

# LSTM Outbreak Management and Control Plan

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## Executive Summary

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- 1. Prevention** - Follow LSTM COVID19 procedures. These are based on GOV.UK advice. 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" issued to all who have undertaken return to campus briefing or via 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 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 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** - 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 is being 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.

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## 1 Introduction

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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 Education's, 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.

CAMPUS Shield (Covid19 Active Management Partnership with Universities for Society) is a project set up by the University of Liverpool. An advisory group with over 30 experts, the management team work 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 is a member of the CAMPUS Shield project to promote:

- Close working with Return to Campus planning groups
- Aims to provide
  - Outbreak management plans
  - Information to support staff/students to prevent/contain COVID-19
  - 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:

- PHE North West Outbreak Control Plan
- 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@lstm.ac.uk](mailto:info@lstm.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.

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.

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## 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.

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## 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.

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## 4 Additional Documents, References and Resources

Document Title	Publish Date	Revised Date
LSTM COVID-19 Contingency Plan	20 <sup>th</sup> March 2020	
Liverpool's Covid-19 outbreak control plan - <a href="#">here</a>	30 <sup>th</sup> June 2020	21 <sup>st</sup> July 2020
Department for Education - Higher education: reopening buildings and campuses - <a href="#">here</a>		10 <sup>th</sup> September 2020
LSTM Working Safely During Covid-19 – <a href="#">here</a> - General Risk Assessment - Covid-19 Exit Strategy Guidance	27 <sup>th</sup> May 2020	
COVID-19 contain framework: a guide for local decision-makers - <a href="#">here</a>		28 <sup>th</sup> August 2020
PHE North West Outbreak Plan for Cheshire and Merseyside and Cumbria and Lancashire - <a href="#">here</a>		
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. <a href="#">here</a>	11 <sup>th</sup> May 2020	31 <sup>st</sup> July 2020
Working safely during coronavirus (COVID-19) – Offices - <a href="#">here</a>	11 <sup>th</sup> May 2020	31 <sup>st</sup> July 2020

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## 5 LSTM Response

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In response to the Covid-19 pandemic, LSTM reduced on-site attendance to all but essential activity on March 27<sup>th</sup>, 2020. From that date, members of staff have been supported to work from home so far as possible, have been furloughed or have continued to attend on site for essential work.

**Teaching and Learning** - All face-to-face teaching ceased from 27th March 2020 and, following a two week pause, migrated to online provision. This pause allowed time for our students to return home where possible, to prepare for lockdown and online learning and, in some cases, to return to work for those from healthcare settings. It also provided us with time to move wholly face to face programmes to wholly online. All assessments were also conducted online. At this time, we also took the decision to cancel our next intake of the Diploma in Tropical Nursing, because the cohort is made up of UK and international nurses. All students were offered deferrals to later cohorts.

Our existing cohort of students were contacted by our Student Support team to check on their needs, and where necessary, tailored support was put in place. This included support to travel back to home countries, immigration signposting, financial aid, one to one teaching support, medical referrals, and provision of supplies for isolation. Our Education Senior Leadership team conducted scenario planning for the academic year 2020/21, looking at options for wholly online and blended approaches. In our planning we considered government advice, emerging scientific evidence, the nature of our student body and programmes, and emerging practice at other institutions. Where possible, we also engaged with our students and applicants to gather their views. The resulting strategy was to reduce the number of on-campus Master's programmes on offer from 5 to 3, to cap the numbers on our popular Diploma programmes, and to take a blended approach to learning in Semester 1. A wholly online approach was not possible for these programmes due to the need for face to face laboratory practice, group working and more complex techniques which underpin the learning in the rest of the year.

We adapted the timetable to reduce the number of students in the building at any one time, to block teaching thus reduce the number of journeys to the school and to significantly reduce the overall time on campus. 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-Traveller 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 Campus Shield Outbreak Management Group. 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 over the summer period, 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.

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

- A senior management-led response & planning meeting has been held daily from March through April. Alongside this, the weekly Emergency Management Team was set up to receive, process and control operational decision flow and activity. 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 second/third 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 profile and planning exercise is ongoing to identify and categorise staff in terms of their essential services activity, essential buildings and site attendance requirement that will be maintained in the event of a further complete, or partial, lockdown. This has been reviewed during the previous lockdown phase.
- A "Return to Campus" programme has been prepared and delivered for all staff, students and visitors alongside the implementation of COVID secure buildings in preparation for any period in which they may return to campus attendance, for collaborative purposes, meetings or individual work.
- Contact details are being actively gathered from all users of LSTM to allow contact tracing via the Test and Trace system, should this be required.
- More detailed work is underway on developing operational plans for management of activities at LSTM in the event of a future outbreak.
- 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.

