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By email only

Yvette Cooper, MP
Committee Chair
Home Affairs Committee Office
House of Commons
London
SW1A 0AA

TC.LS.240521.HAC

24 May 2021

Dear Yvette Cooper,

**Public Health Wales Advice to the Home Office Regarding
Asylum Accommodation at Penally Camp**

Thank you for your letter of the 11 May 2021, regarding the recent report from the Independent Chief Inspector of Borders and Immigration following site visits to Penally camp and Napier barracks.

In response to your specific questions:

(i) whether Public Health Wales had advised the Home Office that opening multi-occupancy dormitory-style accommodation was not supported by current guidance, prior to the opening of Penally Camp and Napier barracks in 2020

Public Health Wales was not asked, and did not provide, any advice relating to the use of the barracks at Napier.

In relation to Penally Camp, following the first multiagency site visit on the 18 September 2020, a specific Infection Prevention and Control (IPC) risk assessment was undertaken. The team included IPC specialists from Hywel Dda University Health Board and Public Health Wales. The risk assessment was shared with Clear Springs Ready Homes on the 18 September 2020 and then with the Home Office on the 22 September 2020, in which they were advised that it was the view of Public Health Wales and the Health Board that the

accommodation at Penally Camp did not conform to the COVID-19 guidance in Wales at that time. The concerns included:

- a. Bunk rooms that had more than 6 beds needed to be decreased to a maximum of 6 beds that could be separated by 2 metres, and appropriate infection prevention and control measures should be put in place.
- b. Some bunk rooms shared access to communal areas. Original Ministry of Defence (MOD) assessments were asked for in this regard and the need to consider further overall capacity reduction as a result of this highlighted.
- c. There were no plans by the Home Office or Clear Springs Ready Homes at this time to implement COVID-19 risk pathways on site, to segregate dormitories into COVID-19 bubbles or to segregate parts of the camp for COVID-19 reduction.
- d. Isolation facilities needed to be established that could accommodate people in single rooms with facilities.

A copy of the IPC risk assessment and site visit report is enclosed for reference.

(ii) if so, on what date that was communicated to the Home Office and what response was received from the Home Office;

The first site visit reports were shared with Clear Springs Ready Homes on the 18 September 2020 by the Director of Public Health, Hywel Dda University Health Board. After receiving no response to the reports, the matter was escalated to the Home Office on the 22 September 2020.

The first site visit reports were also discussed at the daily multi agency forums chaired by the Wales Strategic Migration Partnership, which began on the 17 September; at the Health Response Sub group which met twice a week from the 18 September 2020, chaired by the Director of Public Health, Hywel Dda University Health Board and at the Strategic Engagement Group, chaired by the Home Office, on the 25 September 2020. The response received was that the Home Office and Clear Springs Ready Homes were grateful for the advice received and that work would be undertaken to implement it.

(iii) if not, what advice was given by Public Health Wales to the Home Office on the opening of multi-occupancy dormitory-style accommodation during the pandemic;

Not applicable.

(iv) when Public Health Wales was first consulted on the decision to house asylum seekers in Penally camp and what was your response;

Public Health Wales had an informal conversation, not recorded in writing, with the Home Office at their request on the 15 September 2020. We were informed by the Home Office that the decision to use Penally Camp to house asylum seekers had already been made. There was to be no consultation. We advised that the Home Office should speak urgently to the Local Health Board, Hywel Dda University Health Board, and facilitated contact for that to happen. We offered our own resources to support and provide advice in relation to COVID-19 and other health protection matters. We were told that the Welsh Government had also been informed of the decision and that discussions were taking place with other strategic partners such as Dyfed Powys Police and Pembrokeshire County Council.

(v) what access you had to the site in advance of providing your advice;

Public Health Wales, as part of the multi-agency team including IPC specialists, visited Penally Camp on the 18 September 2020.

(vi) what response to your advice was received from the Home Office

Please see our responses to questions (i) and (ii) above.

We also enclose.

