COVID-19 Pandemic Planning for TTP Version 1.0

Overall planning assumptions:

- There will be a significant escalation in Covid-19 infection rates and individuals testing positive
- Planning is being done on a 4 Nation basis for testing— with local capacity to be enhanced
- NI modeling is advised by Chief Scientific Officer
- The Contact Tracing system will continue through the escalation
- To be effective the contact tracers needs to contact +ve case within 24 hours and the close contacts within 48 hours

Assumptions Actions Pillar 1 Pillar 2 1. Contact tracing system primary purpose . Data support for data analysis and management Dynamics system is to trace contacts of +ve patients · Administrative systems support 2. All cases testing positive notified by . Kainos digital self trace for contacts SMS through Lab system All +ve cases are contacted by Contact . Pillar 1 & 2 fields for download to incl **CONTACT TRACING SYSTEM** tracing service (text and phone) **OUTPUTS** . SMS text to cases immediately after download to Dynamics **AUTOMATIC SYSTEMS** 4. Service available 7 days a week and · Recruitment of wider skillmix to supplement professional cadre 9am to 9pm SMS Result notification Information on Contacts over previous . Support for training and management of call handling by BT/NI 48 hours are collected Dynamics data system Cases with designated occupations1 -. Continuous updating to script and checklist +Ve separate notification to employers -Ve 7. HPA advice available through the Duty . Streaming of call handling to include PUSH for priority cases such as those who have not completed the digital self-trace to experienced Manual data cleanse contact tracers and PULL for remaining queue Issues · Formation of Programme Board for oversight and strategic direction SMS notification for System cleanse and cases queued No further action . Implementation of a Quality Assurance system (such as a call link to advice Other purposes of contact Tracing recording capacity) to enable supervision, sampling of call handling Digital self trace contacts system eg surveillance Contact tracer pull cases and measurement of call length etc Control of data fields requested Script aligned to dynamics +ve cases in hospital Risks Data fields downloaded from Pillars 1 & 2 - availability of other information 1. Demand exceeding capacity > 5 calls Fails - Contact - Succeeds Information to +ve case to prepare for Case 2. Single points of failure removed - Key staff in sole control of functions Duplication in data cleansing routines from list Ability to prioritise on available No further Resilience of telephony and IT systems information Simple contact action 3. Mission creep with secondary purposes Cases gueued to PULL not PUSH SMS notification to contacts Denloyment to match demand dominating primary purpose link to advice Training programme 4. High clinical staff profile more vulnerable to QA - recording calls and call length complex contact Clinical & HPA becoming a clinical advisory service Information management support **PHA Duty Room** 5. Competition for clinical staff from other HSC Monitoring No further Management of service organisation as surge increases action Reporting/ dashboard Workforce Case closed Recruitment - Training Skillmix Mitigation Rostering / deployment Remote working 1. SMS self contact trace as fall back for all +ve Training Script Checklists 2. Programme Board and protocoled systems Call handling 3. Script, training and daily briefs aligned to core Timing Matching skill level with complexity Clarity on not being a clinical Care 4. Support from NI Direct/ BT Home cell advice/ support service Communication Recruitment strategy Definition of Complex cases QA system Pathways for Complex cases

¹ Designated occupations include health and social care staff, food processing factories and others as advised