



# Management and Control of Incident/ Outbreak of Infection

This procedural document supersedes: PAT/IC 20 v.7 – Management and Control of Incident/  
 Outbreak of Infection



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Executive Sponsor(s):	David Purdue, Deputy Chief Executive & Chief Nurse
Author/reviewer: (this version)	Carol Scholey Lead Nurse Infection Prevention & Control
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### Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
8	19 April 2021	<ul style="list-style-type: none"> <li>• Executive Sponsor updated</li> <li>• Patients Lacking Capacity added page 5</li> <li>• Data Protection section added section 11</li> <li>• Updated references</li> <li>• Updated person tile on Appendix 1</li> </ul>	Carol Scholey
7	17 April 2018	<ul style="list-style-type: none"> <li>• Added Executive Sponsor on front page</li> <li>• Removed audits in ward rounds by Matrons from 'Monitoring Compliance with the Policy'</li> <li>• Added standard statement from the Educational Department to the Training section.</li> <li>• Removed reference to Deputy Director Infection Prevention &amp; Control</li> <li>• Updated References</li> </ul>	Carol Scholey
6	22 April 2015	<ul style="list-style-type: none"> <li>• Policy updated in line with new trust format</li> <li>• Change of policy title</li> <li>• Action cards updated</li> <li>• References updated</li> </ul>	Maurice Madeo
5	June 2012	<ul style="list-style-type: none"> <li>• Paragraphs re-named and re-numbered in line with (CORP/COMM 1)</li> <li>• Section added on "Equality Impact Assessment"</li> </ul>	Beverley Bacon
4	June 2009	<ul style="list-style-type: none"> <li>• Change of Title</li> <li>• Include roles and responsibilities for Deputy Director Infection Prevention and Control</li> <li>• Include section on Individual and Group Responsibilities</li> <li>• Order of contents has changed slightly and sections re-numbered accordingly</li> <li>• Appendix 1 updated</li> </ul>	Beverley Bacon

## Contents

	Page No.
1. INTRODUCTION .....	4
2. PURPOSE .....	4
3. DUTIES AND RESPONSIBILITIES .....	4
4. INSTITUTION OF OUTBREAK PLAN .....	5
5. AT THE END OF AN OUTBREAK .....	8
6. FUNDING OF OUTBREAKS .....	8
7. TRAINING AND SUPPORT .....	8
8. MONITORING COMPLIANCE WITH THE POLICY .....	9
9. DEFINITIONS .....	9
10. EQUALITY IMPACT ASSESSMENT .....	10
11. DATA PROTECTION.....	10
12. ASSOCIATED TRUST PROCEDURAL DOCUMENTS.....	10
13. REFERENCES .....	11
APPENDIX 1 – PLAN OF ACTION FOR INDIVIDUALS IN THE EVENT OF A MAJOR OUTBREAK .....	12
APPENDIX 2 – TERMS OF REFERENCE .....	19
APPENDIX 3 - TEMPLATE AGENDA .....	20
APPENDIX 4 - EQUALITY IMPACT ASSESSMENT FORM .....	21

## 1. INTRODUCTION

The hospital environment due to its complex nature and interaction with the community setting will be exposed to biological agents throughout the year that may disrupt normal trust activity. The majority of infection problems are dealt with on a day-to-day basis by the clinical area involved, in conjunction with the Infection Prevention and Control Team (IPCT).

It is recognised that outbreaks of viral gastroenteritis, which can be common especially during the winter months, are usually managed without the need for the Management and Control of Incident/Outbreak of Infection to be initiated. This decision is at the discretion of the Director of Infection Prevention and Control (DIPC).

## 2. PURPOSE

The aim of this policy is to provide a framework to limit the spread of infection and minimise harm to patients, staff and visitors including minimal disruption of clinical services. This plan is in place to ensure that a coordinated approach is taken. It identifies the roles and responsibilities of key individuals and covers management and organisational aspects, communication, investigation and control procedures.