1. IPC site visit report 18.9.20
2. IPC assessment site visit 18.9.20
3. Public Health Wales Contingency Plan 21.9.20 revised 19.10.20

I hope that this information assists the Committee with its enquires.

Yours sincerely,



Dr Tracey Cooper
Chief Executive

Rydym yn croesawu gohebiaeth yn Gymraeg
We welcome correspondence in Welsh

Penally- Asylum Seekers
Site visit 18/9/20- Infection Prevention assessment

Issue	Action
1.Fabric of buildings/ décor in poor condition on Penally site	To prevent this environment from becoming contaminated and a cross infection issue then the cleaning resource and hours allocated to cleaning /disinfection need to be appropriate within the cleaning SOP i.e frequent cleaning of toilets/showers /wash hand basins /floors/communal areas and frequently touched surfaces. Maintenance to look to improve minor compromises in the environment as minimum. Ventilation with windows that can open and heating in rooms via radiators – electric
2. Covid19 Prevention No plans by Home office/ Clear Springs to implement covid risk pathways on site (green/amber/red) or segregate dormitories into covid bubbles or segregate parts of the camp for covid reduction	Communal areas including dining area to have measurement of spacing and maximum number of attendees on posters on doors and marshalled by site team. Social distancing and prevention of large groups /huddles reminders by staff /poster etc in all languages. Posters and 2M floor reminders in key areas e.g meal queues / wash room Look to have marshals at meal times Stagger meal times as dining room may not take any more than 30 at a time –good flow in and out of dining area – please maintain strict flow. Monitoring of Asylum seekers for temperature /covid like illness – process in place for temp monitoring and escalation process – Risk assessment to be provided to SR by Sue lane Isolation area on site Posters to indicate when to refer oneself for medical assessment on camp i.e unwell/ cough/temp/ loss smell and taste etc [name] currently having difficulty accessing thermo scan devices? any support on this
3.Test and trace considerations	Accurate list of names of all accommodation and when off site. As camp currently, being treated as one unit = up to 250 men,any Covid issues will require whole camp lockdown and potential of all site screening. In the event of a covid incident Test and trace process will require list of all names of men and dob's Available space for MTU or empty officers mess that could be used for covid screening with adequate flows in and out
4.Isolation facilities	X 1 building has 13 single rooms with wash hand basin this should be kept for isolation purposes. Only 1 toilet on this wing.

Penally- Asylum Seekers
Site visit 18/9/20- Infection Prevention assessment

	Recommend procurement of commodes for this area to maintain isolation principles and rooms prepared/cleaned as isolation wing before attendees arrive next week. 1-2 other buildings that could be used as single isolation area or x2 redirooms could be utilised in this situation. Another building with individual rooms x5 needs roof repairs but could be another isolation block - ? roof repairs to be escalated. Thin carpets in many isolation areas - these would need to be removed /deep cleaned/disinfected. UVC technology utilised in each isolation room after cleaning and disinfection would be a recommendation given the poor condition of the buildings and isolation facility .
5.Infirmery (? for Primary care use)	One office / clinical room and 3 clinic rooms and 1 single toilet area. Area to be deep cleaned / hand sanitisers and soap dispensers implemented along with PPE . Signage – social distancing
6.Hand hygiene	Alcohol gel dispensers to be installed in appropriate places throughout the camp . Regular checks on soap dispensers and paper hand towel dispensers. Posters to encourage hand hygiene and messages by site staff
7.PPE	Men going off site to have access to facial coverings/ masks and advised when to wear them. Masks/ facial covering for any situation when social distancing cannot be met PPE on site for site staff and any primary care visits
8.Water quality	MOD – assurance on water quality protocols / checks/ anti legionella. Mains water in situ
9.Hydration – essential for all men to have adequate daily hydration	No drinking water in sleeping accommodation but non mains water dispensers to be implemented – which would require strict cleaning protocols . Drinking water in personal wash area but this would not be recommended approach to obtaining water for drinking due to increased contamination of sinks and subsequent faecal oral route of transmission of potential diarrhoea infection ? water dispensers with strict cleaning protocol and supply of bottled water .
10.Dormitories all to be measured at 2m spaces and screening to be implemented	SR discussed with site manager, Home office lead, and maintenance during site walkabout and strict measuring and reduction of beds in Dormitories will be implemented, along with screening around each bed area. Screening will

