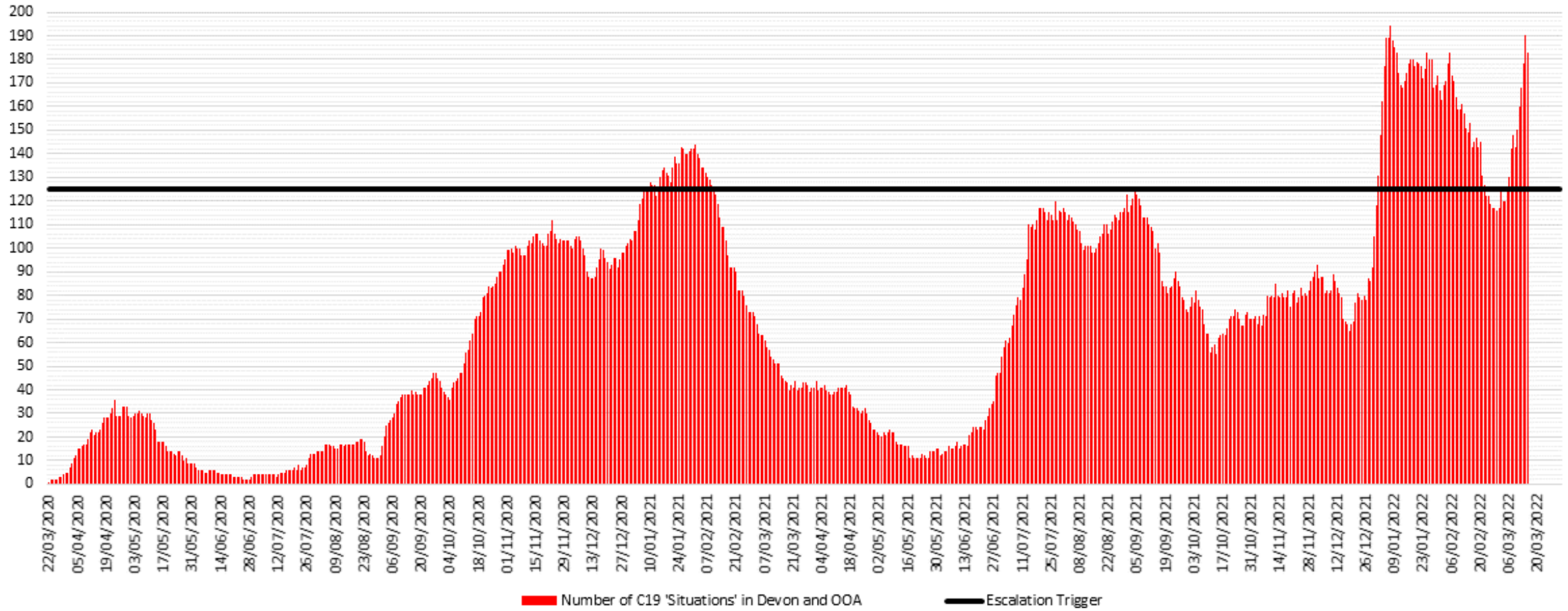




COVID19 Update

16.03.21

Total Number of Active Outbreaks, Clusters and Single Cases of Covid-19 (Devon Only)



Confirmed cases: Last 14 days

Area name	Sun 27	Mon 28	Tue 01	Wed 02	Thu 03	Fri 04	Sat 05	Sun 06	Mon 07	Tue 08	Wed 09	Thu 10	Fri 11	Sat 12	Total
East Devon	76	128	137	159	121	108	135	160	215	213	232	230	233	174	2321
Exeter	81	127	101	102	104	91	82	120	187	198	184	191	164	144	1876
Mid Devon	44	83	60	74	69	65	64	67	103	99	116	100	114	84	1142
North Devon	36	49	51	61	59	53	79	83	106	112	142	142	131	138	1242
South Hams	35	55	52	77	70	67	48	58	89	102	118	120	109	117	1117
Teignbridge	75	100	101	121	87	91	108	123	197	197	187	179	172	155	1893
Torrige	26	36	35	45	38	43	38	41	53	64	63	81	77	86	726
West Devon	23	38	31	44	33	39	38	45	57	72	72	74	69	82	717

