Policy for the Management of Outbreaks

V4

02.06.16
Summary.

Outbreak Suspected

Ward staff to contact Infection Prevention and Control Team (IPAC)

IPAC team to investigate

Major outbreak suspected

Major Outbreak Control Group to be convened by DIPC

Minor outbreak suspected

Outbreak Control Group to be convened by DIPC

No outbreak identified

No further action required.
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1. **Introduction**

1.1. The occurrence of outbreaks of infection in hospitals vary greatly in extent and severity, ranging from a few cases of urinary tract infection to a large outbreak of food poisoning potentially involving hundreds of people. 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 (IPAC).

However, in cases of serious communicable disease, major outbreaks or where there is increased potential for spread, it is necessary for further action to be taken.

Most outbreaks may not impact greatly on routine hospital services. On occasions however, outbreaks may have significant implications for routine services and additional resources may be required. In these circumstances, the major incident plans of the Local Authority, the Commissioners and the hospital will be invoked.

Outbreaks and incidents of unusual illnesses might have any one of a number of causes in addition to infectious causes, including chemical, nutritional, radiological or even hysterical. Biological agents may be released deliberately.

This document will provide a framework for the initial management of such incidents.

1.2. This version supersedes any previous versions of this document.

2. **Purpose of this Policy/Procedure**

2.1. The purpose of the outbreak plan is to provide a framework which will ensure that outbreaks of infection within The Royal Cornwall Hospitals NHS Trust are effectively investigated, brought under control and where possible measures taken to prevent similar outbreaks in the future.

2.2. 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. **Scope**

3.1. This policy is applicable to all employees/contracted staff working within the Royal Cornwall Hospitals NHS Trust. It should be read in conjunction with other Trust policies – Policy for the Management of outbreaks of suspected/confirmed Norovirus; Ward closure policy – and the PHE policy for outbreaks of communicable disease.

4. **Definitions / Glossary**

4.1. Definitions are included in the text.
5. Ownership and Responsibilities

5.1. Role of the Associate Divisional Director/Clinical Directors

Associate Divisional Directors/Clinical Directors have responsibility for:
- Liaison with appropriate staff within the Directorate to ensure control measures are carried out.
- Provision of secretarial support for Outbreak Control Group (OCG) if Infection Prevention and Control Team (IPAC) Administrator is not available.

5.2. Role of Wards Sisters/Charge Nurses and Departmental Managers

Ward Sisters/Charge Nurses/Departmental Managers have responsibility for:
- Overseeing the implementation of control measures as advised by the OCG
- Supporting staff on ward/department.
- Facilitating cleaning of the area prior to re-opening.

5.3. Role of the Director of Infection Prevention and Control

The Director of Infection Prevention and Control (DIPC) has responsibility for:
- Convening and chairing of an Outbreak Control Group (OCG).
- Liaison with Chief Executive.
- Production of reports on major outbreaks.
- Review of the outbreak plan in the light of lessons learned from outbreaks.
- Reporting to the Board any immediate or long term resource requirements which may arise.

5.4. Role of the Infection Prevention and Control Doctor

The Infection Prevention and Control Doctor (ICD) for the Trust has overall responsibility for:
- The clinical management of outbreaks in the Trust. If the ICD is unavailable, this role will be assumed by the Consultant Microbiologist.
- Communication with appropriate staff and external agencies.
- Advice on ward closures.

5.5. Role of Infection Prevention and Control (IPAC) Team

The Infection Prevention and Control Nursing Team (IPAC) has responsibility for:
- Performing baseline observational audit of the affected area at an early stage.
- Collection of relevant information on affected patients/staff.
- Advice on control measures to be used for affected patients.
- Regular communication with appropriate staff and external agencies.
- Monitoring of agreed control measures.
- Attendance at OCG.
- Production of final reports on minor outbreaks.

The IPAC team are responsible for reviewing and updating this policy.

5.6. Role of Consultant Microbiologist

The Consultant Microbiologist has responsibility for:
- Ensuring that appropriate laboratory support is available and that appropriate investigations are carried out.
5.7. **Role of the Occupational Health Team**
The Occupational Health Physician/Nurse has responsibility 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.

5.8. **Role of Clinical Site Team**
The Site Co-ordination Team and Bed Managers are responsible for ensuring patients are placed in accordance with this policy, and for escalating any situations where safe placement cannot be achieved.