Penally- Asylum Seekers
Site visit 18/9/20- Infection Prevention assessment

	also include use of wipeable metal lockers/wardrobes to divide bed areas.
11.Toilet facilities located in outside buildings	Signage to explain maximum number in toilet area and specified allocated dormitories to each toilet block. Cleaning SOP to include frequency throughout the day. Cleaning SOP to include disinfection with 1000ppm of available chlorine post cleaning of toilets Additional toilets needed on site as 1 toilet per 5 men – Portable toilets on site and to be placed strategically and with strict cleaning protocol
12.Shower block outside accommodation building	Restriction on number of men using shower areas and this needs to be marshalled and signs in place frequent cleaning
13.Wash hand basin building	Restriction on numbers in this building and sinks taped off that cannot be used due to social distancing . Signs in place and allocated dormitories to toilet/wash/shower areas.
14.Social distancing	Induction session on arrival to cover social distancing on site backed up with written information. Information on reporting illness / rashes/ diarrhoea / temp/ covid symptoms etc immediately and instruction on possible isolation /quarantine / test and trace. Personal hygiene messages and hand hygiene Respiratory hygiene messages – if runny nose use tissue , bin it and then wash/gel hands – posters to support
15.Induction process on arrival	As above social distancing / hygiene / escalation of illness / hydration
16.Laundry	Men will do own laundry on site with tokens for machines – laundry area small ensure social distancing and that men have laundry bag/plastic bag to carry laundry to washing area Bed linen to be contracted out – ensure bed linen taken off beds and immediately placed into a linen bag Ensure men have good supply of towels for showering /washing
17.Catering dept	Dish washer in situ and maintained for all crockery/cutlery. Good flow in and out kitchen Final clean of kitchen before use
18.Exercise on site	Football field available and large site to walk around
19. Cleaning /disinfection	SOP and risk assessments to be assessed by [name] [name]weak chlorine to be utilised post clean.

Penally- Asylum Seekers
Site visit 18/9/20- Infection Prevention assessment

	Carpets to be cleaned on regular basis Contingency cleaning for any body fluid spillages E.g vomit [name] to include cleaning of non - disposable cleaning equipment e.g buckets , vaccum cleaners
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[name] (Hywel Dda UHB [initials] Community Infection Prevention)

Initial Penally Site issues and recommendations (post site assessment 18th September 2020) – version 1.0 [image redacted]

