LSTM Outbreak Management and Control Plan

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Executive Summary

1. Prevention - Follow LSTM COVID19 procedures. These are based on GOV.UK advice but may exceed advice in certain instances. Key documents are referenced within the detail of this document, and users are reminded to review regularly as advice is being updated.

2. Identification and Management - Confirmed positive cases usually identified by the NHS Test & Trace scheme or by verbal/email notification to manager or supervisor. A formal mechanism to report and record confirmed cases is provided via HR and Student Services. Information detailing the action to take in the event of a suspected case is provided in the "Returning to Campus Guidance" / "Welcome to Campus Guidance" (for new students) issued to all via email and the LSTM websites.

3. Sites of Increased Transmission Risk - LSTM recognise that high risk communities within LSTM include student accommodation and activity. Strong surveillance systems and partnership working are crucial to prevent and manage cross-region outbreaks. All staff and students who are in high-risk categories must self-identify and are mandated to complete individual risk assessments, with LSTM taking steps to reduce risk wherever possible, provide support and wellbeing resource and referral to Occupational Health as required. Further details are provided in the main body of this document. LSTM clinical staff working directly with COVID-19 patients adhere to established principles and national guidelines for COVID-19 infection, prevention, and control. LSTM Covid-19 Research Activity is undertaken by LSTM staff in labs and facilities across our campuses. These are subject to normal biological risk control measures mandated by legislation with compliance monitored by a specialist Lab Safety Adviser.

4. **Isolation of cases** - LSTM are guided and instructed in this area by the national policy from Public Health England and from the regional Liverpool Director of Public Health. Staff and students who have had close contact with case(s) will be asked to follow guidance and, where needed, to self-isolate at home. In some cases, a larger number of other staff and students may be asked to self-isolate at home as a precautionary measure.

5. **Testing** - Students will be asked to test before travelling to LSTM for each term and to complete 2 LFD tests at home or at an asymptomatic testing site (ATS) site on return. Those who are regularly working or studying on campus are also required to take regular quick-result lateral flow tests. Students and staff who are on campus each week will need to access two 'no symptoms' lateral flow tests (approximately every three days). LSTM can access the University of Liverpool's testing site on a walk-in basis at the Chapel in the Foresight Centre. Staff and Students can also access Liverpool City Region's SMART testing facilities.

The Public Health system will deploy testing capabilities to deliver the objectives of the test and trace system. Where ongoing difficulties are being experienced by staff and students in accessing national COVID-19 testing, LSTM will provide in-house testing for those staff and students with COVID symptoms as an interim measure until

availability of NHS testing in the region improves. This will be carried out via the occupational health service at Well-Travelled Clinics (WTC) utilising a nationally validated assay. This service is ONLY for symptomatic LSTM staff and students who cannot get a test through the national system.

6. **Contact Tracing** - In the event of any cases being reported through HR or Student Support, LSTM will follow PHE's early outbreak 3 step guidance, which is detailed in this guidance.

7. **Data Collection** - Data collection and retention will be managed in accordance with current data protection procedures.

8. **Communications** - LSTM will continue to communicate with staff and students using techniques that have been shown to work well throughout the pandemic. This includes extensive webpage information, use of social media and more targeted communications including podcasts, video and live online Q&A sessions.

1 Introduction

In alignment with Liverpool City Council's outbreak control plan, the LSTM Outbreak Management and Control Plan sets out our approach to managing the next stage of the pandemic in LSTM and the Liverpool region. Given that guidance in this area is changing quickly nationally, this document will require to be flexible and adaptive to meet emerging response as policy changes and new research/scientific understanding evolves. The plan also references the Department for Educations, Higher Education: reopening buildings and campuses publication. Crucially, it is local public health experts, led by the Director of Public Health, working with all parts of the local community, which will enable us to work together to prevent and control the spread of coronavirus in Liverpool. We will also utilise global outbreak response and clinical infectious disease expertise within LSTM, underpinned by established principles in this area.

LSTM works collaboratively with the Cheshire and Merseyside Directors of Public Health and other local Universities to agree operational processes and information sharing for managing outbreaks. LSTM works with them to support return to campus planning; prepare and deliver outbreak management plans; share information to support staff/students and to prevent/contain COVID-19; and to support public health innovation arising from these efforts.

Local authorities are also required to have plans in place to respond to outbreaks of COVID-19 identified by the national test and trace system. This document references the outbreak control plans for Liverpool City Council to respond to community outbreaks affecting the population of Liverpool. It should also be read alongside the Cheshire and Merseyside Outbreak Control framework. The plan is a working document which will be revised and updated as the plans develop. It will be delivered alongside several existing plans including:

- Higher education COVID-19 operational guidance
- Contingency framework: education and childcare settings
- Liverpool City Council's (LCC) Corporate Emergency Management Plan
- Partners Corporate Business Continuity Plans
- Liverpool and Merseyside Recovery Plans

The LSTM Outbreak Management and Control plan is intended for all LSTM Group Staff, Directors, Heads of Departments, Managers, and other line management staff are to consider closely the guidance and ongoing updates. Staff can raise queries directly to info@lstmed.ac.uk or through their department manager. Equally all staff can access the LSTM "Freedom to Speak Up" reporting system, should they have any concerns they wish to raise, which can be done anonymously.