5.9. **Role of Domestic Services Contract Team**
The Hotel Services Managers have responsibility for:
- Mobilisation of support services e.g. domestic, portering.
- Authorisation/co-ordination of “terminal” clean once outbreak is over.

5.10. **Associate Director of Communications**
The Associate Director of Communications has responsibility for:
- Clarification of the need to supply statements to the press and the content of Statements with ICD.

6. **Standards and Practice**

6.1. **Recognition of an Outbreak**
This is a critical decision and will be based on a number of factors: number of cases, severity of infection, and nature of the mode of transmission.

The rapid recognition of outbreaks is one of the most important objectives of routine surveillance. Outbreaks may be identified in the laboratory or by nursing and medical staff in the clinical areas; particularly if the onset is rapid and affects a significant number of patients.

Some outbreaks can present suddenly affecting larger numbers of individuals before detection. In some situations a single case, e.g. of healthcare acquired legionella or post-operative tetanus, would be classed as an outbreak.

All staff should be vigilant and report any suspicions of an outbreak to the Infection Prevention and Control Team (IPCT) immediately.

6.2. **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 Team (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.

6.3. **Major Outbreak**
A major outbreak 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 a potential for transmission to large numbers of people (e.g. widespread distribution of food product, public water supply or point source affecting large numbers).

<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 cases on a ward/unit</td>
</tr>
<tr>
<td>Hospital acquired legionnaires disease</td>
<td></td>
</tr>
<tr>
<td>Diarrhoea and/or vomiting on multiple wards/units</td>
<td></td>
</tr>
</tbody>
</table>

6.4. Investigation of suspected Outbreak

When a possible outbreak has been identified, it is the responsibility of the Infection Prevention and Control Team (IPAC) to investigate further. Members of the IPAC 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.

6.5. Action to be taken if Outbreak exists

6.5.1. 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.

Outbreak Control Group (OCG)

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
- Appropriate members of the Infection Control Team (IPAC)
- Clinical Director from affected area
- Divisional Nurse/Clinical Matron from affected area
- Operations Nurse/Site Co-ordinator
- 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 IPAC team who will arrange meetings and be responsible for minuting the meetings. In the event that administrative support is not available this will be provided by the relevant Divisional Management team. 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 will be responsible for deciding when the outbreak is “closed” and will inform all the necessary individuals.
6.5.2. Major Outbreak
The IPAC 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 Nurses
- Chief Executive/Chief Operating Officer
- Occupational Health Physician or Nurse
- Head of Patient Flow.
- Director of Public Health
- Commissioner representative
- CCDC/PHE Rep
- Communications Manager
- Secretarial support

In addition to these core members, a senior nurse from the affected area of the hospital and the clinician must be involved.

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

In the case of Legionnaires disease the Director of Estates/Engineers must be involved.

The MOCG may require expansion according to the nature of the outbreak.

6.5.3. Functions of the OCT/MOG
The OCG/MOG 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 including additional laboratory, nursing, medical and clinical staff, extra secretarial support, infection control overtime, extra telephones etc.
- 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 Department 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 DH, PHE, Consultant Epidemiologist, Care Quality Commission etc.
- Provide clear written instructions +/or information for ward staff, housekeeping staff etc.
- Decide whether existing isolation facilities are adequate or whether an isolation ward needs to be created.
- Agree arrangements for providing information to patients, relatives and visitors.
- Meet frequently, usually daily 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 48 hours, interim reports as necessary and a final report.

6.5.4. **End of the Outbreak**

The OCG/MOG will decide when the outbreak is over and will make a statement that there is no longer a risk to public health.

A debriefing meeting of the OCG/MOG should be convened to consider the lessons learned and any further preventive action required.

A full report will be prepared and agreed by the OCG.

6.6. **Acute Trust response to major outbreaks of infection in the community**

**Introduction**

Community outbreaks have the potential to place heavy and unexpected demands on hospital services.

**Types of outbreak**
- Acute - occurring over a few hours from a point source e.g. staphylococcal food poisoning
- Non acute - developing over days or even weeks e.g. Salmonella food poisoning and influenza; major outbreaks of legionnaire’s disease.

**Acute outbreaks**

These are likely to place a major burden on Trust resources. As soon as the scale of the problem is apparent the major outbreak control group should be constituted as above.