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## 6 Aims of the Plan

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- 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.
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## 6.1 Themes

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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.



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## 7 LSTM Scenario Matrix

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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

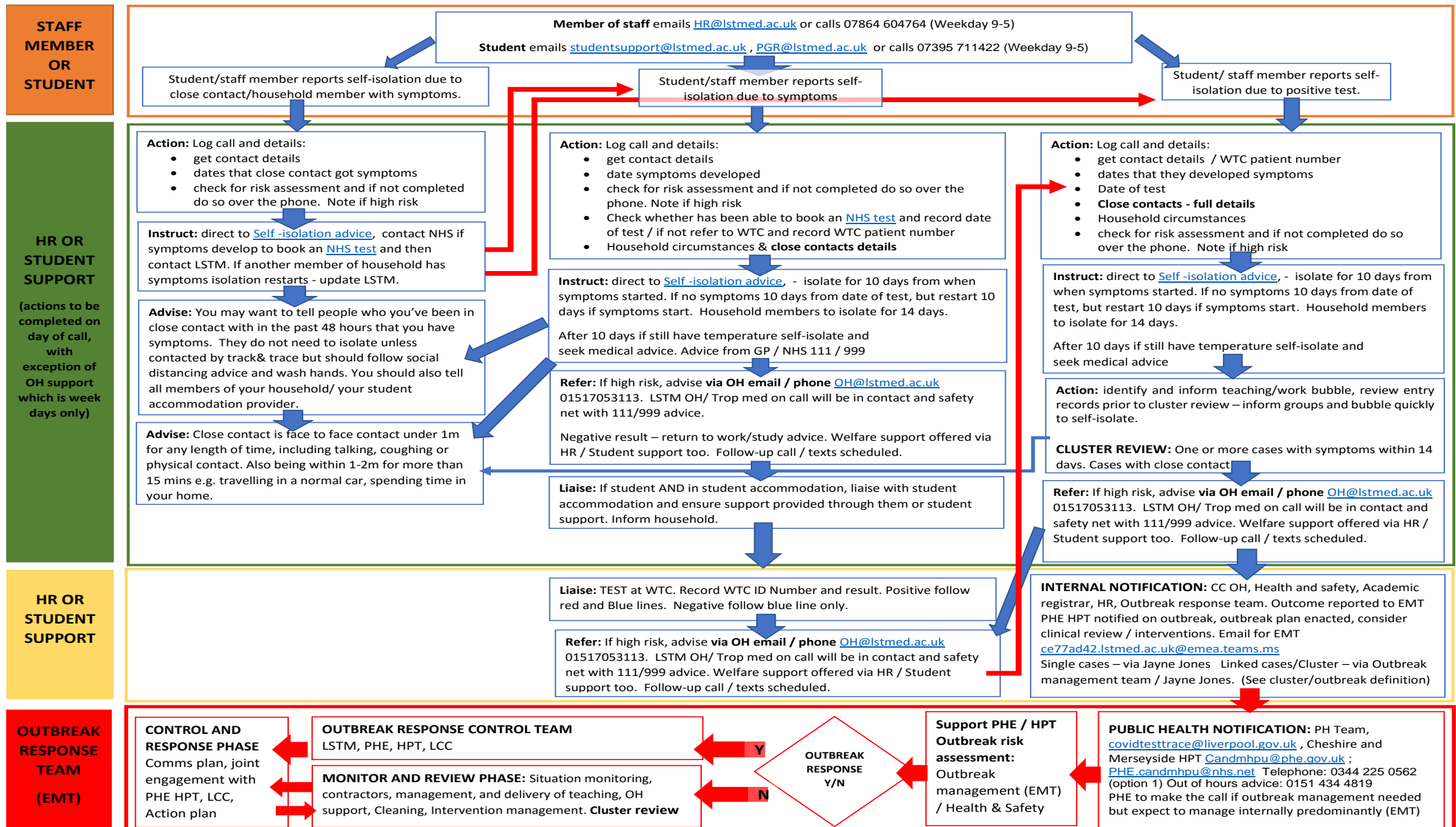
ID	Scenario	Severity	Affected	<a href="#">Potential Actions ID (see tab 3)</a>	Responsible	Issues/comments
A	Multiple outbreaks in residences affecting many of our students.	High	Infected students, their households, other close contacts, others in Residence, Residence staff.	<a href="#">1 to 18 plus 20</a>	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	<a href="#">30</a>	Academic Registrar Global Director of HR	
C	Teaching - multiple cases in group within 10 days	Medium	Infected students, their households, other close contacts	<a href="#">21, 22, 23</a>	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.	<a href="#">1 to 11</a>	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		<a href="#">1 to 11</a>	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		<a href="#">1 to 11</a>	Academic Registrar	Depending on context may require quicker turn around for cleaning and re-opening. Consider pinch points.
G	Outbreak in overseas facility	Medium		<a href="#">1 to 11</a>	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.	<a href="#">1 to 14</a>	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)	<a href="#">1 to 11</a>	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? Are we informing them that someone in the group has been diagnosed but not requiring to self isolate? What about classes which have used the space after

