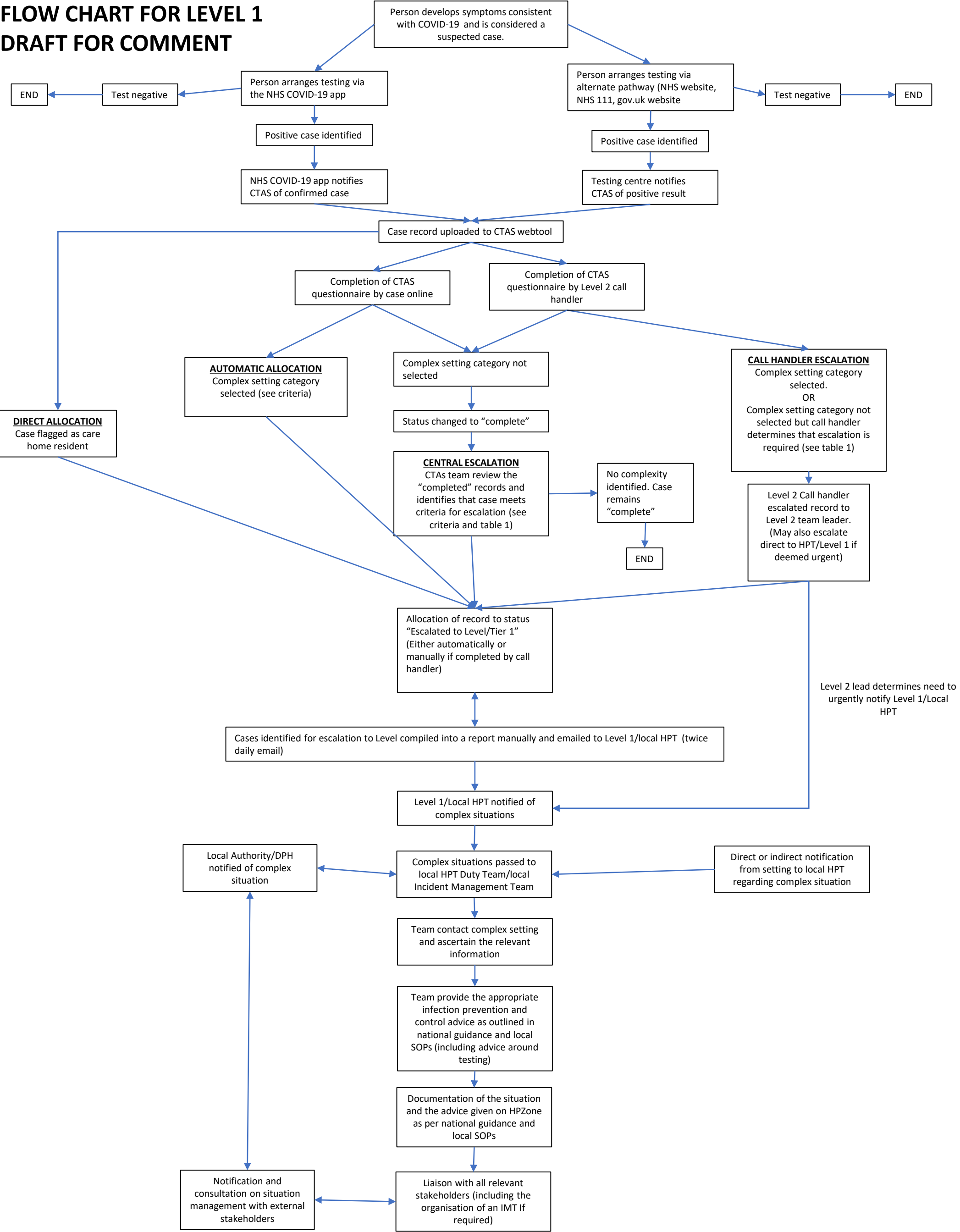


FLOW CHART FOR LEVEL 1
DRAFT FOR COMMENT



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Cases where liaison with an educational/childcare setting or employer may be required

- a. Cases who have attended educational/childcare setting while infectious (Call handler and Central escalation)
- b. Cases who have attended work while infectious and who are unable to identify their contacts who will require follow up (Call handler and Central escalation)

Complex and high risk settings

- a. Case living or working in care home/long term care facility or other care facility for those with complex needs (Direct allocation and Automatic escalation)
- b. Cases in Healthcare workers (Automatic escalation)
- c. Cases in Emergency Services workers (Automatic escalation)
- d. Cases in Border Force and Immigration officers (Automatic escalation)
- e. Cases who attended healthcare for non COVID reasons (Automatic escalation)
- f. Cases in those living or working in Prison or other places of detention (Automatic escalation)
- g. Cases in those attending or working in special schools (Automatic escalation)
- h. Cases in those living in homeless hostels or shelters or refuges and similar residential settings (Automatic escalation)
- i. Cases attending Day care centres for older/vulnerable people (Call handler and Central escalation)
- j. Cases with concerns about deductive disclosure (Call handler escalation)
- k. Cases where contacts can't be identified without disclosure of name to employer or other third party (Call handler escalation)
- l. Cases or employers unwilling to provide information (Call handler escalation)

Further suggestions made to go in here

Consequence management

- a. Identified impact on local public sector services or critical national infrastructure (eg power plants) due to high proportion of staff quarantining (eg school that informs tier 2 that will have to close as all staff quarantining) (Call handler escalation)
- b. Cases or contacts who are unable to comply with restrictions (homeless, complex social issues etc) (Call handler escalation)
- c. Likely Media or political concerns/interest eg death in child (Call handler escalation).

Increase in disease frequency or severity that may require further investigation locally

- a. Second or subsequent cases in school class (small number of children taught together)
<https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings> (Call handler and Central escalation)
- b. Reported high absenteeism rate in school or workplace (Call handler and Central escalation)
- c. Reported high levels of hospitalisations

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- 1. Central escalation** – All cases which are not identified as “complex” are reviewed retrospectively by CTAS staff to ensure that escalation to Level 1 has not missed. In some instances, a case which do not meet the “complex” criteria require escalation:
- When CTAS has been unable to identify all direct contacts or a confirmed case.
 - When a review of postcodes of cases by CTAS staff reveals a previously unidentified cluster.

Trigger	Condition
Any other workplace (not specified above)	unable to identify direct contacts
Travelling in small vehicles (taxi, private car)	unable to identify direct contacts
Any activity	1+ case postcode match of place
Student/Shared	unable to identify direct contacts
Student/Shared	1+ case postcode match of residence
Other accommodation	unable to identify direct contacts
Other accommodation	1+ case postcode match of residence
Travelling by plane	
Organised play groups and day care centres	unable to identify direct contacts
Leisure activity (classes, gym, cinema)	unable to identify direct contacts
Events and worships (wedding, funeral, church)	unable to identify direct contacts
Other	unable to identify direct contacts