Decisions will need to be made rapidly as to the need for isolation of large numbers of cases since this will pose major logistic problems.
Non acute outbreaks
In this situation different management arrangements are required. In addition to any CCDC led outbreak control group for the Community a Trust Response Outbreak Control Group (TROCG) will be convened to co-ordinate the Trust’s response.

Membership of TROCG
- DIPC
- Infection Control Doctor
- Infection Control Team
- Chief Executive or appropriate deputy
- Relevant clinician(s)
- CCDC

Depending on the circumstances others may include:
- Head of Patient Flow/Site Co-ordinator
- Occupational Health Physician
- Environmental Health Officers, Water Authority etc

Outbreak management
This will be similar to the Major Outbreak Response.

6.7. 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 OCG/MOG will keep the Trust Executive appraised of anticipated additional expenditure. For major outbreaks in the community the Trust would liaise with NHS Kernow, the PHE and NHS England, as appropriate, to highlight additional unbudgeted costs.

7. Dissemination and Implementation
This policy will be implemented via the following routes:

- The policy will be included in the Trust’s Document Library
- Information regarding the policy will be circulated to all Link Practitioners, ward sisters/charge nurses and Matrons

The policy will be monitored during and after each outbreak. Where any deficiencies are identified, recommendations and action plans will be developed and changes implemented accordingly. Progress on any actions will be monitored by the Hospital Infection Prevention and Control Committee.

8. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Ward management of patients with confirmed or suspected Norovirus.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>IPAC Team</td>
</tr>
<tr>
<td>Tool</td>
<td>This will be monitored against the actions specified in section 8</td>
</tr>
</tbody>
</table>

Policy for the Management of Outbreaks
Frequency
This will be monitored daily and via any outbreak meetings that are convened.

Reporting arrangements
Any actions requiring immediate attention will be reported to the ward sister or nurse in charge at that time. An outbreak report will be completed by the DIPC at the end of any outbreak which will be submitted to the Hospital Infection Prevention and Control Committee.

Acting on recommendations and Lead(s)
The Hospital Infection Prevention and Control Committee will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within reasonable timeframes. Required actions will be identified and completed in a specified timeframe.

Change in practice and lessons to be shared
Required changes to practice will be identified and actioned immediately where necessary. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

9. Updating and Review
   9.1. This Policy will be reviewed within 3 years.

10. Equality and Diversity
    10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ‘Equality, Diversity & Human Rights Policy’ or the Equality and Diversity website.

    10.2. The Initial Equality Impact Assessment Screening Form is at Appendix 2.
## Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Policy for the Management of Outbreaks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td></td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>1st December 2016</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>30th November 2019</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Infection Prevention and Control</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 25 4969</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>This policy has been developed to provide a practical document to equip all healthcare staff at the Royal Cornwall Hospitals NHS Trust with the necessary information on the recognition and management of outbreaks</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Use this section to suggest keywords to be added by the Uploader to aid document retrieval.</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Director of Nursing, Midwifery and AHPs</td>
</tr>
<tr>
<td>Date revised:</td>
<td>02.06.16</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>Infection Prevention and Control Outbreak Policy V 3.</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Infection Prevention &amp; Control Steering Group Hospital Infection Prevention &amp; Control Committee Meeting</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Louise Dickinson</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Not required</td>
</tr>
<tr>
<td>Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet</td>
</tr>
</tbody>
</table>
Policy for the Management of Outbreaks

Document Library Folder/Sub Folder
Clinical / Infection Prevention & Control

Links to key external standards
CQC Outcome 8

Related Documents:


Training Need Identified?
No

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
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<tbody>
<tr>
<td>January 2009</td>
<td>1</td>
<td>New Policy</td>
<td>Lead Nurse Infection Control</td>
</tr>
<tr>
<td>30.12.2013</td>
<td>3</td>
<td>Revised and put into new format. Changes to appropriate bodies. Action cards added.</td>
<td>Louise Dickinson Consultant Nurse Joint DIPC</td>
</tr>
<tr>
<td>02.06.16</td>
<td>4</td>
<td>Changes to titles, references updated, reformatted.</td>
<td>Louise Dickinson Consultant Nurse Joint DIPC</td>
</tr>
</tbody>
</table>

[Please complete all boxes and delete help notes in blue italics including this note]