						the diagnosed student? How far back do we want to track?
K	Library (staff) – or student use single case	Low	Infected student/staff, household, staff and other close contacts.	<a href="#">1 to 11</a>	Academic Registrar	Using swipe/rota data to trace contacts.
M	Staff workgroup office based (may include PGR's)	Low	Staff	<a href="#">1 to 11</a>	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.	<a href="#">1 to 11</a>	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	<a href="#">1 to 13 plus 28 and 29</a>	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

						<b>loss of key staff to maintain safety of operations.</b>
<b>Q</b>	<b>Visitors to campus / contractors confirmed case</b>	<b>Low</b>	<b>Staff/students/public</b>	<a href="#">1 to 13 plus 28 and 29</a>	<b>Global Director of HR</b>	
<b>Y</b>	<b>Community outbreak close to campus which may include additional measures for that locality</b>	<b>Low</b>	<b>Staff/students/public</b>	<a href="#">8 and 9</a>	<b>Global Director of HR Academic Registrar</b>	
<b>Z</b>	<b>Staff case aquired from community (family member) whilst working from home</b>	<b>Low</b>	<b>Staff</b>	<a href="#">No action</a>	<b>Global Director of HR</b>	<b>Normal sickness absence policy to be followed with line manager supporting individual</b>

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



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## 8.0 Guidance and Local Arrangements

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**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.

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## 8.1 Tiers of National Restriction

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The government’s COVID-19 contain framework sets out how local and national governments may act in areas where there are increased numbers of COVID-19 cases. Areas of intervention will be stepped up and down the Tiers depending on the circumstances in the area. Higher education providers will work with the relevant upper tier local authority (Liverpool City Council) and health protection teams to agree any local level restrictions.

In local areas where restrictions have been implemented for certain sectors (from national direction), we anticipate that education and childcare will usually remain fully

open to all, with the additional requirement that face coverings should be worn by staff, outside classrooms when moving around communal areas where social distancing cannot easily be maintained (tier 1 onwards, as below). Where there are no local restrictions in place, education provision should continue to remain fully open to all, and these tiers do not apply.

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## 8.2 Tier Intervention Definitions

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**Tier 1** (default position): We provide blended learning, with face-to-face tuition, following the provisions of the government guidance, and public health guidance, including, social distancing in teaching settings, face coverings in teaching, social and corridor settings.

**Tier 2** (fallback position): we can move to an increased level of online learning where possible. We will prioritise the continuation of face-to-face provision based on our risk assessment

**Tier 3** (where stricter measures are needed): we will increase the level of online learning to retain face-to-face provision for priority element of our courses (such as laboratory teaching), and in as limited a number of situations as possible. Students will be told to follow government guidance published as part of any additional restrictions applied locally, including where this says that students should remain in their current accommodation and not return their family home or other residential accommodation to reduce the risk of transmitting the virus through travel. In these circumstances, we will support students to do so by keeping support services open. We will also exercise our discretion to use disciplinary procedures if needed to ensure compliance.