Issue	Situation	Recommendation
Risk assessment	Not yet seen the MOD risk assessment that was used to determine capacity and the 250 bed number.	Forward on COVID-19 risk assessment completed by MOD for understanding and comment. Significant issues were picked up during the visit that might impact and reduce numbers. Please also share your evacuation and fire plans.
Covid 19 escalation planning	No evidence of how site or accommodation would be managed in the event of suspected or confirmed symptoms.	Work with Hywel Dda Health Board and PHW Specialist Health Protection Team to identify process for managing accommodation to include; defining households, allocation of toilet/ shower facilities to bunks, protocols for dining (separate canteen/ meals to bunks). The PHW Specialist Health Protection Team will be drafting a Communicable Disease Plan for the Penally Site early next week.
Covid 19 escalation planning	Need to plan how testing will be carried out for symptomatic individuals, to include the arrangement of tests.	Identify an area within the site where testing could be carried out safely if required, and processes to follow should symptoms be reported. This will also have to form part of the Communicable Disease Plan for the Penally Site.
Covid 19 escalation planning	Need to identify accommodation for those who are positive/ symptomatic.	Use building 83 with individual rooms, allocated toilet and showering facilities. This will also have to form part of the Communicable Disease Plan for the Penally Site.
Covid 19 escalation planning	Bunks have multiple rooms which are separated but share access with common communal passing and touch points (door handles, light switches, coat hangers for clothing).	85, 201-205 and 210 need to be determined whether they will be classed as single households or separate. Potential capacity reduction of -12. See comment re Risk Assessment.
Infection control	Environment is poor, difficult to keep clean at enhanced level. Cleaning contract only covers communal areas.	Share cleaning plans for site communal areas. Ensure that there are cleaning inventories which will not be used across green/ red households.
Infection control	Huts/ Bunks are not compliant with social distancing (over 6 beds in some of the rooms).	Blocks 83, 212, 221W, 221E, 222 reduced to 6 beds (-18 site capacity). Review of other 6 bed accommodation to ensure adequate social distancing can be maintained. See Risk Assessment comment.
Infection control	Showers/ toilets are shared, making it difficult for 'households' to remain separated.	Allocate red and green shower/ toilet blocks for each set of accommodation. Block out middle sinks/ toilets/ showers to maintain social distancing.
Infection control	Lack of signage throughout site to inform of social distancing (posters, floor markings, 1 way routes, etc).	Use pictorial signage available from PHW to display throughout site and floor markings in communal areas.
Infection control	Lack of hand sanitiser, wipes available throughout site in both communal and bunk areas. This is particularly a concern in bunk houses with no handwashing.	Install hand sanitisers at each bunk house, and ensuring it is available in communal areas. Install Clinell wipe dispensers in canteen areas for people to clean tables before/ after eating and using shared surfaces such as tables in bunk houses.

Infection control	Induction materials for people housed at Penally is in the 10 most common language.	Provide contingency arrangements to ensure that induction information is accessible for all.
Infection control	Laundry machines on site are communal for surrounding bunks to use, which could result in shared laundry being put together.	Provide algeaseal bags to ensure that people can maintain their own laundry hygiene.
Medical facilities	3-4 rooms, no equipment, poor facilities.	Remove bench seating to improve social distancing for waiting, reduce access to building so Hywel Dda Health Board can provide equipment and store securely.
Medical facilities	Need for phone access to service users and remote device with camera for video consults	Allow installation of Hywel Dda Health Board IT infrastructure.
Medical facilities	Lack of clinical waste storage or disposal visible.	Supply clinical waste collection points.
Medical facilities	Need to avoid lone-working, chaperone required.	Ensure that there is a member of support staff available to chaperone appointments.
Medical facilities	Welsh Ambulance Service Trust and Out of Hours need to know site layout in the event they are required to attend. This might occur during night-time hours – see comment below)	Share site layout with 111/ WAST so they understand site layout, parking arrangements, etc.
Environmental considerations	Unclear about the site lighting functionality and whether there are gaps in the lighting system. This is more profound as the paths around bunkhouses are made of poured concrete and are stepped, uneven or damaged in places.	Test the lighting to ensure that should 999/ 111 need to attend out of hours they are able to safely move around the site.
Environmental considerations	Art work in kitchen dining area depicts scenes of a military nature or could be deemed as offensive.	Remove existing artwork from walls which could offend.



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**Public Health Wales (PHW)
Contingency Plan for the Investigation and
Management of Communicable Diseases and COVID-19
in Penally Camp, Pembrokeshire**

Date: 21st September 2020

Revised: 19th October 2020

Version: 2

Publication/ Distribution: Public Health Wales Health Protection Team, Hywel Dda University Health Board, Pembrokeshire Local Authority and Clearsprings Group, Welsh Government and other relevant Agencies.

Review Date: December 2020 and in line with changes in national guidance.

Purpose and Summary of Document: The purpose of this Plan is to provide public health advice to the agencies involved in providing accommodation and services for Asylum Seekers temporarily housed at the Penally Camp, Pembrokeshire on the processes for the investigation and management of cases/clusters/incidents/outbreaks of Communicable Diseases and COVID-19 in Penally Camp, Pembrokeshire.