This document has been ratified by LSTM's Outbreak Response Team and is required to be approved by the LCC Director of Public Health before publication.

2 Equality and Diversity

LSTM is committed to promoting equality of opportunity, combatting unlawful discrimination, and promoting good community relations. We will not tolerate any form of unlawful discrimination or behaviour that undermines this commitment and is contrary to our equality policy.

3 Safeguarding

In line with our Safeguarding policy and procedures, LSTM's processes reflect our organisational commitment to keeping children and vulnerable adults safe. Our commitment to supporting colleagues to speak up through our safeguarding incident disclosure process will ensure that all matters are addressed.

4 Additional Documents, References and Resources

Document Title	**Publish Date**	**Revised Date**
LSTM COVID-19 Contingency Plan	20th March 2020	
Liverpool's Covid-19 outbreak control plan - here	30th June 2020	13th April 2021
Department for Education - Higher education: reopening buildings and campuses - here	3rd June 2020	17th August 2021
LSTM Working Safely During Covid-19 – here - General Risk Assessment - Covid-19 Exit Strategy Guidance	27th May 2020	1st Sept 2021
COVID-19 contain framework: a guide for local decision-makers - here		5th August 2021

DfE Managing coronavirus (COVID-19) in education and childcare settings - here	27th November 2020	17th August 2021
DfE Higher education COVID-19 operational guidance - here		17th August 2021
Working safely during coronavirus (COVID-19) - Labs and research facilities - Guidance for people who work in or run indoor labs and research facilities and similar environments. here	11th May 2020	17th September 2021

5 LSTM Response

For earlier actions see previous iterations of this document, which are available from our archive.

Teaching and Learning -
Teaching and Learning: We have reduced the admissions to certain courses and adapted the timetables to reduce the number of students on campus at any one time. Arrival, departure, and break times are staggered. Available social space has been expanded to allow for distancing. Room capacities have been reduced and unsuitable rooms have been removed from use with excess furniture removed to make social distancing possible in other rooms. Ventilation has been maximised in all teaching rooms and hand gels and antiviral wipes made available. Increased cleaning routines include high touch points and electrostatic antiviral spray treatments. Signage has been added to all teaching, social and corridor spaces.

We have repurposed our largest teaching laboratory to ensure that we have sufficient space to teach 40 students at once. We adapted arrival and departure procedures to allow for extending hand hygiene and social distancing. Each student has a designated station in the laboratory with equipment that only they will use throughout the year. Laboratory protocols were updated on PPE and to ensure safety when receiving support from teaching assistants. The activities in the laboratory were also adjusted to remove risky activities, such as those which might require student to move around or create splashing.

All applicants to our programmes have received extensive guidance on our offer and international students have been guided through the visa process. We have developed welcome to campus guidance and policies on social distancing, face coverings and teaching protocols. All students have been encouraged and supported to complete individual risk assessments. We have closely monitored projected numbers on our courses throughout and have kept them at numbers we can safely accommodate in the building.

Our student advice and wellbeing team adapted their offer during the lockdown to deliver online support and later to a more blended service. They offer both face to face (socially distanced) and online appointments. Significant additional resources have been added to support students experiencing mental health issues. Where

needed, referrals can be made to the Well-Travelled Clinic's occupational health service or other related health services.

LSTM does not own or run any student residences. Our students are housed in a wide range of accommodation provision across the city. We link in with Liverpool Student Homes and some of the major private accommodation providers through our Student Advice Team and through the Liverpool HEI network. Our Academic Registrar is the key contact for both groups.

Research Activity – LSTM continues to play a unique role in the response to COVID-19. It partners with multiple institutions and organisations aiming to have immediate benefits for public health in the UK and overseas. Within LSTM a lot of research is conducted via the Centre for Drugs and Diagnostics (CDD). This centre comprises an experienced multi-disciplinary group of experts working together researching, developing, and validating drugs and diagnostics in response to the COVID-19 pandemic. It uses state-of-the art laboratories and equipment and works closely with industry, NHS, and academia. LSTM also partners with multiple other institutions and organisations to provide evidence based advisory services to government departments and other interested parties. In addition, LSTM, the University of Liverpool, and the NHS, represented by Liverpool Health Partners, have united to redirect research efforts to COVID-19. The research programmes are designed to have immediate benefits for public health and are supported by £1.1 million in pump priming from LSTM and the University of Liverpool and the efforts of over 200 researchers, underpinned by equipment and laboratory space across the Liverpool City Region. Other key partners are Liverpool City Council and Malawi-Liverpool Wellcome Trust Clinical Research Programme. Some other essential on-site activities continued throughout the pandemic response period, these being primarily herpetarium and insectary related activity and wider COVID19 related lab research.

Professional Services - Throughout the pandemic response, LSTM Professional Services staff have continued to provide maintenance of essential infrastructure and deliver key services across the organisation without interruption. The IT infrastructure was in place and continues to support all key aspects of the operations well. Significant numbers of staff have been provided with additional IT equipment and resources to meet individual needs. As lockdown restrictions eased, further occupation of COVID-secure buildings has cautiously increased, as staff who are unable to fully work remotely benefit from increased access to facilities and services and some staff returned to campus on more flexible and agile working arrangements.