## 3. DUTIES AND RESPONSIBILITIES

This policy covers infection prevention and control management issues for Trust staff this includes:-

- Employees
- Volunteers
- Agency/Locum/Bank Staff
- Contractors whilst working on the Trust premises

All staff working on Trust premises, outreach clinics and community settings, including Trust employed staff, contractors, agency and locum staff are responsible for adhering to this policy, and for reporting breaches of this policy to the person in charge and to their line manager.

**Director of Infection Prevention and Control:** Is responsible for the development of infection prevention and control strategies throughout the Trust to ensure best practice

**The Infection Prevention and Control Team:** is responsible for providing expert advice in accordance with this policy, for supporting staff in its implementation, and assisting with risk assessment where complex decisions are required.

**Microbiologists:** As part of their role provide expert advice to Clinical Site Manager / senior staff out of hours. They will also be responsible in alerting the IPC team of any new alert organisms and difficulties in isolation out of hours.

**Heads of Nursing/Matrons:** are responsible for ensuring implementation of control measures within their area. Any deficits identified will be addressed to comply with policy. Provide secretarial support in the absence of IPC secretary.

**Ward and Department Managers:** are responsible for ensuring implementation of control measures and support cleaning of the area prior to re-use.

**Consultant Medical Staff:** are responsible for ensuring their junior staff read and understand this policy, and adhere to the principles contained in it at all times.

**Clinical Site Managers:** are responsible for ensuring patients are managed in accordance with this policy, and for escalating any situations where safe placement cannot be achieved.

**Chief operating officer/On-call Managers:** are responsible for providing senior and executive leadership to ensure implementation of this policy, and for ensuring infection risks are fully considered and documented when complex decisions need to be made regarding capacity and patient flow.

**Role of the Occupational Health & Wellbeing Team:** responsible for identifying staff contacts. Confirming suitability of individual members of staff to work in affected areas. Liaison with staff members GP. Monitoring progress of staff absent due to illness and advice on return to work.

**Role of Hotel Services Manager:** responsible for mobilisation of support services e.g. domestic, portering. Arrange and monitor cleaning once outbreak is over.

**Head of Communications:** responsible for clarification of the need to supply statements to the press and the content of Statements with DIPC.

#### **PATIENTS LACKING CAPACITY**

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest.
- Further information can be found in the MCA policy, and the Code of Practice, both available on the Extranet.

## **4. INSTITUTION OF OUTBREAK PLAN**

Outbreaks and incidents may be caused by a number of factors, including chemical, nuclear, radiological and biological agents. It is recognised that there cannot be absolute criteria for defining an incident/outbreak or problem and in certain circumstances staff may have to act on grounds of 'reasonable suspicion'. Staff should act promptly and seek advice where there is concern rather

than worry about 'false alarms'. It is much better to be cautious, and to report early, rather than to wait until a major problem is evident.

### **Minor Outbreak**

A minor outbreak is one that can normally be investigated and controlled within the resources of the hospital and the appropriate microbiology laboratory. In a minor outbreak, an Outbreak Control Group (OCG) may not need to be convened but investigation and management of the outbreak will require close collaboration between the infection control and multi-disciplinary team.

### **Outbreak Control Group**

The exact composition of the group will vary from outbreak to outbreak depending on the nature and location of the problem. Led by the DIPC, the group may include:

- Consultant Microbiologist / Director Infection Prevention & Control
- Appropriate members of the Infection Control Team (IPCT)
- Divisional Director, Matron from affected area
- Clinical Site Manager
- Public Health England representation by invitation where relevant
- Commissioner Representative

The outbreak control group will be chaired by the DIPC. Clerical and administrative support will be provided by the IPCT team who will arrange meetings and be responsible for recording the meetings. In the event that administrative support is not available this will be provided by the relevant Division. At the meeting, all the relevant information will be presented to the group and an action plan drawn up. In the case of small outbreaks, the OCG may not need to meet again. The DIPC will be responsible for deciding when the outbreak is "closed" and will inform all the necessary individuals.