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document
This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
Appendix 2. Initial Equality Impact Assessment Form

Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as policy) (Provide brief description): Outbreak Policy

Directorate and service area: Infection Prevention and Control
Is this a new or existing Policy? Existing

Name of individual completing assessment: Louise Dickinson
Telephone: 01872 254969

1. Policy Aim*
Who is the strategy / policy / proposal / service function aimed at?
To provide a practical document to equip all healthcare staff at the Royal Cornwall Hospitals NHS Trust with the necessary information on the recognition, and management of outbreaks of infection

2. Policy Objectives*
This policy provides details on how outbreaks of infection should be managed

3. Policy – intended Outcomes*
To manage outbreaks effectively and reduce the risk of transmission of infection further.

4. *How will you measure the outcome?
Through daily outbreak meetings

5. Who is intended to benefit from the policy?
All Staff, patients and visitors

6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?
Yes

b) If yes, have these *groups been consulted?
Yes

C). Please list any groups who have been consulted about this procedure.
Infection Prevention and Control Steering Group
Hospital Infection Control Committee

7. The Impact
Please complete the following table.

Are there concerns that the policy could have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>√</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Policy for the Management of Outbreaks
You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. No

9. If you are not recommending a Full Impact assessment please explain why.

Full impact assessment not required as does not affect any of the equality strands.

<table>
<thead>
<tr>
<th>Signature of policy developer / lead manager / director</th>
<th>Date of completion and submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louise Dickinson</td>
<td></td>
</tr>
</tbody>
</table>

Names and signatures of members carrying out the Screening Assessment

1. Louise Dickinson
2. 

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed __________________

Date __________________
Appendix 3 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 on-going
- To develop a strategy to deal with the outbreak and allocate responsibilities to members of the OCT based on the risk assessment
- To inform determination of level of outbreak according to the HPA 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 on-going risk assessment
- To produce a report or reports at least one of which will be the final report containing lessons learnt and recommendations
Appendix 4 Template Agenda for OCT 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, ED etc.) others
10. Agreed Actions
11. Any other business
12. Date of Next Meeting
Appendix 5 Checklist for the End of First Outbreak Control Group Meeting

Management/Organisational Aspects

- Individual in charge of epidemiological investigations identified.
- Need for increased clinical care (nursing and medical staff) considered.
- Need for increased domestic, laundry, sterile supplies and ancillary staff considered.
- Need for increased laboratory assistance considered.
- Need for assistance from PHE
- Adequate supplies available, including medications.

Investigation

- Case definition made on clinical and/or microbiological criteria.
- Epidemiological studies initiated.
- Relevant samples obtained and properly labelled.
- Rapid transport of specimens to specified laboratories and to Reference Laboratory if appropriate.
- Need for microbiological screening of patients, Occupational Health/Unit staff and other contacts.
- Need for serological screening of patients, staff and other contacts.
- Follow up contacts, e.g. patients, staff, visitors, family and community.

Control

- Need for active or passive immunisation considered
- Need for antibiotic prophylaxis considered
- Nursing procedures defined.
- Domestic procedures defined.
- Isolation policies implemented
- Policy on patient transfer, discharge and admissions defined
- Policy on the movement of patients and staff within the hospital defined
- Visiting arrangements defined
Appendix 6 Action - Card Consultant in Communicable Disease Control/Health Protection / Consultant Epidemiologist

- To chair the OCT where this is a community associated outbreak unless a different chair has been agreed by the OCG.

- Depending on the nature and scale of the incident, to inform the relevant PHE director and ensure PHE Briefings are prepared.

- To provide epidemiological advice relevant to the outbreak and support analysis and interpretation of data.

- To arrange, in conjunction with environmental health colleagues, for appropriate identification and follow up of any contacts.

- To arrange for the provision of prophylactic treatment and immunisation for contacts and others at risk as necessary.

- To identify the need for advice from relevant experts and request advice as appropriate.

- Liaise with clinicians (primary care) over need for specific testing and management of cases.

- To agree with the OCG/MOG who will lead the media response.

- To ensure appropriate bodies and officers are kept informed and updated as necessary.

- Where appropriate to liaise with colleagues in adjacent Health Protection Teams (HPTs) where more than one HPT is involved or may be involved.

- To ensure the constructive debrief is held and lessons learned disseminated and acted upon as necessary.