The following additional measures have been implemented to assist in the management of any future outbreak:

- LSTM's Emergency Management Team, remain able to assume responsibility for operational decision support, in the event of any increased impact from Covid-19 upon its community of staff and students or regionally, from an increase in transmissibility, identification of variants of concern or compatible issues relating to the ongoing Covid-19 pandemic.
- During periods of low background infection, LSTM's Senior Management Team and Management Committee assume day-to-day responsibility for operational management decision making.

- An LSTM clinical specialist team (including the LSTM's Director, Dean of Clinical & IPH and other Clinical specialists) are also in place to advise the Management Team and connect LSTM to the regional and local Public Health network. This will remain in place to ensure a co-ordinated response to potentially rapidly changing circumstances through any recovery and subsequent phases and to continue to provide advice on Education policy and decision making.
- LSTM participates within the regional SHIELD "Outbreak Management Group" enabling close connection between Liverpool City Council, Liverpool HEI's, and PHE. This ensures that LSTM is represented, and regional activity information is provided to LSTM's Regional Response Group, EMT and the senior team of LSTM to assist in decision making activity.
- A "Return to Campus" programme has been delivered for all staff, students, and visitors alongside the monitoring of COVID secure buildings.
- Contact/Check-In details are being actively gathered from all users of LSTM to allow contact tracing via the Test and Trace system, should this be required.
- Communications within LSTM will be multi-channel and will recognise and include local stakeholders such as the City Council who may be affected by LSTM's activities. We will issue communications direct to these groups where appropriate.

6 Aims of the Plan

- To help students and staff who are infected, and their contacts, to follow the appropriate and current Government guidance.
- To take steps to support staff and students beyond immediate outbreak control (health and wellbeing, equality, diversity, and inclusion).
- To provide reassurance for applicants and enrolling students that we are operating in line with the evolving public health situation and government advice.
- To provide reassurance to stakeholders across the city and wider community that a robust and managed process is in place to respond to any outbreak affecting LSTM.
- We will also utilise global outbreak response and clinical infectious disease expertise within LSTM, underpinned by established principles in this area.

6.1 Themes

The strategic plan (Appendix A) focusses on eight themes that form a framework for LSTM response to various scenarios:

1. Prevention: putting in place mitigation measures in accordance with UK Government guidelines.

2. Identifying and managing a positive diagnosis of COVID-19: work with PHE and NHS Test and Trace teams to support the identification of individuals and emerging outbreaks: taking steps to prevent the spread of COVID-19 among students and staff should community transmission be identified in accordance with Government guidelines.
3. High risk contexts: identifying and planning mitigation measures to manage high-risk staff and student communities (including international and BAME students) in culturally sensitive ways.
4. Isolation at residence and in the community:
    i) providing practical support (food and medicines) to students to self-isolate in their living circles.
    ii) providing information and advice on government and health protection guidance to students and staff living in the community.
5. Testing: facilitating national and local (PHE, NHS) testing policies for contacts.
6. Contact tracing: Use identified sources of existing Student information (such as timetables and attendance data) to help identify the contacts of person diagnosed with COVID-19.
7. Data collection: Ensuring that secure and GDPR compliant data management systems are used to keep records of who is a confirmed case and information relevant to contact tracing (held as special category data for legitimate specified purposes). Ensure these data are collected ethically and securely, with the appropriate governance, regulatory and security measures in place.
8. Engagement and communication: Using relevant conventional and social media communication routes to keep staff and students informed and familiar with relevant current Government guidance and LSTM arrangements. Addressing the potential concerns of stakeholders across the local community.

7 LSTM Scenario Matrix

This matrix is designed to provide a high-level overview of potential scenarios, possible responses, and the responsibilities of agencies. Where multiple cases are included in scenarios the threshold for multiple cases is considered with advice from the Cheshire and Merseyside PHE team.

LSTM has identified potential data sources for track and trace, and these will be used to determine patterns e.g. using contacts to spot a pattern in what appear to be unconnected cases.

All cases are likely to be part of more than one scenario; the intention of this matrix is to provide a starting point to guide discussion and action in complex cases and to identify when escalation to the multiagency outbreak management team is likely to be needed. The first step in each case would be to use established data sets and contact tracing to determine potential transmission routes e.g. teaching groups and follow strategies for those groups as appropriate. Potential data sets have been identified.

On a sliding scale, there are a range of outbreak scenarios that require appropriate actions:

- cases refer to individual cases of COVID-19
- clusters refers to 2 or more cases associated with a specific setting in the absence of evidence of a common exposure or link to another case
- outbreaks refer to 2 or more confirmed cases associated with a specific setting with evidence of a common exposure or link to another case
- community spread refers to sporadic or linked cases on a limited or extensive basis

See further guidance for types of outbreaks here:
https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers

7.1 COVID Scenario Panning Matrix

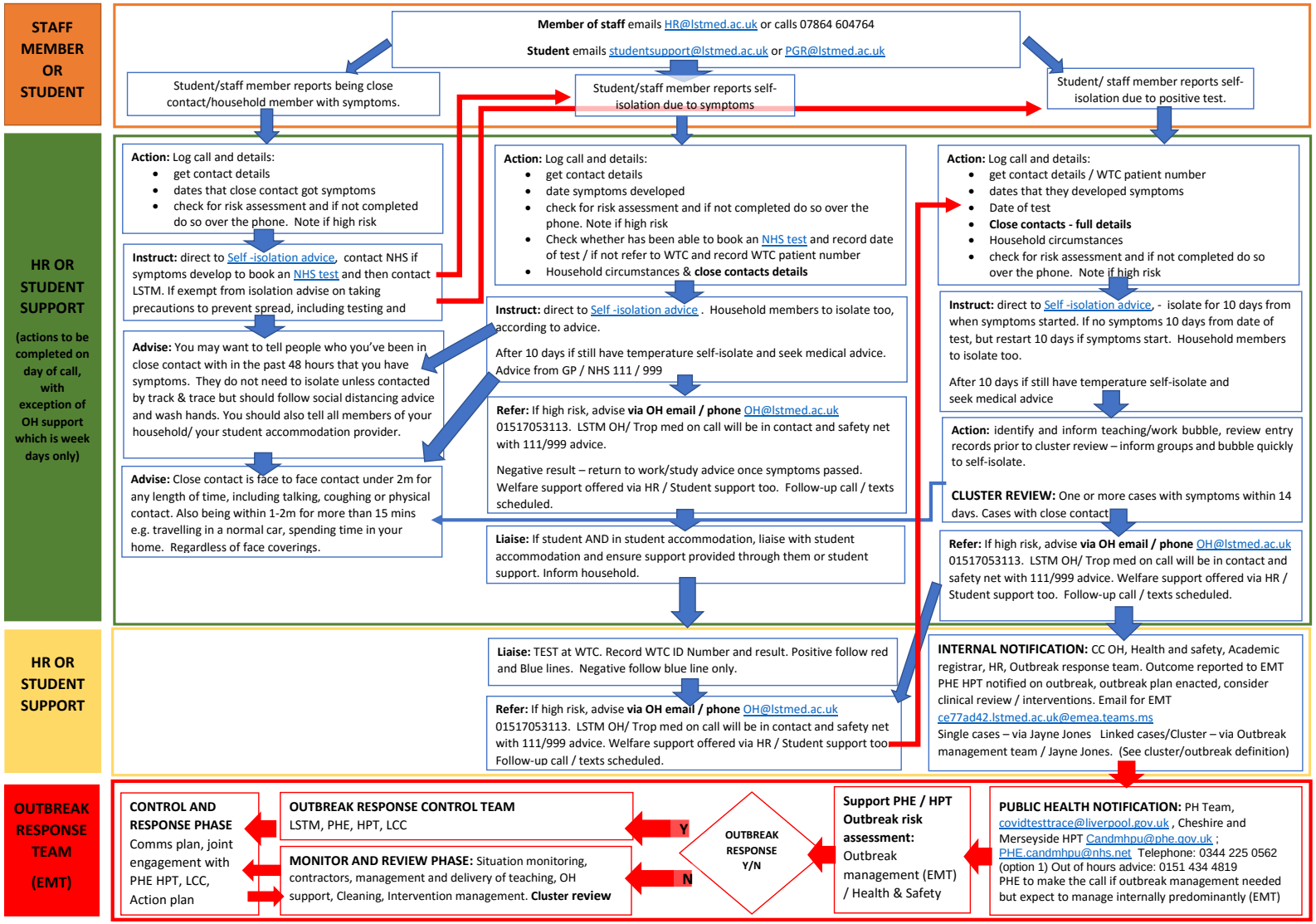
ID	Scenario	Severity	Affected	Potential Actions ID (see tab 3)	Responsible	Issues/comments
A	Multiple outbreaks in residences affecting many of our students.	High	Infected students, their households, other close contacts, others in Residence, Residence staff.	1 to 18 plus 20	Academic Registrar PHE HPT Team with stakeholders	React in accordance with PHE HPT when informed.
B	Death of staff or students	High	Staff/students/families	30	Academic Registrar Global Director of HR	
C	Teaching - multiple cases in group within 10 days	Medium	Infected students, their households, other close contacts	21, 22, 23	Academic Registrar	Note that actions 1-11 will be carried out from single cases
D	Multiple staff cases in student facing service	Medium	Infected staff members, other staff working in same area and using shared areas such as kitchens, students who have visited service.	1 to 11	Academic Registrar	Consider issues of delivering face to face service as an action.
E	Outbreak in research facility/Lab Group (staff) (inc PGR's)	Medium		1 to 11	Deputy Director of LSTM, HoD's / Dean	Depending on context may require quicker turn around for cleaning and re-

						opening. Consider pinch points.
F	**Outbreak in PGT teaching space/Lab on campus**	**Medium**		1 to 11	**Academic Registrar**	**Depending on context may require quicker turn around for cleaning and re-opening. Consider pinch points.**
G	**Outbreak in overseas facility**	**Medium**		1 to 11	**Global Director of HR**	**Engage overseas staff and student support.**
H	**Single confirmed case in single residence accommodation**	**Low**	**Infected student, household, and other close contacts. Staff or contractors working in the halls.**	1 to 14	**Academic Registrar**	
J	**Teaching - single confirmed case in group**	**Low**	**Infected student, close contacts, member of staff.** (the safest approach is after the single case has been identified, that bubble/group is contacted/informed and a risk assessment undertaken to determine future actions. PH guidance currently goes back 48hrs pre onset of symptoms)	1 to 11	**Academic Registrar**	**If adhering to social distancing guidance and between session cleaning regimes do we need to treat students and staff member in group as close contacts?**
K	**Library (staff) – or student use single case**	**Low**	**Infected student/staff, household, staff and other close contacts.**	1 to 11	**Academic Registrar**	**Using swipe/rota data to trace contacts.**
M	**Staff workgroup office based (may include PGR's)**	**Low**	**Staff**	1 to 11	**Global Director of HR & HoD's / Dean**	