### **Major Incident/Outbreak**

The IPCT team and DIPC will determine whether the outbreak constitutes a "major outbreak". This will be based on a number of criteria, including the number of cases, the pathogenicity of the organism, its potential for spread within the hospital and community, and the likely overall impact of the outbreak on the Trust and surrounding area.

A major incident/outbreak of infection is defined as one in which:

- A large number of people or multiple cohorts of people are affected;
- The organism involved is unusually pathogenic;
- There is potential for transmission to large numbers of people;
- There are unusual or exceptional features;

A major incident/outbreak of infection – is one which will normally require an incident/outbreak Control Team (OCT) to be convened. This is usually when more than one clinical area is affected.

Examples of major outbreaks/infectious incidents	Examples of outbreaks of limited extent
Foodborne salmonella outbreak in hospital	Cluster of diarrhoea cases on one ward/unit
Hospital acquired tuberculosis	Cluster of MRSA colonisation cases on a ward/unit
Hospital acquired legionnaires disease	
Diarrhoea and/or vomiting on multiple wards/units	

### Investigation of suspected Outbreak

When a possible outbreak has been identified, it is the responsibility of the Infection Prevention and Control Team (IPCT) to investigate further. Members of the IPCT will take immediate steps to collect information from all sources to determine whether an outbreak is occurring. This will include the number of individuals affected, symptoms, likely source and mode of spread.

Information gathered will allow an assessment of the severity of the problem and initiation of immediate control measures. If it is found that no outbreak exists, ward staff will be reassured and care taken to ensure that they are not discouraged from further reporting in the future.

### Major Outbreak Control Group (MOCG)

If the decision is made that the outbreak is major, an MOCG is immediately convened by the DIPC. Led by the DIPC the MOCG should include the following core members:

- Director of Infection Prevention and Control
- Consultant Microbiologist
- Chief Executive/Deputy Chief Executive, Chief Nurse.
- Infection Prevention and Control Lead Nurse
- Infection Prevention and Control Practitioner
- Relevant Divisional representatives – Matrons, Directors.
- Occupational Health & Wellbeing representative
- Clinical Site Manager
- Public Health representative
- Communications Manager
- Hotel services
- Co-opt other members as required
- Secretarial support

In the case of suspected food poisoning, the catering manager and environmental health officer must be involved.

In the case of Legionnaires disease the Head of Facilities and Estates/ engineers must be involved.

Procurement may need to attend if the outbreak requires excessive/additional personal protective equipment (PPE).

The Outbreak groups will:

- Agree a case definition.
- Establish the extent of the outbreak through active case finding. Define the population at risk.
- Ensure all affected patients/staff are being optimally treated. This may involve advice

from an Infectious Disease Physician.

- Clarify the resource implications of the outbreak and its management and how they will be met.
- Agree and co-ordinate decisions on investigations and control of the outbreak.
- Allocate responsibility to specific individuals who will then be accountable.
- The group will review the need for co-opting other staff e.g. from Estates Dept as relevant to the outbreak.
- Consider the need for outside help from Public Health England, Regional Epidemiologist, Local Area Team, Clinical Commissioning Group.
- Ensure adequate communications are established including nominating one person to be responsible for making statements to the news media and informing relevant agencies.
- Provide clear written instructions for ward staff.
- Agree arrangements for providing information to patients, relatives and visitors.
- Meet frequently, and review progress on investigation and control. Written agendas will be required with minutes and action notes/decision log produced. This will require clerical support, computing facilities and staff to assist with data entry.
- Prepare a preliminary report, ideally within 3 working days, interim reports as necessary and a final report.