1. Background

Following discussion amongst various Government departments regarding the increase in arrivals of asylum seekers in the UK in the last few months, the Ministry of Defence offered Penally Camp, Pembrokeshire as one of two sites to accommodate up to 250 young, male asylum seekers for the next 12 months, with the first arrivals expected on 21st September 2020.

2. Introduction

This Contingency Plan has been produced to outline the communication process, roles, responsibilities and actions to be taken by Agencies involved with providing accommodation and services to asylum seekers at the Penally Camp in Pembrokeshire on investigating and managing cases, clusters and incidents (See [Appendix 1](#) for Definitions) of Communicable Diseases and COVID-19 in Penally Camp.

In addition, [The Wales Outbreak Plan](#)¹ provides a framework for managing outbreaks of communicable disease with public health implications in Wales. Diseases of public health importance must be notified to public health authorities under the Health Protection (Notification) (Wales) Regulations 2010² and The Health Protection (Notification) (Wales) (Amendment) Regulations 2020³. A list of these notifiable diseases is given in [Appendix 2](#).

Please note that in the event of any conflict between any applicable legislation (including Health and Safety legislation) and this Contingency Plan, the applicable legislation shall prevail. The Plan is intended to be reviewed in December 2020 and in line with any changes to relevant national guidance.

3. Roles, Responsibilities and Actions

3.1 Clearsprings Group

3.1.1. Clearsprings Group will ensure implementation of their own 'Management of Infectious Diseases (Coronavirus) and Pandemics' and 'Risk Assessment Form' documents as well as local and national guidance on communicable diseases, particularly the following pertaining to COVID-19:

- Compliance with:
 - Welsh Government requirements in relation to lockdown and COVID-19 restrictions with regard to Asylum Seekers not being moved into, or out of, lockdown areas unless absolutely essential and 14 day quarantine can take place within self-contained en-suite accommodation at Penally Camp.
 - Recommendations of Hywel Dda University Health Board Infection Prevention and Control Team; and local Primary Care Team site visit on Friday, 18th September 2020.
- Review, repair and maintain integrity of fabric and structure of buildings to minimise potential for cross infection.
- Provision of suitable accommodation for Primary Care colleagues to undertake medical assessment and examination.

- Staff members are familiar with Infection Prevention and Control (IP&C) practices including use of Personal Protective Equipment (PPE):
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>
- Maintaining social distancing (also known as physical distancing) guidance by keeping 2 metres (3 steps) away from others (indoors and outdoors) who are not within support 'bubbles' (small groups):
<https://gov.wales/coronavirus-social-distancing-guidance>, at all times:
 - Staff members to ensure social distancing maintained during break-times.
 - Segregation of dormitories (huts/bunks) into COVID-19 'bubbles' (small groups)
 - Appropriate segregation of other parts of the camp with allocated time slots for use by support 'bubbles' (small groups) to minimise potential transmission of COVID-19 e.g. bathrooms/showers, toilets, canteens, laundry, exercise area with appropriate cleaning of surfaces between each support 'bubble' use.
 - Layout of communal indoor sitting areas to be reviewed on continuous basis to ensure adherence to social distancing by limiting use of excessive numbers or support 'bubbles' of Asylum Seekers
- Provide information on Communicable Diseases and COVID-19 to Asylum Seekers in their required language on arrival and ensure posters/pictorial signage and floor markings prominently displayed throughout general environment: <https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>
- Reviewing and provision of appropriate facilities for Asylum Seekers and Staff members to regularly bathe, toilet and wash hands.
- Observe respiratory etiquette by:
 - Covering their mouth and nose with a tissue or sleeve (not hands) when coughing or sneezing.
 - Disposing of used tissues into the bin immediately and washing hands thoroughly afterwards:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886217/Best_practice_hand_wash.pdf
 - Avoid touching eyes, nose or mouth
 - Wearing a face covering or mask when on public transport, in shops or when unable to be 2 metres social distancing from others outside of their household or support 'bubble', if not medically exempt. See <https://gov.wales/face-coverings-guidance-public>
- Ensure Asylum Seekers and Staff members are encouraged to report symptoms IMMEDIATELY
- Self-isolation of Staff members (<https://gov.wales/self-isolation-stay-home-guidance-households-possible-coronavirus>) if they report any of the following symptoms suggestive of COVID-19 infection for at least 10 days after onset of symptoms:
 - New continuous cough*
 - High temperature
 - Loss of or change to your normal sense of smell or taste (anosmia)*