N	**Staff case in student facing service**	**Low**	**Infected staff member, other staff working in same area, students who have visited service.**	1 to 11	**Academic Registrar** **Global Director of HR**	**All services need to keep records of students accessing the service each day. Student number only needed. Again, need to determine what is a close contact. If social distance in service area is observed, then no need for students who have used service to self isolate.**
P	**Facilities staff/essential workers confirmed case**	**Low**	**Staff/students**	1 to 13 plus 28 and 29	**Global Director of HR**	**Can we be sure where these staff are working so we have a good understanding of who has been in buildings following notification of an outbreak? Risk to loss of key staff to maintain safety of operations.**
Q	**Visitors to campus / contractors confirmed case**	**Low**	**Staff/students/public**	1 to 13 plus 28 and 29	**Global Director of HR**	
Y	**Increased prevalence of infection locally that requires interventions in the whole**	**Low**	**Staff/students/public**	8 and 9	**Global Director of HR** **Academic Registrar**	

	community, including students and staf					
Z	**Staff case aquired from community (family member) whilst working from home**	**Low**	**Staff**	No action	**Global Director of HR**	**Normal sickness absence policy to be followed with line manager supporting individual**

7. 2 Actions for dealing with suspected or confirmed COVID case on campus



8.0 National Guidance and Local Arrangements

National government

Ministers are accountable for setting the overall framework for the COVID-19 response with a national communications strategy, enabling and supporting the local response, including through provision of funding and for ongoing oversight and intervention where necessary. Ministers also work with the devolved administrations and international governments as required.

The Secretary of State for Health and Social Care takes day to day policy and operational decisions on the COVID-19 response, as appropriate. Oversight of the ongoing incident response takes place through the government's Local Action Committee command structure (bronze, silver, gold) where local and regional concerns are escalated, and issues for discussion and decision by ministers across government are taken. Recommendations on escalation of issues or requests for significant surge support can be taken by the 'gold' incident management structures to ministers for final decision.

Ministers have powers to take action against specific premises, places and events, as well as to direct UTLAs to act, and to consider whether a local authority direction is unnecessary and should be revoked. To address more serious and widespread cases, ministers can use their powers (under the Public Health (Control of Disease) Act 1984) to implement more substantial restrictions (regulations would be produced and approved by parliament on a case-by-case basis) which could include:

- closing businesses and venues in whole sectors or geographies
- imposing general restrictions on people's movements or gatherings
- restricting or closing local or national transport systems
- mandating use of face coverings in public places

Such measures would only be re-introduced as a last resort to prevent unsustainable pressure on the NHS.

The majority of COVID-19 outbreaks will be best dealt with at a local level. Local authorities have a range of existing powers, such as enforcement of deep cleaning or temporary closure, to ensure an appropriate response. UKHSA's HPTs, in partnership with local public health teams, will be able to assist with outbreak management, drawing on their specialist expertise in epidemiology, infection control, targeted testing and effective local contact tracing, and strong communications and engagement.

NOTE: LSTM does not own, run or provide students with accommodation. Students have been advised to check the COVID-19 response plans of their chosen residence.

UK.GOV Advice to Universities on outbreak management

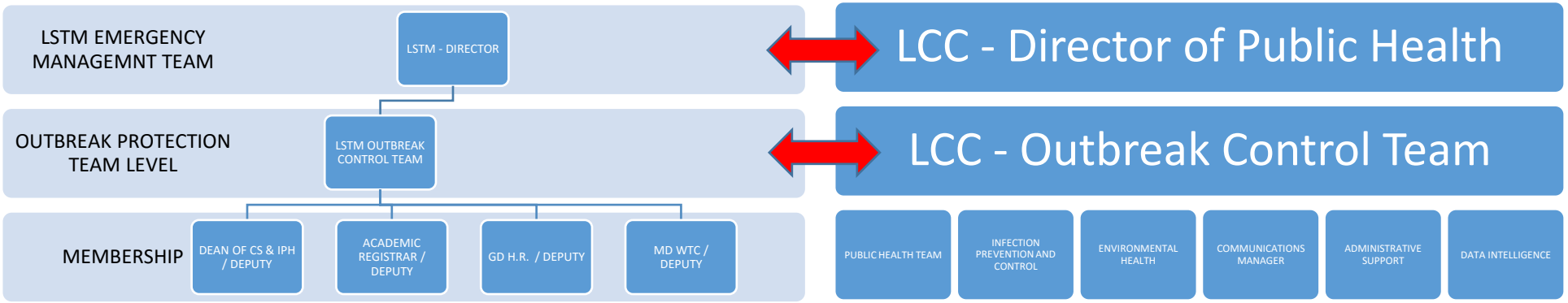
Every upper tier local authority (Liverpool City Council) has a published local outbreak plan covering the following themes:

1. Healthcare and education settings – planning for local outbreaks in health, care and education settings (for example defining monitoring arrangements, potential scenarios and planning the required response). For further details on the tiers of restrictions for education and childcare, please see section 8.2
2. High-risk workplaces, communities, and locations – identifying and planning how to manage high-risk workplaces, communities of interest and locations (for example defining preventative measures and outbreak management strategies).
3. Local testing deployment – ensuring readiness to deploy mobile testing units to high risk locations (for example defining how to prioritise and manage deployment).
4. Contact tracing in complex settings – assessing local and regional contact tracing capability in complex settings (for example identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity).
5. Data integration – integrating national and local data and scenario planning through the JBC Playbook (for example data management planning, including data security).
6. Vulnerable people and diverse communities – supporting vulnerable local people to get help to self-isolate (for example encouraging neighbours to support identifying relevant community groups etc) and ensuring services meet the needs of diverse communities.
7. Local boards – establishing governance structures led by existing COVID-19 health protection boards and supported by existing ‘gold’ command forums and a new member-led board to communicate with the public.

8.1 LSTM – Operational Organogram with External links

We will be working within Liverpool City Council's COVID-19 Community Outbreak Control Plan. This aims to prevent clusters, outbreaks and onward transmission by rapid identification, local testing, and isolation of cases.

Along with Liverpool's other Higher Education providers, we are working with public health experts on a co-ordinated approach to the safety of students and the communities they live in across the city.



Appendix A: Strategic Summary

1. Prevention

Follow the LSTM COVID19 procedures always as these are based on GOV.UK advice. Key documents include: LSTM Covid-19 Contingency Plan, LSTM Face Coverings Policy, Working Safely During Covid-19 – General Risk Assessment, Working from Home During Covid-19, Return to Campus guidance, Covid-19 Exit Strategy guidance, Lab Safety risk assessments and other related documents.

2. Identification and Management

For Staff: Confirmed positive cases are usually identified by the NHS Test & Trace scheme or by verbal/email notification to manager or supervisor. A formal mechanism to report and record confirmed cases is provided via HR@LSTMED.AC.UK or by telephone +44 (0)7864 604764. The HR system is used to record staff sickness absence related to COVID-19. This may include non-confirmed/symptomatic cases/self-isolating. Information detailing the action to take in the event of a suspected case is provided in the "Returning to Campus Guidance" issued to all staff who have undertaken return to campus briefing or via the published information on https://www.lstmed.ac.uk/covid-19.

For Students: Confirmed positive cases are usually identified by the NHS Test & Trace scheme or by verbal/email notification to student support team. A formal mechanism to report and record confirmed cases is provided via StudentSupport@LSTMED.AC.UK or by telephone +44 (0)7395711422. Student isolation database is used to record absence related to Covid-19. This will include non-confirmed/symptomatic cases/self-isolating/ household isolating. Information detailing the action to take in the event of a suspected case is provided in the "Returning to Campus Guidance" issued to all students. All students have also been given a return to campus briefing.

Contractor and visitor management: protocols are in place to ensure that all external visits to LSTM are controlled and managed in accordance with LSTM guidance.

For all of the above categories, LSTM will liaise with PHE HPT.

3. High Risk LSTM Communities

Student Accommodation and activity - It is recognised that the city of Liverpool is a complex city when managing outbreaks due to its social and cultural diversity, language needs and large population. It is also recognised that the population is highly mobile across Merseyside creating the potential for the virus to be spread across large geographical areas. Strong surveillance systems and partnership working is crucial to prevent and manage cross-region outbreaks. LCC's response indicates that Public Health leads are in place for high risk places and cohorts, which include areas where LSTM students may use such as, Houses of Multiple Occupation and University accommodation. Monitoring of geographical hotspots using the

national test and trace data system will enable targeted testing and communication to be deployed to manage increasing infection rates.

All LSTM staff and students have been encouraged to complete individual risk assessments, with LSTM taking steps to reduce risk wherever practical, provide support and wellbeing resource and referral to Occupational Health as required. LSTM recognises that certain colleagues and students may be at a higher risk, based on evidence of increased death rates for certain groups of people. The Risk Assessment is completed in a collaborative way, initially by the member of staff or student , and if required, their line manager, HR representative or the Academic Registrar and will be used in conjunction with the LSTM Return to Campus / Welcome to Campus guidance.

Isolating students with support needs will be offered tailored support for shopping and check in calls through our Student Support team and student volunteers. This will be led by the Student Advice and Wellbeing service.

LSTM clinical staff working directly with COVID-19 patients will adhere to established principles and national guidelines for COVID-19 infection, prevention, and control. They will also have undertaken appropriate training, risk assessment and have adequate supervision and mentoring to undertake specified clinical tasks.

LSTM Covid-19 Research Activity is undertaken by LSTM staff in labs and facilities across our campuses. These are subject to normal biological risk control measures mandated by legislation with compliance monitored by a specialist Lab Safety Adviser. LSTM's participation in external Covid-19 clinical research is also governed tightly by controls, regulations, and participation protocols.