## 5. AT THE END OF AN OUTBREAK

The outbreak groups will decide when the outbreak is over and will make a statement that there is no longer a risk to public health and situation under control.

A debriefing meeting of the outbreak group should be convened to consider the lessons learned and any further preventive action required.

A full report will be prepared for publication and will be circulated as appropriate.

## 6. FUNDING OF OUTBREAKS

The Trust considers it inappropriate to keep a specific reserve for outbreak investigation and control. For purely Trust based outbreaks involving considerable expense the Outbreak Groups will keep the Trust Chief Operating Officer informed of anticipated additional expenditure.

## 7. TRAINING AND SUPPORT

The training requirements of all staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead or nominated person. Please refer to the Mandatory and Statutory Training Policy (CORP/EMP 29) for details of the training needs analysis, as staff will require different levels of training.

Infection prevention and control must be included in individual Annual Professional Development Appraisal and any training needs for infection prevention and control addressed.

It is an expectation for all clinical staff to attend IPC training as per local Training Needs Analysis, which will be captured by the Training and Education Department via Electron Staff Records (ESR) system.



## 8. MONITORING COMPLIANCE WITH THE POLICY

Monitoring	Who	Frequency	How Reviewed
The policy will be reviewed in the following circumstances:-	APD Process Group  IPCT	Every three years routinely, unless: <ul style="list-style-type: none"> <li>• When new national or international guidance are received.</li> <li>• When newly published evidence demonstrates need for change to current practice.</li> <li>• Action required from Post Infection Review / serious incident reports.</li> </ul>	Approved Procedural Document (APD) database  Policy will be approved and ratified by the Infection Prevention and Control Committee
Compliance with policy to negate cross-infection	The Infection Prevention and Control Practitioners	Weekly	“Alert organism review” to monitor adherence with the policy.
Training needs for infection prevention and control	Ward and Department Managers  Training and Education Department	Annually	Staffs Professional Development Appraisal  Attendance will be captured by the Training & Education Department via ESR system

## 9. DEFINITIONS

**Best Interest** - There is no single definition of Best Interest. Best Interest is determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.

## 10. EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 4)

## 11. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

## 12. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

This policy should be read in conjunction with other Trust Policies and protocols for the prevention and control of HCAI in line with the Health and Social Care Action 2008. In particular:

- Cleaning and Disinfection of Ward-based Equipment – PAT/IC 24
- Care after Death and Bereavement Policy: Operational Policy for Staff to follow in the event of a Patient Death - PAT/T 60
- Gastroenteritis Minor Outbreak Policy ( Diarrhoea and Vomiting)- PAT/IC 27
- Glove Use Policy (Latex) – CORP/HSFS 13
- Hand Hygiene – PAT/IC 5
- Isolation Policy PAT/IC 16
- Laundry Policy - PAT/IC 21
- Mental Capacity Act 2005 - Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) - PAT/PA 19
- Pathology Specimens - Collection and Handling of Pathology Specimens – PAT/IC 11
- Privacy and Dignity Policy – PAT/PA 28

- Spillages of Blood and Other Body Fluids – PAT/IC 18
- Waste Management Manual - CORP/HSFS 17
- Fair Treatment for All - CORP/EMP 4
- Equality Analysis Policy – CORP/EMP 27

## 13. REFERENCES

Gov.UK Norovirus; managing outbreaks in acute and community health and social care settings 2012. <https://www.gov.uk/government/collections/norovirus-guidance-data-and-analysis>  
Accessed 23/02/2021

Public Health England. Norovirus; guidance, data and analysis. The symptoms, diagnosis, management and epidemiology of norovirus. Published 10 July 2014. Updated December 2020. <https://www.gov.uk/government/collections/norovirus-guidance-data-and-analysis>  
Accessed 23/02/2021

## APPENDIX 1 – PLAN OF ACTION FOR INDIVIDUALS IN THE EVENT OF A MAJOR OUTBREAK

### Action Cards in the event of Major Outbreak

This is a checklist to identify the responsibilities and duties of individuals. It cannot be exhaustive and should not inhibit you from taking initiatives or discussing other actions with the Chairman of the Outbreak Control Team (OCT).

