Please Note: This policy is currently under review and is still fit for purpose.

Management and Control of Incident/Outbreak of Infection

This policy supersedes: PAT/IC 20 v.5 - Hospital Major Infection Outbreak Policy

Did you print this document yourself?
The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

<table>
<thead>
<tr>
<th>Author/reviewer: (this version)</th>
<th>Maurice Madeo - Deputy DIPC</th>
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<tbody>
<tr>
<td>Date revised:</td>
<td>March 2015</td>
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<tr>
<td>Approved by (Committee/Group):</td>
<td>Infection Prevention and Control Committee</td>
</tr>
<tr>
<td>Date of approval:</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Date issued:</td>
<td>22 April 2015</td>
</tr>
<tr>
<td>Next review date:</td>
<td>April 2018 – extended to July 2018</td>
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<tr>
<td>Target audience:</td>
<td>Trust-wide</td>
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## Amendment Form

<table>
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<tr>
<th>Version</th>
<th>Date Issued</th>
<th>Brief Summary of Changes</th>
<th>Author</th>
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| 6       | 22 April 2015 | • Policy updated in line with new trust format  
• Change of policy title  
• Action cards updated  
• References updated | Maurice Madeo       |
| 5       | June 2012     | • Paragraphs re-named and re-numbered in line with (CORP/COMM 1)  
• Section added on “Equality Impact Assessment” | Beverley Bacon      |
| 4       | June 2009     | • Change of Title  
• Include roles and responsibilities for Deputy Director Infection Prevention and Control  
• Include section on Individual and Group Responsibilities  
• Order of contents has changed slightly and sections re-numbered accordingly  
• Appendix 1 updated | Beverley Bacon      |
| 3       | June 2008     | • Duties, Education and Training added.                                                  | Infection Prevention and Control Team |
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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 Infection Control Doctor or 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.
**Senior Nurses:** 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 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.

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 teams.
Major Incident/Outbreak
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.

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

Investigation of suspected Outbreak
When a possible outbreak has been identified, it is the responsibility of the Infection Prevention and Control Team (IPC T) 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.

Minor Outbreak
A minor outbreak will normally be managed by the Infection Prevention and Control Team. The initial assessment will determine if an outbreak control group (OCG) needs to be convened. Contact the Infection Prevention and Control Practitioners during office hours or the on call Consultant Microbiologist out of hours, via switchboard, who will carry out a risk assessment and advise the ward of further infection control measures to be implemented.

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:

- Infection Control Doctor/Director Infection Prevention & Control
- Appropriate members of the Infection Control Team (IPCT)
- Care Group Director, Matron from affected area
- Clinical Site Manager
- Consultant in Communicable Disease Control (CCDC) by invitation where relevant
- Commissioner Representative
The outbreak control group will be chaired by the DIPC/ICD. 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 Care Group. 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 ICD/DIPC will be responsible for deciding when the outbreak is “closed” and will inform all the necessary individuals.

**Major Outbreak**
The IPCT team and ICD 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.

**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:

- Infection Control Doctor/Consultant Microbiologist
- Director of Infection Prevention and Control Infection Prevention and Control Practitioner
- Chief Executive/Chief Operating Officer
- Relevant Care Group representatives – Matrons, Directors.
- Occupational Health 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.

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

All staff should understand how organisms spread in order to apply isolation procedures. Each staff member is accountable for his or her practice and should always act in such a way as to promote and safeguard the well being and interest of patients. Staff will receive instructions and direction regarding infection prevention and control practice and information from a number of sources:-

• Trust Induction
• Trust Policies and Procedures available on the intranet
• Ward/departmental/line managers
• As part of the mandatory infection control education update sessions which can be delivered by a number of formats e.g. face to face and e-learning
• Infection Prevention and Control Educational displays/posters
• Trust Infection Prevention and Control Team
• Infection Prevention and Control Link Practitioners will be provided with education sessions about the policy at their meetings which will facilitate local training and supervision to take place.
• Advice is also available from the Doncaster & Bassetlaw Hospitals internet sites.