*If, after 10 days, a high temperature persists, then isolation is to continue and medical advice sought. There is no need to continue isolation after 10 days if a cough or loss of sense of smell or taste persists because these symptoms can last for several weeks after the infection has gone.

N.B. Asymptomatic staff who test positive should self-isolate for 10 days from date of test.

- Staff members living in a household where someone else is unwell with symptoms suggestive of COVID-19 stay at home and follow Welsh Government guidance: <https://gov.wales/self-isolation-stay-home-guidance-households-possible-coronavirus>
- Staff members are fully aware that symptomatic (possible)/confirmed Asylum Seekers are to be transferred for effective isolation in an identified single room (isolation facility) on Penally Camp and this equipped with its own allocated toilet and showering facility. All contacts in support 'bubble' are to be given explanation and information leaflet (in their required language) upon the need for them to self-isolate for 14 days or until test result known for symptomatic (possible) case. Advice on isolation of cases can be sought from PHW ([page 7](#)).
- The need to establish a facility for confirmed cases of COVID-19 and potentially any contacts on site to be interviewed in private by staff working as part of the NHS Wales Test, Trace, Protect (TTP) Team. These arrangements need to allow for interviews to be conducted remotely with the assistance of an interpreter from the Wales Interpretation and Translation Service (WITS). Having regard to these requirements, the system for communication should permit interviews to be conducted using 'Skype for Business' as the only compatible option for the TTP Team. Appropriate hardware and software will therefore need to be installed and connectivity ensured for the locations where the equipment may need to be used, having regard to any isolation requirements.
- Arrangements made for symptomatic individuals to have a test by accessing the following Welsh Government website: <https://gov.wales/apply-coronavirus-covid-19-test>
- There is a designated team of trained, competent Clearsprings Group staff members to manage symptomatic (possible)/confirmed cases within isolation facilities and who ensure implementation of COVID-19 Risk Pathways for Asylum Seekers, Staff Members and Visitors according to levels of risk outlined in following Multi-Agency COVID-19: '*Guidance for the remobilisation of services within health and care settings - Infection prevention and control recommendations*':
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_Infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf
- Symptomatic Asylum Seekers and Staff Members do NOT attend healthcare settings for examination but self-isolate IMMEDIATELY and seek advice by telephone from their GP or NHS Direct on 111.
- Welsh Ambulance to be informed of any cases/incidents/outbreaks of COVID-19 or other communicable disease in Penally Camp e.g. Diarrhoea and/or Vomiting etc and provided with layout of Penally Camp if called to attend those clinically unwell.
- Appropriate practices are undertaken for decontamination (cleaning and disinfection) of the environment, laundry and waste disposal:
<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>.
Ensure enhanced cleaning of the general environment at regular intervals throughout the day due to numbers of Asylum Seekers utilising shared facilities.

- Review of transport arrangements for Asylum Seekers and Staff members: <https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers>
- Staff members keep registers of Asylum Seekers leaving Penally Camp, including their names, date and time of departure and arrival back and places they visited.
- Confirmation that each arriving Asylum Seeker has had the necessary health needs risk assessment undertaken, referrals made as appropriate, and a record kept of any considered to be clinically vulnerable (<https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing-after-4-july#clinically-vulnerable-people>) or clinically extremely vulnerable (<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19#clinically-extremely-vulnerable-groups>)