#### 1.0 Director of Infection Prevention and Control (DIPC)

- 1.1 Discusses the nature of the outbreak with the other members of the OCT, and decides whether to institute the Major Outbreak Plan or not.
- 1.2 Declares a major outbreak.
- 1.3 Requests the Chief Executive of the Trust concerned to request the presence of the OCT at a time and place determined by them. Indicates which personnel are required to attend.
- 1.4 Chairs the meeting of the Outbreak Control Team.
- 1.5 Ensures that all meetings and recommendations are recorded.
- 1.6 Ensures that disciplines are represented and asks each member in turn to provide an update of the situation in their discipline. Facilitates full discussion of information and options and agrees necessary actions as part of investigating and controlling the outbreak. Ensures the date, time and place of next meeting and the need for attendance are met.
- 1.7 Is responsible for declaring the conclusion of the outbreak in the Trust.
- 1.8 Provides any necessary interim reports to the Trust Board and submits a final report at the end of the outbreak.

#### 2.0 Consultant Microbiologist

- 2.1 In the absence of the DIPC, carries out their allocated duties.
- 2.2 Directs and co-ordinates the management of the outbreak in the Unit. Formulates a case definition.
- 2.3 Explains to the meeting the nature of the outbreak and allocates responsibilities, emphasising personal responsibilities for action or dissemination of information to staff, patients and visitors to the Unit.

- 2.4 Confirms availability of laboratory staff and equipment for clinical investigations. Supervises laboratory investigations and notification of results. Gives advice on the results of specimens taken.
- 2.5 Checks with those present on availability of necessary supplies, staff and equipment.
- 2.6 Ensures specialist advice is obtained if necessary from outside bodies, for example Health Protection Agency, Consultant Physician (Infectious Diseases), Water Company, and neighbouring CCDCs.
- 2.7 Maintains a daily record of events and actions.

### **3.0 Consultant in Communicable Diseases Control (CCDC)**

- 3.1 In the absence of the DIPC/Consultant Microbiologist, carries out all of the above actions allocated to the Chairman of the OCT.
- 3.2 Notifies the Environmental Health Department.
- 3.3 Takes part in the OCT meetings.
- 3.4 Provides any necessary guidance for the investigation of the outbreak and the tracing of the source of infection.
- 3.5 Arranges questionnaires, as required, for investigation of patients and staff and carries out epidemiological analysis. Organises search for, and investigation of, contacts in the community.
- 3.6 Notifies the outbreak to the relevant District and Regional Director of Public Health (DPH).
- 3.7 Maintains a daily record of events and actions.
- 3.8 In liaison with the DIPC, Consultant Microbiologist and Occupational Health & Wellbeing Nurse, ensures that all staff who suffer from signs and symptoms of food poisoning or other communicable diseases are fully investigated and kept off duty until deemed fit to return to work.
- 3.9 Keeps General Practitioners in the region fully informed of the outbreak and progress as considered necessary.

### **4.0 Clinical Director/Designated Lead Clinician (specialty will vary depending upon nature of outbreak)**

- 4.1 At the start of the outbreak a representative Clinician will be nominated by the DIPC and the Clinical Director, possibly in conjunction with the Medical Director.

- 4.2 Liaises with the CCDC in ensuring that all necessary questioning of patients takes place to aid analysis, diagnosis and control.
- 4.3 Ensures use is made of all medical intelligence as and when required for isolation of patients and barrier nursing etc. as advised by the Infection Prevention & Control Team.
- 4.4 Ensures availability of junior medical staff, equipment and supplies for clinical investigation and care of patients.
- 4.5 Takes part in the OCT meetings and ensures dissemination of information to consultant colleagues and junior medical staff as appropriate.
- 4.6 Maintains a daily record of events and actions.
- 4.7 Contacts medical colleagues in other hospitals or General Practitioners in the event of needing to discharge or transfer patients or admissions. Keeps the Chief Executive informed in this regard.