Area name	Sun 27	Mon 28	Tue 01	Wed 02	Thu 03	Fri 04	Sat 05	Sun 06	Mon 07	Tue 08	Wed 09	Thu 10	Fri 11	Sat 12	Total
Devon	396	616	568	683	581	557	592	697	1007	1057	1114	1117	1069	980	11034
Torbay	79	122	114	123	150	93	110	114	172	191	157	189	214	148	1976
Plymouth	128	184	199	211	195	173	202	234	332	327	343	308	357	277	3470
Cornwall and Isles of Scilly	284	395	394	382	402	410	393	504	677	762	757	818	842	744	7764
Total	887	1317	1275	1399	1328	1233	1297	1549	2188	2337	2371	2432	2482	2149	24244

Outbreak Guidance Update

- An OUTBREAK is defined as more than one linked case of COVID-19 among residents/clients and/or staff within a specific setting within 14 days and outbreak restrictions should remain in place until recovery testing, undertaken no sooner than 14 days after the latest case, has returned wholly negative results.
- However, when there are initially between **2** to 4 cases of COVID-19 within a specific setting within 14 days AND the cases are considered highly likely to have acquired their infections outside of the setting of interest AND transmission within that setting is considered to be highly unlikely, then the setting may be initially declared as a **CLUSTER** by the HPT.

Outbreak Assessment

For a Cluster:

- 2 to 4 initial cases will be either a cluster or an outbreak depending on the case specific information, but in probably 95%+ of cases the decision process will be immediate and not involve a risk assessment,
- Outbreak restrictions should be implemented.
- Outbreak testing should be undertaken
- Assuming TPR have not identified any additional cases at the Provider by Day 8, TPR will assume that the seven days of staff LFD testing and the Day 4-7 staff and resident testing have all returned wholly negative results. At this point TPR will email the Provider to close monitoring.
- If the enhanced and/or routine testing regime identifies further cases by 14 days, then this is indicative of an Outbreak, and the Provider case status will be upgraded to Outbreak. Outbreak restrictions should remain in place until recovery testing, undertaken no sooner than 14 days after the latest case, has returned wholly negative results.



Outbreak Assessment

For an Outbreak:

- 5 cases or more of any type are automatically an outbreak.
- Could also be 2+ if not a cluster
- Recovery testing should be undertaken on Day 14.
- TPR will email the Provider on Day 16 and, if no further cases have been identified, TPR will close monitoring and outbreak restrictions will end. If results from the Day 14 recovery testing are not back, outbreak restrictions remain in place until results are returned wholly negative.

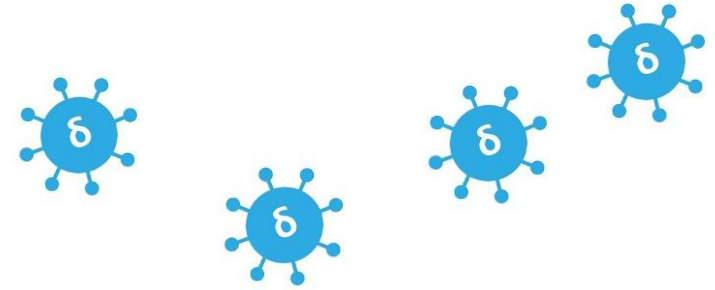


Our messaging when we email providers

During the period outbreak restrictions are in place within a setting there should be (see Coronavirus (COVID-19): admission and care of people in care homes), key areas are:

- *Cessation of non-essential visiting BUT there may be options for certain types of visit to continue, including visits from Essential Care Givers - see Guidance on care home visiting.*
- *Cessation of routine admissions BUT admissions may be possible on a case-by-case risk assessed basis in consultation with commissioning authority, community service manager and/or hospital discharge team.*
- *Cessation of transfers to other health and social care settings, unless essential/emergency.*
- *Reduction of visiting professionals (e.g. community nurses) to essential only.*
- *No staff working at other sites.*
- *Limited movement of staff between different units / floors / buildings within the same site.*
- *Cohorting of staff to look after confirmed cases / exposed residents / residents who are not exposed, where possible.*

Outbreak Assessment



For a Single Case:

- If a single staff case, then 7 days of serial staff LFD testing should be undertaken.
- TPR will email the Provider on Day 7 and, if no further positives have been identified, will close monitoring.
- If a second case is identified before Day 14, TPR will reopen/upgrade the situation to an Outbreak or Cluster based on the case status decision matrix, utilising the 'Information to Inform Care Home Outbreak Risk Assessment' where required.