- To ensure all documentation relating to the outbreak is correctly managed and disseminated, incorporating information governance and data protection requirements.

These tasks may vary according to the nature or circumstances of the outbreak.
Appendix 7 Action Card - Consultant Microbiologist / Consultant Virologist

- To present to the OCG/MOG relevant microbiological information relating to the outbreak.
- To identify resources to enable microbiological testing to be undertaken speedily and efficiently and to report on this to the OCG/MOG.
- To provide advice and guidance on the microbiological aspects of the investigation and control of the outbreak.
- To arrange microbiological testing of relevant human and non-human samples and to arrange, as necessary, further investigations by other laboratories e.g. typing as agreed at the OCG/MOG.
- To provide the results of all testing to the source of the request.
- To provide advice and guidance on the microbiological investigation and control of the outbreak.
- To participate, as necessary, in the inspection of premises and procurement of samples.
- To liaise with microbiologists in other laboratories (PHE & NHS), including reference laboratories, which are involved in the investigation.
- To advise on communications needed with microbiological colleagues and assist in briefings where necessary.
- To assist clinical colleagues and the PHE consultant with treatment and prophylaxis protocols.

These tasks may vary according to the nature or circumstances of the outbreak.
Appendix 8 Action Card - Director of Public Health

- To have overall executive responsibility for reviewing the health of the population including the surveillance, prevention and control of communicable diseases and infections
- To represent the Local Authority on the Outbreak Control Group either in person or through an appropriate deputy.
- To ensure that the relevant leads of organisations are informed.
- To liaise with other CCGs as appropriate
- To agree with the PHE Consultant who will lead the media response as required.
Appendix 9 Action Card - Infection Control
Doctor/Microbiologist

- In the absence of the DIPC carries out their allocated duties.

- Directs and co-ordinates the management of the outbreak in the ward area and formulates a case definition.

- 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.

- 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.

- Ensures specialist advice is obtained if necessary from outside bodies for example Public Health England, Water Company etc.

- Maintains a daily record of events.
Appendix 10 Action Card - Director of Infection Prevention and Control (DIPC)

- Discusses the nature of the outbreak with the other members of the OCG, and decides whether to institute the Major Outbreak Plan or not.

- Declares a major outbreak.

- Requests the Chief Executive of the Trust to request the presence of the OCG at a time and place determined by them. Indicates which personnel are required to attend.

- Chairs the meeting of the Outbreak Control Group.

- Ensures that all meetings and recommendations are recorded.

- 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.

- Is responsible for declaring the conclusion of the outbreak in the Trust.

- Provides any necessary interim reports to the Trust Board and submits a final report at the end of the outbreak.
Appendix 11 Action Card - Clinical Director/Designated Lead Clinician (speciality will vary depending upon nature of outbreak)

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

- Liaises with the CCDC in ensuring that all necessary questioning of patients takes place to aid analysis, diagnosis and control.

- Ensures use is made of all medical intelligence as and when required for isolation of patients etc, as advised by the Infection Prevention & Control Team.

- Ensures availability of junior medical staff, equipment and supplies for clinical investigation and care of patients.

- Takes part in the OCG meetings and ensures dissemination of information to consultant colleagues and junior medical staff as appropriate.

- Maintains a daily record of events and actions.

- 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.
Appendix 12 Action Card - Infection Prevention and Control Team

- Initially ensures DIPC, Infection Control Doctor/Microbiologist have been notified of possible outbreak and participates in ensuing discussions.

- Liaise with clinical staff to identify affected patients and establish number of cases involved.

- Acts as a liaison between the Infection Control Doctor/Microbiologist and the wards.

- Collects information regularly as required and presents it to the Infection Control Doctor/microbiologist and the OCG/MOG.

- Discusses the different problems and spread of infection with senior nursing staff and Infection Control Doctor/Microbiologist and raises any particular concerns with the OCG/MOG as appropriate.
Appendix 13 Action Card - Chief Executive

- Receives information from the DIPC, Consultant Microbiologist, nursing and medical staff on the position of the outbreak.
- Calls meeting of OCG on request from DIPC/Consultant Microbiologist.
- Ensures the Trust Board is informed.
- 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.
- Responsible for ensuring the release of information to the relatives of those patients affected in the normal way.
- Takes part in the OCG meetings.
- Gives consideration to visiting arrangements.
- Discusses contingency plans
- Maintains a daily record of events and actions.
Appendix 14 Action Card - Director of Nursing

- Agrees notes, recommendations and actions with the Chairman of the OCG and arranges distribution.