**Tier 4** (last resort): The majority of provision to be online, with buildings open for essential workers only. This will include continuation of essential research



### 8.3 LSTM - Tier Intervention Framework

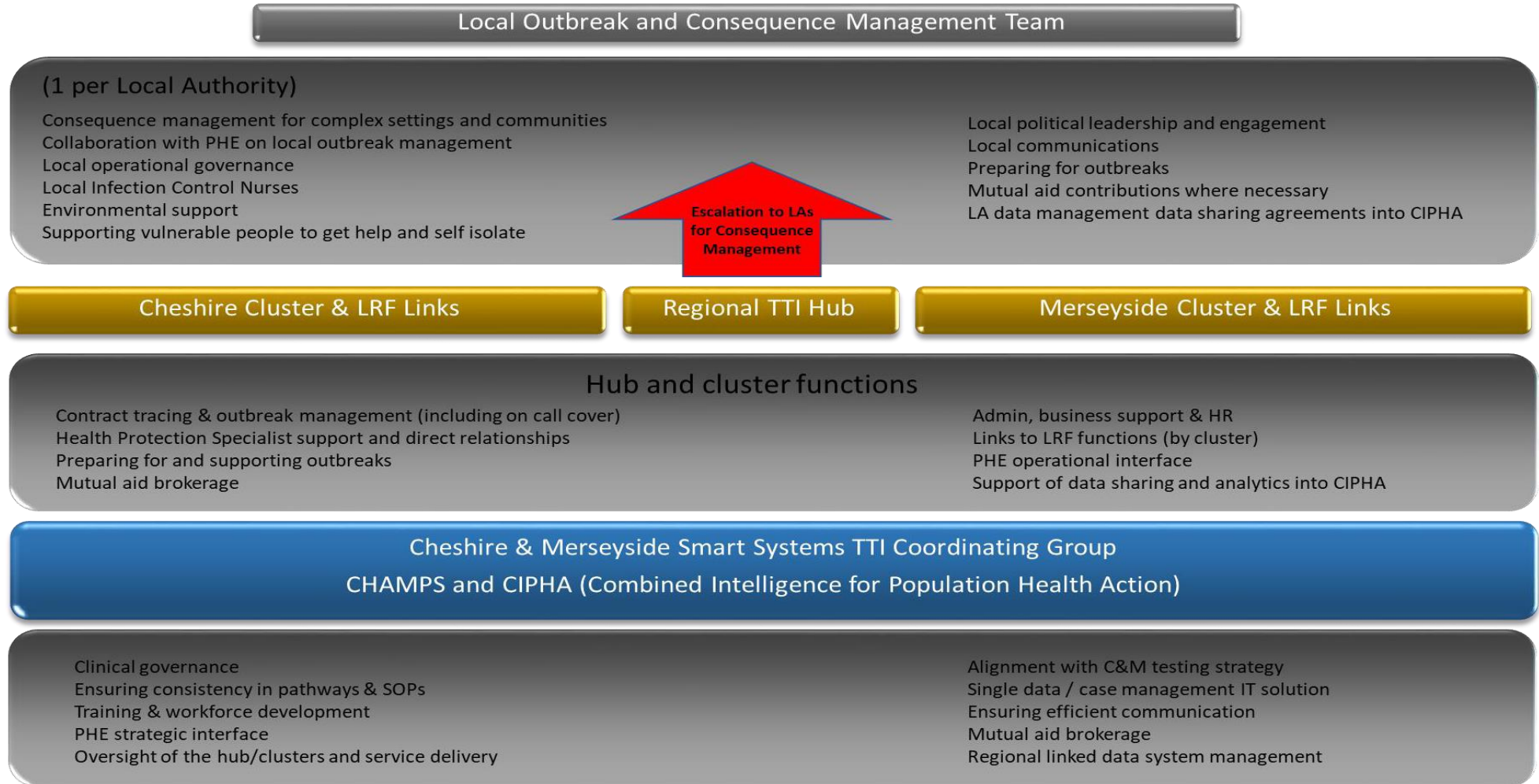
DfE Guidance	Implications for Teaching and PGRS	Implications for Campus Facilities and Services
<p><b>Tier 1</b> (default position): HE providers are expected to provide blended learning, with face-to-face tuition, following the provisions of this guidance, and public health guidance, including, for example, the appropriate use of face coverings</p>	<p>Reduced number of Masters programmes            Capped the Diploma in Topical Medicine and Hygiene (DTM&amp;H) programme at 50% capacity to allow for social distancing            Postponed all short courses.            Blended learning model reduces the amount of face-to-face learning on campus for taught programmes.            Timetable adjusted so that Masters cohorts are only on site on certain days, enabling us to keep cohorts separate and total numbers in building down.            Set rooms for each cohort, and reduced overall capacity in every room to allow for distancing.            Buildings open 8.30-6pm only for students.            Face covering policy in place, provision to supply coverings to all as required. Mandatory in all teaching sessions, corridors, labs and social space. Not in offices for PGR students if can keep to 2m+.            Social distancing of 1m+ is applied in all teaching situations, 2m+ in most.            All students to attend welcome to campus / return to campus training            All students offered individual risk assessments with referral to OH if needed.            PGRs returned to lab work in priority order based on need and with approval of supervisors and DPGR Continuing to work from home where possible. PGR supervision and examination predominantly online.            Laboratory teaching COVID protocols in place. Techniques modified to minimise risk. Set workstations and equipment per student.            Field work in UK and overseas only possible once a full travel and research risk assessment carried out and approved. Desk based research projects encouraged.</p>	<p>Buildings operating under COVID secure arrangements            Library. Accessible distanced study space; no access to shelves; click and collect (including email of digitised content) for all materials; electronic resources running normally.            Support services such as safety, cleaning, maintenance, reception, mail services still operational            All research labs remain open based on Covid secure occupancies and protocols.            Occupational health remains operational via the Well-Travelled Clinic            Social spaces for staff and students remain open            Student advice and wellbeing delivering blended service with 5 days per week face to face and online options.            Student support services reduced face to face contact 8.30-3.00pm each day, with online support until 5pm and 24 hour emergency support.</p>
<p><b>Tier 2</b> (fallback position): HE providers should move to an</p>	<p>Activities associated with DTM&amp;H programme continue as scheduled.</p>	<p>Buildings operating under COVID secure arrangements</p>