- 3.1.2. If a member of staff in the Penally Camp becomes aware of one or more suspected (possible) or confirmed case(s) of communicable disease ([Appendix 2](#)) in the Penally Camp, Pembrokeshire then that person is to IMMEDIATELY notify/escalate to Clearsprings Group Safeguarding Manager/Designated Safeguarding Officer ([page 7](#)). This may not be solely COVID-19, but other communicable diseases for example diarrhoea and/or vomiting, scabies, influenza, meningitis, measles etc.
- 3.1.3. The Clearsprings Group Safeguarding Manager/Designated Safeguarding Officer will then IMMEDIATELY contact the Health Protection Team (HPT) for advice ([page 7](#)). The HPT, after consultation with the clinical team(s) managing the case(s) and for COVID-19, the NHS Wales Test, Trace, Protect (TTP) Team, will usually advise the Clearsprings Group Safeguarding Manager/Designated Safeguarding Officer if there is indication to convene an Incident Management Team/Outbreak Control Team.
- 3.1.3. If so, the Clearsprings Group Safeguarding Manager/Designated Safeguarding Officer in consultation with relevant others for Penally Camp will establish a Tactical Level Team (TLT) of key relevant individuals in Penally Camp to manage the situation in accordance with their Emergency Planning and Business Continuity Plan.
- 3.1.4. The Clearsprings Group Safeguarding Manager/Designated Safeguarding Officer will, in conjunction with Public Health Wales, Hywel Dda University Health Board and Pembrokeshire Local Authority Public Protection Services agree and designate specific actions to:
- Relevant individuals within their Agency to determine the nature of the cluster/incident/outbreak and gather appropriate information to ensure effective investigation and management of clusters and incidents of communicable diseases and COVID-19
 - Establish lines of communication between the relevant Agencies.
 - Practically implement advice given by Public Health Wales, Hywel Dda University Local Health Board and/or Pembrokeshire Local Authority Protection Service.

- Communicate on the nature of the incident/outbreak to the wider Penally Camp community (asylum seekers, staff members, and local community, if deemed appropriate);
- Encourage a “buddy” scheme for asylum seekers to look out for each other’s welfare particularly in their support ‘bubbles’; and inform someone if they are feeling ill, or someone else is feeling ill, so that they can be regularly monitored and prompt medical attention sought if their condition deteriorates.
- Facilitation of identification of cases and their contacts
- Liaison with family and friends (if relevant and necessary) if condition of unwell asylum seekers become critical.

3.1.6. Where the severity of the incident or outbreak is increasing, the Clearsprings Group’s Safeguarding Manager/Designated Safeguarding Officer should escalate responsibility for co-ordination to a more senior management colleague (if considered appropriate) and in line with the Clearsprings Group Business Continuity Plan.

3.2. Public Health Wales in conjunction with the Hywel Dda University Health Board and Pembrokeshire Local Authority Public Protection Service (COVID-19 Regional Response Cell) will:

- 3.2.1. Receive notifications of suspected or confirmed notifiable diseases^{2,3} (see [Appendix 2](#)). Confirmed cases of COVID-19 will be:
- 3.2.2. Contacted by the Wales NHS Test Trace Protect (TTP) Contact Tracers for:
- Onset date of symptoms
 - If an asylum seeker, their arrival date at Penally Camp; whereas staff members will be asked for work dates.
 - If an asylum seeker is considered infectious (see [Appendix 1](#)) before arrival in Penally camp, then it is likely that their previous accommodation is the *source* of infection for this confirmed case. Take details i.e. name and address of previous accommodation along with departure date.
 - Means and date of transport for asylum seeker to Penally Camp to identify co-travellers as close (direct or proximity contacts) (see [Appendix 1](#)).
 - Asked for breaches in social distancing or use of PPE (including face coverings)
 - Flagged on CRM as residing in or working at Penally Camp, Pembrokeshire. These will be identified on the national (CRM) contact tracing system by contact tracers and contact advisors (through discussion with confirmed cases and contacts (or their delegate)).
 - Escalated through the national TTP (CRM) system to TTP Clinical Lead.
- 3.2.3. Contact will be made with Clearsprings Group Safeguarding Manager/Designated Safeguarding Officer to:
- Assess whether there are any further possible or confirmed cases among Asylum Seekers and/or Staff associated with Penally Camp (noting the need to maintain confidentiality)
 - Ensure they are following national guidance to minimise potential transmission of COVID-19