## **5.0 Infection Prevention and Control Team**

- 5.1 Initially ensures DIPC, Consultant Microbiologist, CCDC and Chief Executive have been notified of possible outbreak and participates in ensuing discussions.
- 5.2 Liaise with clinical staff to identify affected patients and establish number of cases involved.
- 5.3 Acts as a liaison between the Consultant Microbiologist and the wards.
- 5.4 Collects information regularly and presents it to the Consultant Microbiologist and CCDC for continuous analysis.
- 5.5 Discusses the different problems and spread of infection with senior nursing staff and Consultant Microbiologist and raises particular concerns with the OCT if appropriate.
- 5.6 Provides advice and education for staff, patients and visitors to avoid cross-infection (this will include mortuary staff if affected patients die). Discusses with the OCT the possible need to apply visiting restrictions.
- 5.7 Liaises with the Waste Manager on waste disposal procedures.
- 5.8 Acts as a liaison and advisory officer to all disciplines in the hospital.
- 5.9 Advises Hotel Services Manager on any special cleaning/disinfection procedures.

- 5.10 Takes part in the OCT meetings.
- 5.11 Maintains a daily record of events and actions.

## **6.0 Chief Executive**

- 6.1 Receives information from the DIPC, Consultant Microbiologist, nursing and medical staff on the position of the outbreak.
- 6.2 Calls meeting of OCT on request from DIPC/Consultant Microbiologist.
- 6.3 Ensures the Trust Board is informed.
- 6.4 Assesses continuously the position and ensures the availability of supplies and staff. Approves any necessary expenditure. Supplies may include sheets, disposables, disposable bags, medicines, sterile supplies, intravenous fluids, disinfectants and goggles.
- 6.5 Responsible for ensuring the release of information to the relatives of those patients affected in the normal way.
- 6.6 Takes part in the OCT meetings.
- 6.7 Gives consideration to visiting arrangements.
- 6.8 Discusses contingency plans
- 6.9 Maintains a daily record of events and actions.

## **7.0 Chief Nurse**

- 7.1 Acts as Secretary to the OCT. Agrees notes, recommendations and actions with the Chairman of the OCT and arranges distribution.
- 7.2 Disseminates information on behalf of the OCT on instruction from its Chairman, e.g. to other Executives.
- 7.3 Assesses continuously the position and ensures the availability of staff. Staffing will include nursing, medical, laboratory, cleaning, switchboard and clerical etc. Ensures that all disciplines (and especially support services) are coping with the demand and are functioning in harmony.

## **8.0 General Manager/Matron**

- 8.1 Ensures appropriate deployment and quantity of nursing staff.
- 8.2 Ensures Isolation Precautions are carried out effectively.

- 8.3 Keeps the Infection Prevention and Control Team informed of new cases as soon as they are reported from the wards.
- 8.4 Ensures that all communications are circulated and understood amongst all nursing staff.
- 8.5 Ensures ward staff have sufficient quantities of necessary supplies.
- 8.6 Ensures that specimens are collected from patients as soon as such specimens are available and are sent to the laboratory without delay.
- 8.7 Takes part in the meetings.

#### **9.0 The Nurse in Charge of the ward/department**

- 9.1 Ensures barrier precautions are carried out effectively.
- 9.2 Keeps the Infection Prevention and Control Practitioner (and through them, the Consultant Microbiologist) informed of new cases as soon as they are reported from the wards.
- 9.3 Ensures that all communications are circulated and understood amongst all nursing staff.
- 9.4 Ensures ward staff have sufficient quantities of necessary supplies.
- 9.5 Ensures that specimens are collected from patients as soon as such specimens are available and are sent to the laboratory without delay.
- 9.6 Takes part in the OCT meetings.
- 9.7 Maintains a daily record of events and actions.