4. Isolation of cases

LSTM will be guided and instructed in this area by the national policy from Public Health England and from the regional Liverpool Director of Public Health. One of LCC's objectives is to reduce transmission, morbidity and mortality through rapid identification and isolation of cases, follow-up, and local testing of contacts.

Staff and students who have had close contact with case(s) will be asked to self-isolate at home. In some cases, a larger number of other staff and students may be asked to self-isolate at home as a precautionary measure.

Where settings are observing guidance on infection prevention and control, which will reduce risk of transmission, the LCC Outbreak Control Team (OCT) will take this into account in determining whether closure of the whole setting will be necessary.

Isolation space is available within accommodation premises to allow separation of vulnerable individuals from a group, if required.

5. Testing

Residents - Staff or Students

The Public Health system will deploy testing capabilities to deliver the objectives of the test and trace system. Priority will be given to deploying testing to respond to outbreaks where numbers are escalating, maintaining self-isolation would be challenging as well as geographical hotspots in the city. Consideration will be given to

resident's ability to access existing testing sites, the need to quickly test large numbers of people in a defined area and strategies that will be adopted include:

- Deploying the mobile unit to high risk complex settings or geographical locations
- Delivery of tests to high risk complex settings

The integration of data from across pillar 1 and pillar 2 will enable a greater understanding of numbers accessing testing, the demographic profile of those being tested and the geographical location of those being tested. Local testing capacity is one of LCC's seven key themes for local response. LCC is responsible for identifying methods for local testing to ensure a swift response that is accessible to the entire population (e.g. defining how to prioritise and manage deployment, examples may include NHS, pop-up etc.). Information on how to access the NHS testing website and to request a test if symptomatic is provided within the Return to Campus and LSTM published guides.

All high risk complex settings will be supported through the provision of advice from and guidance on how to access testing, what to do if a staff member tests positive, how to support someone who is symptomatic or a confirmed case, and environmental cleaning. All settings will be supported to implement national guidance for their setting that identifies the measures they should be putting in place to ensure they are COVID-19 secure.

LSTM Staff and Student Testing

If LSTM staff or students have trouble in accessing national COVID-19 tests, LSTM will initiate in-house testing for those with COVID symptoms as an interim measure until availability of NHS testing in the region improves. This will be carried out via the occupational health service at Well-Travelled Clinics (WTC) utilising a nationally validated assay.

This temporary service is ONLY for symptomatic LSTM staff and students who cannot get a test through the national system.

All positive results are reported by the diagnostic lab to LUHFT and PHE and communicated to the patient.

6. Contact Tracing

In the event of any cases being reported through HR or Student Support, LSTM will follow PHE's early outbreak 3 step guidance:

Step 1: We have asked all staff, via HR, and students, via Student Support, to inform us if they are isolating as a contact, a member of a household with a suspected/positive case or as someone with symptoms. We are also in touch with our local Public Health England Health Protection Team. If we are informed of more than one confirmed case with symptoms dating within 14 days of each other, we will go to step 2.

Step 2: If we are informed of more than one confirmed case with symptoms dating within 14 days of each other, we will contact our local Public Health England Health Protection Team. If the advice from the local PHE HPT is to partially or fully close LSTM, resulting in

the setting not being fully open to all students, then we will notify the Department for Education via the Education Setting Status form.

Step 3: We will work with our local PHE HPT to assess the risks and will follow their advice on what actions to take. Should our local PHE HPT and Local Authority establish an Outbreak Control Team to help support us to manage the situation, we will supply appropriate support to the Team.

LSTM's Outbreak Control Team will include:

- Dean of Clinical Sciences and Public Health – and/or Clinical Deputy
- Academic Registrar – or Deputy
- Global Director of H.R. – and/or Deputy
- Managing Director WTC - and/or Occupational Health Deputy
- Head of Health and Biological Safety

Contacts

Notify the local PH team via covidtesttrace@liverpool.ac.uk

Cheshire and Merseyside HPT
Public Health England North West
Suite 3B 3rd Floor
Cunard Building
Water Street
Liverpool
L3 1DS

- Email: Candmhpu@phe.gov.uk ; PHE.candmhpu@nhs.net
- Telephone: 0344 225 0562 (option 1) Out of hours advice: 0151 434 4819

PHE North West regional office

Andrew Furber, Centre Director
5th floor
3 Piccadilly Place
London Road
Manchester
M1 3BN

Telephone: 0344 225 0562

7. Data Collection

Data collection and retention will be managed in accordance with current data protection procedures. Privacy Notices are provided to support all enhanced activities relating to Covid-19 reporting. Data will be gathered via the Covid reporting procedures in relation to confirmed cases and from the iTrent HR system in relation to sickness absence.

8. Communications

LSTM will continue to communicate with staff and students using techniques that have been shown to work well throughout the pandemic. This includes extensive webpage information, use of social media and more targeted communications including podcasts, video and live online Q&A sessions. Communications will seek to include both the LSTM community and the wider local community to help address any concerns over how they may be affected by LSTM's activities.