- 3.2.4. Inform the PHW Communicable Disease Surveillance Centre (CDSC) team of case details including name, Penally Camp, Tarian and CRM number.
- 3.2.5. Record the case on 'Tarian' (PHW Case and Incident Management System) and tag with 'Penally Camp'.
- 3.2.6. Determine if a sporadic case, a cluster, incident or outbreak and if required co-ordinate the multi-agency response to the incident/outbreak, as appropriate.
- 3.2.7. Provide health protection advice for the case/cluster/incident/outbreak
- 3.2.8. Arrange for mass testing of asylum seekers and staff as needed
- 3.2.9. Provide a Chair Person for the Incident management/Outbreak Control Team (if appropriate)
- 3.2.10. Carry out case finding and contact tracing, as appropriate.
- 3.2.11. Arrange for immunisation and/or prophylaxis for cases, contacts and others considered to be at risk
- 3.2.12. Lead on multi-agency communications including the media

4. Emergency Contact Numbers [details redacted]

5. References:

¹The Communicable Disease Outbreak Plan for Wales ("The Wales Outbreak Plan") available: <http://www.wales.nhs.uk/sitesplus/888/page/88948>

² The Health Protection (Notification) (Wales) Regulations 2010
<http://www.legislation.gov.uk/wsi/2010/1546/contents/made>

³ The Health Protection (Notification) (Wales) (Amendment) Regulations 2020
<http://www.legislation.gov.uk/wsi/2020/232/regulation/2/made>

Appendix 1

Definitions

Potential cluster

Two or more confirmed cases of COVID-19 among Asylum Seeker(s) or staff members in the Penally Camp within 14 days

OR

Increase in background rate of absence amongst staff due to suspected or confirmed cases of COVID-19 (does not include absence rate due to individuals shielding or self-isolating as contacts of cases)

Potential incident

Two or more confirmed cases of COVID-19 among asylum seeker(s) or staff members who are identified as being direct close contacts, proximity contacts or in the same group or cohort* in the Penally Camp within 14 days

* these groups are sometimes referred to as 'contact groups' or "bubble's" and may vary in size

Case

Confirmed case: laboratory test positive case of COVID-19 with or without symptoms

Possible case: new continuous cough and/or high temperature and/or a loss of, or change in, normal sense of taste or smell (anosmia)

Contact

Direct close contacts: within 1 metre of a case who they have had a face-to-face-conversation with, had skin-to-skin physical contact with, been coughed on or had other forms of contact within 1 metre for 1 minute or longer

Proximity contacts:

- extended close contact with a case (within 2 metres of the case for more than 15 minutes)
- travelled in a vehicle with a case or been seated near to one in public transport

Infectious period

Considered to be from 48 hours prior to symptom onset to 10 days after, or 48 hours prior to testing if the case was asymptomatic.

Appendix 2

List of Notifiable Diseases^{2,3}

Registered medical practitioners (RMPs) have a statutory duty to notify the 'Proper Officer' at their Local Authority/Health Protection Team (HPT) of suspected cases of certain infectious diseases.

Diseases notifiable to Proper Officers under the Health Protection (Notification) (Wales) Regulations 2010 (<http://www.legislation.gov.uk/wsi/2010/1546/schedule/1/made>)² and The Health Protection (Notification) (Wales) (Amendment) Regulations 2020 (<http://www.legislation.gov.uk/wsi/2020/232/regulation/2/made>)³ are:

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Coronavirus Disease 2019 (COVID-19)
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

Report other diseases that may present significant risk to human health under the category 'other significant disease'.

Appendix 3

Algorithm of actions to follow for one or more possible/confirmed case(s) of communicable disease^{2,3} in Penally Camp