#### **10.0 Senior Medical Staff whose Patients are involved**

- 10.1 Discuss provisional diagnosis with the Consultant Microbiologist and arrange any necessary tests and medication.
- 10.2 Ensure that the CCDC has been notified by telephone and that in accordance with the law, a certificate is forwarded for notification of any cases of food poisoning or other notifiable disease.
- 10.3 Ensure any necessary questionnaires are completed in liaison with the CCDC.
- 10.4 Ensure appropriate isolation of patients with as advised by the Consultant Microbiologist.



- 10.5 Ensure availability of junior medical staff, equipment and supplies for clinical investigation and care of patients.
- 10.6 Take part in the OCT meetings, as required, and ensure dissemination of information to consultant colleagues and junior medical staff as appropriate.
- 10.7 Keep close liaison with Clinical Director/designated Clinical Lead for outbreak.
- 10.8 Maintain a daily record of events and actions.

#### **11.0 Duty Environment Health Officer**

- 11.1 Participates with the CCDC and Consultant Microbiologist in the investigation of the outbreak and search for suspected food or contact as appropriate.
- 11.2 Inspects and monitors catering premises to identify any non-compliance with Food Safety Policy.
- 11.3 Carries out investigations associated with the outbreak in the community, eg patient contacts, sources of suspected foods etc.
- 11.4 Takes part in the OCT meetings as required.
- 11.5 Maintains a daily record of events and actions.

#### **12.0 Catering Manager**

- 12.1 Ensure that the Hygiene and Food Safety Policy is followed.
- 12.2 Ensure that samples of food have been stored in accordance with local procedures and are available for testing.
- 12.3 Make all facilities available for inspection by the EHO.
- 12.4 Provide all the information necessary concerning foods which have been served to patients and staff, their method of preparation, temperature and storage etc.
- 12.5 Ensure a list of all meals supplied is kept on record and made available if required.
- 12.6 Ensure that records of any food returned to kitchens as unfit for consumption are made available for inspection.
- 12.7 Have contingency plans in the event of need to close kitchen.
- 12.8 Take part in the OCT meetings (if food poisoning).
- 12.9 Maintain a daily record of events and actions.

**13.0 Procurement**

- 13.1 Provides extra materials as and when required according to the particular circumstances.
- 13.2 Takes part in the OCT meetings if required.

**14.0 Laundry Provider**

- 14.1 Provides additional linen and other materials; particularly care should be taken to ensure sufficient supplies of curtains are available to meet demand.
- 14.2 Takes part in the OCT meetings if required.

**15.0 Hotel Services Manager**

- 15.1 Ensures special cleaning/disinfection procedures are followed on advice from the Infection Prevention and Control Practitioner.
- 15.2 Ensures availability of services staff.
- 15.3 Takes part in the OCT meetings if required.

**16.0 Pharmacist**

- 16.1 Seeks advice from senior medical staff to ensure adequate supplies of appropriate drugs are available.
- 16.2 Takes part in the OCT meetings if required.

**17.0 Head of Facilities**

- 17.1 Co-operates with the CCDC in any checks of water supply, sewage disposal, etc.
- 17.2 Ensures speedy rectification of faults or replacement of any equipment vital to the control of the disease.
- 17.3 Takes part in the OCT meetings if required.

**18.0 Hospital Decontamination Manager**

- 18.1 Ensures the supply of any necessary sterile goods and materials to deal with any increase in workload on the particular requirements of the outbreak.
- 18.2 Takes part in the OCT meetings as required.

**19.0 Ambulance Service Representative**

- 19.1 Maintains close liaison with medical and nursing staff in the event of needing to discharge, transfer or re-direct patients beyond that which would be considered normal.
- 19.2 Discusses consequences with Senior Ambulance Officer and Chief Executive.
- 19.3 Takes part in the OCT meetings as required.