DfE Guidance	Implications for Teaching and PGRS	Implications for Campus Facilities and Services
<p>increased level of online learning where possible. Providers should prioritise the continuation of face-to-face provision based on their own risk assessment. We expect that, in the majority of cases, this will be for those courses where it is most beneficial (for example, clinical or practical learning and research)</p>	<p>Activities which require specialist teaching space continue on campus as scheduled.            Activities which are required to be face to face to meet programme learning objectives continue on campus as scheduled.            UK-based field work continues in line with Covid safe risk assessments.            International field work continues for PGR students following in line with risk assessments            Remaining face-to-face activities to be reduced as far as possible for all remaining cohorts - details will vary by programme.            PGRs returned to lab work in priority order based on need and with approval of supervisors and DPGR Continuing to work from home where possible. PGR supervision and examination predominantly online.</p>	<p>Library. Accessible distanced study space; no access to shelves; click and collect (including email of digitised content) for all materials; electronic resources running normally.            Support services such as safety, cleaning, maintenance, reception, mail services still operational            All essential research labs remain open based on Covid secure occupancies and protocols.            Occupational health remains operational via the Well Travelled Clinic            Social spaces for staff and students remain open            Student advice and wellbeing delivering blended service with 5 days per week face to face and online options.</p>
<p><b>Tier 3</b> (where stricter measures are needed): HE providers should increase the level of online learning to retain face-to-face provision for priority courses (for example, clinical and medical courses), and in as limited number of situations as possible. Students should follow government guidance published as part of any additional restrictions applied locally, including where this says that students should remain in their current accommodation and</p>	<p>Teaching on programmes which requires face to face teaching and/or use of specialist spaces to continue on campus.            Field work in UK and overseas postponed with exception of PGR students who are already in situ. For those, review of risk assessments will take place and return arranged if needed.            Taught students who require access to specialist space to meet essential programme learning outcomes to continue to access campus following appropriate risk assessment.            All other teaching to move fully online.            PGRs working on projects who require access to specialist space or other COVID related research which requires access to specialist space to remain on campus.            PGR supervision and examination to remain predominantly online.</p>	<p>Library to online only            Social spaces to remain open            Support services such as safety, cleaning, maintenance, reception, mail services still operational            All research labs remain open based on Covid secure occupancies and protocols.            Student advice and wellbeing only offering a limited face to face service.            All other services remote</p>

