**Responding to confirmed Cases and Outbreaks of COVID-19 in a primary care setting: Actions for GP Practices and the CCG**

**This document outlines a standard operating procedure for GP practices in the event of identification of a COVID Positive Case.**

*To Note: There are two definitions relating to identification of a positive case in Primary Care. Steps 1-10 should be followed in all cases.*

*The actions identified in step 10 will differ dependent on the type of case.*

*Description of straightforward cases in primary care setting*

* *Patient tested and tests positive- did they have contact with other staff or patients on the visit (incl. PPE used when patient swabbed)*
* *Staff member (non-clinical) tests positive- have all staff been socially distancing, what was contact with patients and others*
* *Staff member (clinical)- contact with patients, other clinical staff, other staff when not in PPE (and review of PPE use)*

*Description of a complex case in primary care settings*

* *Above as a single case in a poorly managed setting (poor staff social distancing, few extra precautions in place, lack of confidence in management, high staff anxiety), failure to strictly follow PPE and IPC guidance*
* *Many staff contacts in common areas*
* *Staff working across multiple settings*
* *Patients being exposed*

*Complex case example:*

* *Senior partner with significant contact with most of the healthcare team and several patients while infectious.*

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| **Identification of a single positive case** | |
| 1. | If a member of staff is symptomatic at work, they should immediately go home and self-isolate. If they develop symptoms at home, they should not come to work. |
| 2. | Any staff member with symptoms should arrange testing and advise their employer that they have arranged a test |
| 3. | Staff should be advised that if their test is positive they will be contacted by NHS Test and Trace and they should isolate for 7 days |
| 4. | Through Test and Trace it is likely that the earliest we will notify you of staff who have tested positive will be 48hrs after the positive result |
| 5. | Staff must inform their line manager of a positive result as soon as they receive it so that relevant Practice actions can be completed immediately |
| 6. | The practice should then inform the CCG on:  Primary Care Team (01422 307470)  Or CCG Reception (01422 307400)  If out of Hours email: [calccg.emergencies@nhs.net](mailto:calccg.emergencies@nhs.net) |
| 7. | Practice and a member of the CCG Primary Care Team to record the following information on initial call:   * Details of case, onset, date last in setting etc. * Timeline of case in workplace in 48 hours before symptoms or positive test result (if asymptomatic * Identification of possible contacts * Risk assessment of contacts * List for sending to HPT with details of contacts requiring follow up ( * Provide advice for contacts (? Weblink) and exclusion/ isolation, including any communications * Providing advice/ guidance to setting on control measures * Information on any other suspected/ confirmed cases in setting, severity, control measures, anxiety or media interest – outline briefly what this information is for setting * Assessment of situation, consider escalation and need for incident management team meeting   And record on template on page 5 of this document |
| 8. | CCG to Inform the Health Protection Team and local public health team providing details recorded in step 7.  Health Protection Team, 0113 386 0300 |
| 9. | Health Protection Team contact Practice |
| 10. | Practice and CCG to take actions as agreed with the Health Protection Team |
| 11. | Within 24 hours:  Practice to have undertaken follow up assessments and arranged case incident management meeting with GP partners  CCG/Practice discussion re: Supportive Visit from Local Authority Infection, Prevention and Control  CCG to arrange for additional testing of practice staff |
| 12. | CCG to have prepared reactive Comms, shared and agreed with the practice and made LA comms. |
| 13. | If CCG is content with risk assessment, then continue to follow up the practice providing advice as required and monitoring compliance with it. Continue to monitor number of cases and contacts. If concerns, then discuss with HPT for possible escalation. |

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| **Outbreak Definition** | |
| Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days  AND  Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case | |
| 1. | CCG and HPT to discuss management of settings with 2 or more cases within 14 days, including situation lead through the establishment of an incident management team (CCG, Infection Prevention and Control and Local Authority Public Health |
| 2. | Contacting setting and gathering initial information (as detailed above for single cases): Practice, supported by CCG |
| 3. | Context specific risk assessment: Practice supported by CCG/ IPC. Does this raise concerns about the practice and their ways of working? |
| 4. | Convening an Outbreak Control Team: CCG/ HPT/DPH |
| 5. | From the Outbreak Control Team – practice given advice by CCG/Health Protection Team re: ongoing management including control measures, isolation/exclusion and IPC |
| 6. | CCG/Health Protection Team to provide advice on contacts and exclusion/ isolation, including any communications  Arrange follow up assessments and on-going monitoring |
| 7. | Practice with support from the CCG and Health Protection Team to gather details of the number of contacts and ensure that the appropriate information is provided to them |
| 8. | CCG to support practice with ongoing management and provide updates to the Health Protection Team, including agreeing frequency of ongoing assessments |
| 9. | If CCG is content with risk assessment, then continue to follow up the practice, providing advice as required and monitoring compliance with it. Continue to monitor number of cases and contacts. If appears to be escalating to a complex outbreak, then discuss with HPT for possible further escalation. |

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| **Record of Events – initial fact find and immediate follow up** |
| Details of case, onset, date last in setting etc. |
| Timeline of case in workplace in 48 hours before symptoms or positive test result (if asymptomatic |
| Details of possible contacts (within the GP practice) |
| Risk assessment of contacts |
| List for sending to HPT with details of contacts requiring follow up |
| Detail any advice provided for contacts |
| Detail any advice/ guidance advised to GP Practice on control measures, including who advised (CCG/Health Protection Team/IPC) |
| Detail any information on any other suspected/ confirmed cases in setting, severity, control measures, anxiety or media interest (this will be used to agree next steps and actions |
| Conclusion and Agreement of Next Steps/Action to be taken and by whom |
| Details of next review/monitoring |
| Date and Time Form Completed:  Name of Person Completing Form:  Additional Contributors including date and time: |