**20.1 Communications & Engagement Manager**

- 20.1 To prepare in conjunction with the Incident/Outbreak Control Team a media statement.
- 20.2 To ensure that releases to media have been cleared and no other person will release information without the agreement of the team.
- 20.3 Press conference where appropriate and deemed necessary will be arranged by the Communication Officer under the direction of the Incident/Outbreak Control Team. Due regard should be given to the publication deadlines of local and national press.

## APPENDIX 2 – TERMS OF REFERENCE

### Terms of Reference

The terms of reference should be agreed upon at the first meeting and recorded accordingly.

Suggested terms of reference:

- To review the epidemiological, microbiological and environmental evidence and verify an outbreak is occurring
- To regularly conduct a full risk assessment whilst the outbreak is ongoing
- To develop a strategy to deal with the outbreak and allocate responsibilities to members of the outbreak group based on the risk assessment
- To inform determination of level of outbreak according to the Public Health England Incident and Emergency Response Plan
- To agree appropriate further epidemiological, microbiological and environmental investigations
- To ensure that appropriate control measures are implemented to prevent further primary and secondary cases
- To communicate as required with other professionals, the media and the public providing an accurate, timely and informative source of information
- To make recommendations regarding the development of systems and procedures to prevent a future occurrence of similar incidents and where feasible enact these
- To determine when the outbreak can be considered over based on ongoing risk assessment
- To produce a report or reports at least one of which will be the final report containing lessons learnt and recommendations

## APPENDIX 3 – TEMPLATE AGENDA

### Template Agenda for Outbreak Control Meeting

Outbreak Control Team Meeting Agenda

Title

Date, time and venue

1. Introductions
2. Apologies
3. Minutes of previous meeting (for subsequent meetings)
4. Purpose of meeting
  - At first meeting agree chair
  - Terms of Reference
5. Review of evidence
  - Epidemiological
  - Microbiological
  - Environmental
6. Current Risk Assessment
7. Control Measures
8. Further Investigations
  - Epidemiological
  - Microbiological
  - Environmental
9. Communications
  - Public
  - Media
  - Healthcare providers (e.g. GPs, A&E etc.) others
10. Agreed Actions
11. Any other business
12. Next Meeting

**APPENDIX 4 - EQUALITY IMPACT ASSESSMENT FORM**

Policy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Management and control of incident / outbreak of infection	Corporate Nursing Infection Prevention and Control	Carol Scholey Lead Nurse	Existing Procedural Document	March 2021
<b>1. Who is responsible for this policy?</b> Infection Prevention and Control Team				
<b>2. Describe the purpose of the policy?</b> To provide a framework to limit the spread of infection and minimise harm to patients, staff and visitors.				
<b>3. Are there any associated objectives?</b> To ensure that a co-ordinated approach is taken.				
<b>4. What factors contribute or detract from achieving intended outcomes?</b>				
<b>5. Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?</b> No				
<ul style="list-style-type: none"> <li><b>• If yes, please describe current or planned activities to address the impact</b></li> </ul>				
<b>6. Is there any scope for new measures which would promote equality?</b> N/A				
<b>7. Are any of the following groups adversely affected by the policy?</b>				
Protected Characteristics	Affected?	Impact		
a. Age	No			
b. Disability	No			
c. Gender	No			
d. Gender Reassignment	No			
e. Marriage/Civil Partnership	No			
f. Maternity/Pregnancy	No			
g. Race	No			
h. Religion/Belief	No			
i. Sexual Orientation	No			
<b>8. Provide the Equality Rating of the service/ function/policy /project / strategy</b>				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<b>9. Date for next review</b> April 2024				
<b>Checked by:</b> Beverley Bacon IPCP		<b>Date:</b> 29 March 2021		