- Disseminates information on behalf of the OCG on instruction from its Chairman, e.g. to other Executives.

- 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.

- Advises switchboard and any other appropriate staff, e.g. reception that any Press and Media enquiries on the outbreak are to be directed to the Chief Executive or PHE as agreed.
Appendix 15 Action Card – Associate Director/Clinical Matron

- Ensures appropriate deployment and quantity of nursing staff.
Appendix 16 Action Card - The Nurse in Charge of the ward/department

- Ensures Isolation Precautions are carried out effectively.

- 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.

- Ensures that all communications are circulated and understood amongst all nursing staff.

- Ensures ward staff have sufficient quantities of necessary supplies.

- Ensures that specimens are collected from patients as soon as such specimens are available and are sent to the laboratory without delay.

- Takes part in the OCG meetings.

- Maintains a daily record of events and actions.
Appendix 17 Action Card - Senior Medical Staff whose Patients are involved

- Discuss provisional diagnosis with the Consultant Microbiologist and arrange any necessary tests and medication.

- 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.

- Ensure any necessary questionnaires are completed in liaison with the CCDC.

- Ensure appropriate isolation of patients with as advised by the Consultant Microbiologist.

- Ensure availability of junior medical staff, equipment and supplies for clinical investigation and care of patients.

- Take part in the OCG meetings, as required, and ensure dissemination of information to consultant colleagues and junior medical staff as appropriate.

- Keep close liaison with Clinical Director/designated Lead Clinical for outbreak.

- Maintain a daily record of events and actions.
Appendix 18 Action Card - Duty Environment Health Officer

- Participates with the CCDC and Consultant Microbiologist in the investigation of the outbreak and search for suspected food or contact as appropriate.

- Inspects and monitors catering premises to identify any non-compliance with Food Safety Policy.

- Carries out investigations associated with the outbreak in the community, eg patient contacts, sources of suspected foods etc.

- Takes part in the OCG meetings as required.

- Maintains a daily record of events and actions.
Appendix 19 Action Card - Catering Manager

- Ensure that the Hygiene and Food Safety Policy is followed.
- Ensure that samples of food have been stored in accordance with local procedures and are available for testing.
- Make all facilities available for inspection by the EHO.
- Provide all the information necessary concerning foods which have been served to patients and staff, their method of preparation, temperature and storage etc.
- Ensure a list of all meals supplied is kept on record and made available if required.
- Ensure that records of any food returned to kitchens as unfit for consumption are made available for inspection.
- Have contingency plans in the event of need to close kitchen.
- Take part in the OCG meetings (if food poisoning).
- Maintain a daily record of events and actions.
Appendix 20 Action Card - Supplies Officer

- Provides extra materials as and when required according to the particular circumstances.
- Takes part in the OCG meetings if required.
Appendix 21 Action Card - Laundry Manager

- Provides additional linen and other materials; particularly care should be taken to ensure sufficient supplies of curtains are available to meet demand.

- Takes part in the OCG meetings if required.
Appendix 22 Action Card – Domestic Services Manager

- Ensures special cleaning/disinfection procedures are followed on advice from the Infection Prevention and Control Practitioner.
- Ensures availability of services staff.
- Takes part in the OCG meetings if required.
Appendix 23 Action Card - Pharmacist

- Seeks advice from senior medical staff to ensure adequate supplies of appropriate drugs are available.
- Takes part in the OCG meetings if required.
Appendix 24 Action Card - Director of Estates

- Co-operates with the CCDC in any checks of water supply, sewage disposal, etc.
- Ensures speedy rectification of faults or replacement of any equipment vital to the control of the disease.
- Takes part in the OCG meetings if required.
Appendix 25 Action Card - Hospital SSD Manager

- Ensures the supply of any necessary sterile goods and materials to deal with any increase in workload on the particular requirements of the outbreak.

- Takes part in the OCG meetings as required.
Appendix 26 Action Card - Ambulance Service Representative

- 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.

- Discusses consequences with Senior Ambulance Officer and Chief Executive.

- Takes part in the OCG meetings as required