DfE Guidance	Implications for Teaching and PGRS	Implications for Campus Facilities and Services
<p>not return their family home or other residential accommodation to reduce the risk of transmitting the virus through travel. In these circumstances, providers should support students to do so by keeping services for students, such as university libraries and catering facilities, open</p>		<p>Occupational health remains operational via the Well Travelled Clinic</p>
<p><b>Tier 4</b> (last resort): We expect the majority of provision to be online, with buildings open for essential workers only. This should include the continuation of essential research</p>	<p>Face-to-face interaction for clinical programmes only for exams or teaching required for professional accreditation so that future clinical work force can progress / graduate. All other teaching online. PGR researchers working on COVID or other essential clinical research only. PGR supervision and examination to remain online for all other PGR researchers.</p>	<p>Campus lockdown (other than for essential education and COVID research) Library to online only Student Support Services and Student Advice and Wellbeing move to online only Cleaning minimal services only to support essential work. Campus support staff remain on-site. Maintenance revert to on call system. Essential statutory maintenance to continue All Research labs and other essential I research remain open.</p>

## 8.4 Liverpool City Council – OCP Operational Model

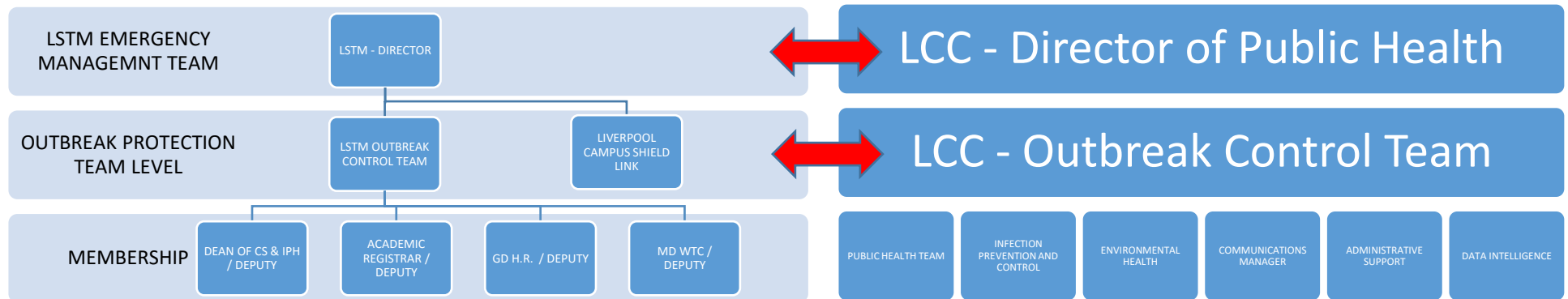
### Proposed Test, Trace & Isolate Operational Delivery



## 8.5 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 a member of CAMPUS Shield, working with public health experts on a co-ordinated approach to the safety of students and the communities they live in across the city.



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## Appendix A: Strategic Summary

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

## PHE North West regional office

Dr Melanie Sirotkin, 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

<b>Confirmed Case</b>	Laboratory test positive of COVID-19, whether symptomatic or asymptomatic
<b>Suspected Case</b>	<p>A case with symptoms suggestive of COVID-19 and no laboratory confirmation</p> <ul style="list-style-type: none"> <li>• fever over 37.8, or</li> <li>• new continuous cough, or</li> <li>• loss or change of sense of smell or taste</li> <li>• Infectious period 48 hours before onset of symptoms to 10 days after onset.</li> <li>• If a person has no symptoms but a positive test, infection may have been acquired during the 48 hours prior to the test.</li> </ul>
<b>Close contact (GOV.UK definition)</b>	<p>Close contact means:</p> <ul style="list-style-type: none"> <li>• having face-to-face contact without personal protective equipment (PPE) with someone (less than 1 metre away), includes being coughed on, or, a face to face conversation, or unprotected skin to skin contact</li> <li>• spending &gt;15 minutes without PPE within 2 metres of someone</li> <li>• travelling in a car or other small vehicle without PPE with someone (even on a short journey) or close to them on a plane</li> </ul> <p>within 48 hours prior to suspected or confirmed case developing symptoms, or, of positive test if case is asymptomatic, to 7 days after onset of symptoms, or, of date of test (if case is asymptomatic). A person who wore appropriate PPE or maintained appropriate social distancing (over 2 metres) would not be classed as a contact.</p>
<b>Household contact</b>	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.
<b>Outbreak of COVID-19</b>	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.
<b>Vulnerable people</b>	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.





# 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](http://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.