8. MONITORING COMPLIANCE WITH THE POLICY

<table>
<thead>
<tr>
<th>Monitoring</th>
<th>Who</th>
<th>Frequency</th>
<th>How Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>The policy will be reviewed in the following circumstances:-</td>
<td>APD Process Group IPCT</td>
<td>Every three years routinely, unless:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• When new national or international guidance are received.</td>
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<tr>
<td></td>
<td></td>
<td>• When newly published evidence demonstrates need for change to current practice.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Action required from Post Infection Review / serious incident reports.</td>
<td></td>
</tr>
<tr>
<td>Compliance with policy to negate cross-infection</td>
<td>The Infection Prevention and Control Practitioners</td>
<td>Weekly</td>
<td>“Alert organism review” to monitor adherence with the policy.</td>
</tr>
<tr>
<td>Audits in ward rounds activities</td>
<td>Matron</td>
<td>Weekly</td>
<td>Deficits identified will be addressed via agree action plan to comply with policy.</td>
</tr>
<tr>
<td>Training needs for infection prevention and control</td>
<td>Ward and Department Managers Training and Education Department</td>
<td>Annually</td>
<td>Staffs Professional Development Appraisal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Attendance will be captured by the via OLM system</td>
</tr>
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</table>
9. DEFINITIONS

These are included in text.

10. EQUALITY IMPACT ASSESSMENT

As part of its development, this policy and its impact on equality, an Equality Impact Assessment (EIA) has been conducted in line with the principles of the Equality Impact Assessment Policy CORP/EMP 27.

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

11. 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 particularly:

- **Hand Hygiene Policy** – PAT/IC 5
- **Pathology Specimens – Collection & Handling of Pathology Specimens** – PAT/IC 11
- **Mental Capacity Act 2005** - PAT/PA 19
- **Privacy and Dignity Policy** – PAT/PA 28
- **Isolation Policy** – PAT/IC 16
- **Standard Infection Prevention & Control Precautions Policy** – PAT/IC 19
- **Gastroenteritis Policy** (Diarrhoea and Vomiting) – PAT/IC 27

12. REFERENCES

Accessed 30/03/2015

Accessed 30/03/2015
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.

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 Deputy Director of Infection Prevention and Control or 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/Deputy DIPC or 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 Nurse Advisor, 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 (speciality 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, Deputy 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 Director of Nursing

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, eg 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 Lead Clinical 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, e.g., 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 Supplies Officer

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 Manager

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 Director 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.

20.0 Communications 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

<table>
<thead>
<tr>
<th>Policy</th>
<th>CSU/Executive Directorate and Department</th>
<th>Assessor (s)</th>
<th>New or Existing Service or Policy?</th>
<th>Date of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management and control of incident / outbreak of infection</td>
<td>Corporate Nursing Infection Prevention and Control</td>
<td>Deputy DIPV</td>
<td>Existing Procedural Document</td>
<td>March 2015</td>
</tr>
</tbody>
</table>

1. **Who is responsible for this policy?** Infection Prevention and Control Team

2. **Describe the purpose of the policy?** To provide a framework to limit the spread of infection and minimise harm to patients, staff and visitors.

3. **Are there any associated objectives?** To ensure that a co-ordinated approach is taken.

4. **What factors contribute or detract from achieving intended outcomes?**
   - If yes, please describe current or planned activities to address the impact

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?** No

6. **Is there any scope for new measures which would promote equality?** N/A

7. **Are any of the following groups adversely affected by the policy?**
   - a. Protected Characteristics
     - Affected? No
     - Impact
   - b. Age No
   - c. Disability No
   - d. Gender No
   - e. Gender Reassignment No
   - f. Marriage/Civil Partnership No
   - g. Maternity/Pregnancy No
   - h. Race No
   - i. Religion/Belief No
   - j. Sexual Orientation No

8. **Provide the Equality Rating of the service/ function/policy /project / strategy**
   - Outcome 1 ✓
   - Outcome 2
   - Outcome 3
   - Outcome 4

9. **Date for next review** April 2018

**Checked by:** Maurice Madeo - Deputy DIPC  **Date:** 31/03/2015