Restrictions/ testing based on case status

Provider Case Status	Testing required in addition to routine testing requirements (assuming that, pre 16 February 2022, staff have not already switched to undertaking daily LFD testing)			Outbreak restrictions in place	Expected situation closure day
	Seven days of daily LFD testing for staff	Staff and resident LFD and PCR testing on Day 0/1 and between Day 4 and 7	Day recovery testing of staff and residents should be undertaken		
High Priority Variant of Concern Outbreak	Yes	Yes	Day 28	Yes	Day 30
Outbreak	Yes	Yes	Day 14	Yes	Day 16
Cluster	Yes	Yes		Yes	Day 7
High Priority Variant of Concern Single Case	Yes	Yes		Yes	Day 7
Single Case	Yes				Day 7

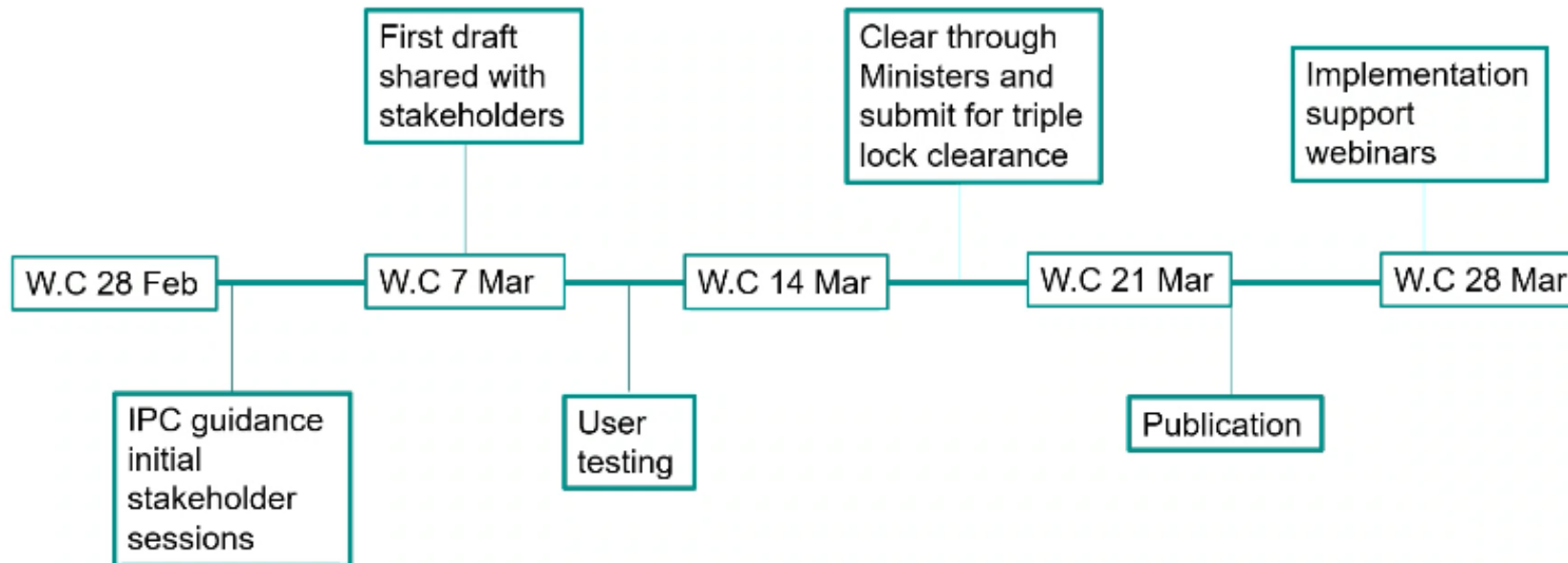
Guidance changes

Guidance

COVID-19 Response: Living with COVID-19

Continue with daily LFD testing for staff prior to working , likely to hear more over the next week or so updated guidance.

1. Timeline



IPC guidance

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Respiratory and cough hygiene

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Safe management of care equipment

Safe management of the environment

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Management of blood and body fluid spills

Waste management

Management of exposure (including sharps injuries).

Section 2 – Prevention of transmission

Chain of infection

Transmission based precautions

Outbreak management

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Uniforms and Workwear

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Section 3. Leadership, and governance

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Appendix Glossary of terms

Appendix '5 Moments for Hand Hygiene'

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COVID Supplement

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