Appendix B: Key Definitions

Confirmed Case	Laboratory test positive of COVID-19, whether symptomatic or asymptomatic
Suspected Case	A case with symptoms suggestive of COVID-19 and no laboratory confirmation • fever over 37.8, or • new continuous cough, or • loss or change of sense of smell or taste • Infectious period 48 hours before onset of symptoms to 10 days after onset. • If a person has no symptoms but a positive test, infection may have been acquired during the 48 hours prior to the test.
Close contact (GOV.UK definition)	Close contact means: • A close contact is a person who has been close to someone who has tested positive for COVID-19. You can be a contact anytime from 2 days before the person who tested positive developed their symptoms, and up to 10 days after. This is when the virus can be passed to others, where you have; ○ had face-to-face contact with someone less than a metre away ○ been within one metre for one minute or longer without face-to-face contact ○ been within 2 metres of someone for more than 15 minutes
Household contact	A person who lives with or spends significant time in the same household as a possible or confirmed case of coronavirus (COVID-19). This includes living and sleeping in the same home, anyone sharing kitchen or bathroom facilities, or sexual partners.
Outbreak of COVID-19	An outbreak is defined as 2 or more cases that have tested positive for coronavirus (COVID-19) within the same 14-day period, in people who either work or have visited a setting.
Vulnerable people	Clinically extremely vulnerable people – People defined on medical grounds as clinically extremely vulnerable, meaning they are at the greatest risk of severe illness from coronavirus. This group includes solid organ transplant recipients, people receiving chemotherapy, renal dialysis patients and others.
	Clinically vulnerable people - Similar cohort to those who require an annual flu vaccination due to increased risk of serious illness from flu, e.g. pregnant women, over 65s, people with underlying medical conditions.
	Vulnerable people (non-clinical) - There are many individuals and groups who are more vulnerable for social or environmental reasons to the impact or consequences of COVID-19 in its widest sense, e.g. they may less able to protect themselves from infection, or at increased risk of harm due to COVID-19 control measures, or less able to abide with control measures.

Appendix C – PHE Higher Education COVID-19 Early Outbreak Management

Public Health England

NHS Test and Trace

COVID-19 early outbreak management

Higher education

Who should use this information?

Leadership and management of higher education (HE) providers. This information provides key steps to quickly identify and contain any potential COVID-19 outbreak. If there's an outbreak at privately owned accommodation, the person(s) responsible for the accommodation should inform the relevant university(ies) and follow the steps outlined. If you are concerned about other possible health issues then you should follow your existing processes.

For England only.

What you should do to manage a possible outbreak

Step 1

Identify

You may be informed of a confirmed case of COVID-19 by NHS Test & Trace, staff, a student, parent or carer of a student or your local Public Health England Health Protection Team (PHE HPT).

When you are informed of more than one confirmed case with symptoms dating within 14 days of each other, go to **step 2**.

Step 2

Report

Immediately contact your local PHE HPT for help and advice. Refer to www.gov.uk/health-protection-team for contact details.

Every one of us plays a vital role in stopping the spread of COVID-19. Early engagement with your local PHE HPT is key to minimise any possible wider outbreak in your community. See **page 2** for information you may be asked to provide. Do not worry if you are unable to answer all the questions, your local PHE HPT will help guide you through the process.

If the advice from the local PHE HPT is to partially or fully close the building, resulting in the setting not being fully open to all pupils/students, then you should notify the Department for Education via the Education Setting Status form. Refer to 'School attendance: guidance for schools' or search the title on GOV.UK for details.

Step 3

Respond

Your local PHE HPT will work with you to assess the risks and advise you of what actions to take.

Depending on the outcome, your local PHE HPT and Local Authority may establish an Outbreak Control Team to help support you to manage the situation.

General guidelines to protect the spread of COVID-19:

There are important actions that everyone should take at all times to help protect the spread of COVID-19. Refer to higher education: reopening buildings and campuses guidance or search the title on GOV.UK for more advice. This contains links to relevant guidance that explain, for example, how you must carry out a COVID-19 risk assessment for your organisation.

The information contained on this card is specifically in relation to an outbreak, and should not replace, health and safety and infection steps you already take, or have implemented as a result of consulting the 'higher education: reopening buildings and campuses' guidance.

Information your local PHE HPT may request from you:

Details of your organisation

- name of HE provider
- location of the specific site/university-owned or managed building (including postcode and Local Authority)
- key contact details: name, phone number, email
- number of staff, students, number of accommodation rooms at the specific site/ university-owned or managed building

Details of the cases

- contact details of the people affected and courses that individuals have undertaken (if applicable)
- when the individual(s) became unwell or a test was undertaken
- when they were last present in the setting
- nature of the roles/job undertaken by any staff affected
- known links between the individual(s) with COVID-19 (in or out of the setting)
- number of people with which the individual(s) had close contact including details of their household if resident in university owned or managed accommodation
- nature of the environment (for example layout and nature of the building)
- details of control measures
- has there been any contact with other agencies? for example Local Authority, Health and Safety Executive (HSE)

Types of actions you may need to put in place include:

Enhanced hygiene, hand washing and cleaning regimes, and use of personal protective equipment (PPE).

Increased staff and students' awareness of and adherence to preventative measures.

Temporary restriction to certain activities or closure of certain buildings on campus.