

# **Joint Management of Outbreaks Policy**

## **V1.0**

Cornwall Partnership NHS Foundation Trust document reference code: IC/042/25

**Purpose:** This policy has been developed to provide a practical document to equip all healthcare staff with the necessary information on the recognition and management of outbreaks.

**Target audience:** Trust staff.

**Document author and role:** L. Duncanson, Senior IPAC Specialist Practitioner.

**Document definition:** Policy.

**Freedom of information:** Can be released under the Freedom of Information Act 2000

**Publication location:**

Internet and intranet                       Intranet only

**Key words:** Outbreak, Infection, Infection Control.

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## Royal Cornwall Hospitals NHS Trust approval process

**General manager confirming approval processes:** Joanne Taylor, Deputy DIPC.

**Governance lead confirming approval process:** Joanne Taylor, Deputy DIPC.

**Supporting committee:** Infection Prevention and Control Committee

**Supporting chairperson:** Louise Dickinson, Director of Infection Prevention and Control (DIPC).

**Executive director responsible for the policy:** Chief Nursing Officer (Dual)

**Approved at:** Infection Prevention and Control Committee

**Date approved:** 26 February 2025

**Executive approval:** Louise Dickinson, Director of Infection Prevention and Control (DIPC).

**Date approved by:** 26 February 2025

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## Cornwall Partnership NHS Foundation Trust approval process

**Supporting committee:** Infection Prevention and Control Committee

**Supporting chairperson:** Louise Dickinson, Director of Infection Prevention and Control (DIPC).

**Executive lead:** Chief Nursing Officer (Dual)

**Approved at (if applicable):** Infection Prevention and Control Committee

**Date:** 26 February 2025

**Executive lead approved:** Chief Nursing Officer (Dual)

**Date:** 8 April 2025

**Document library section:** Health and safety, infection control.

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## Ratification

**Start date:** 8 April 2025

**Review date:** 8 October 2027 (6 months prior to the expiry date).

**Expiry date:** 8 April 2028 (3 years after ratification unless there are any changes in legislation or changes in NICE guidance or national standards).

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## Version control

Version	Date	Author and/or reviewer	Section	Changes (key points)
v1.0	February 2025	L. Duncanson, Senior IPAC Specialist Practitioner.	Throughout	RCHT and CFT policies merged. Full review. Updated to current trust template. Minor amendments to ownership and responsibilities to reflect current practice. Section including differing response to outbreak(s) of infection in the community removed as IPAC team provide dual service for RCHT and CFT. Individual action cards removed as ownership and responsibilities already documented.

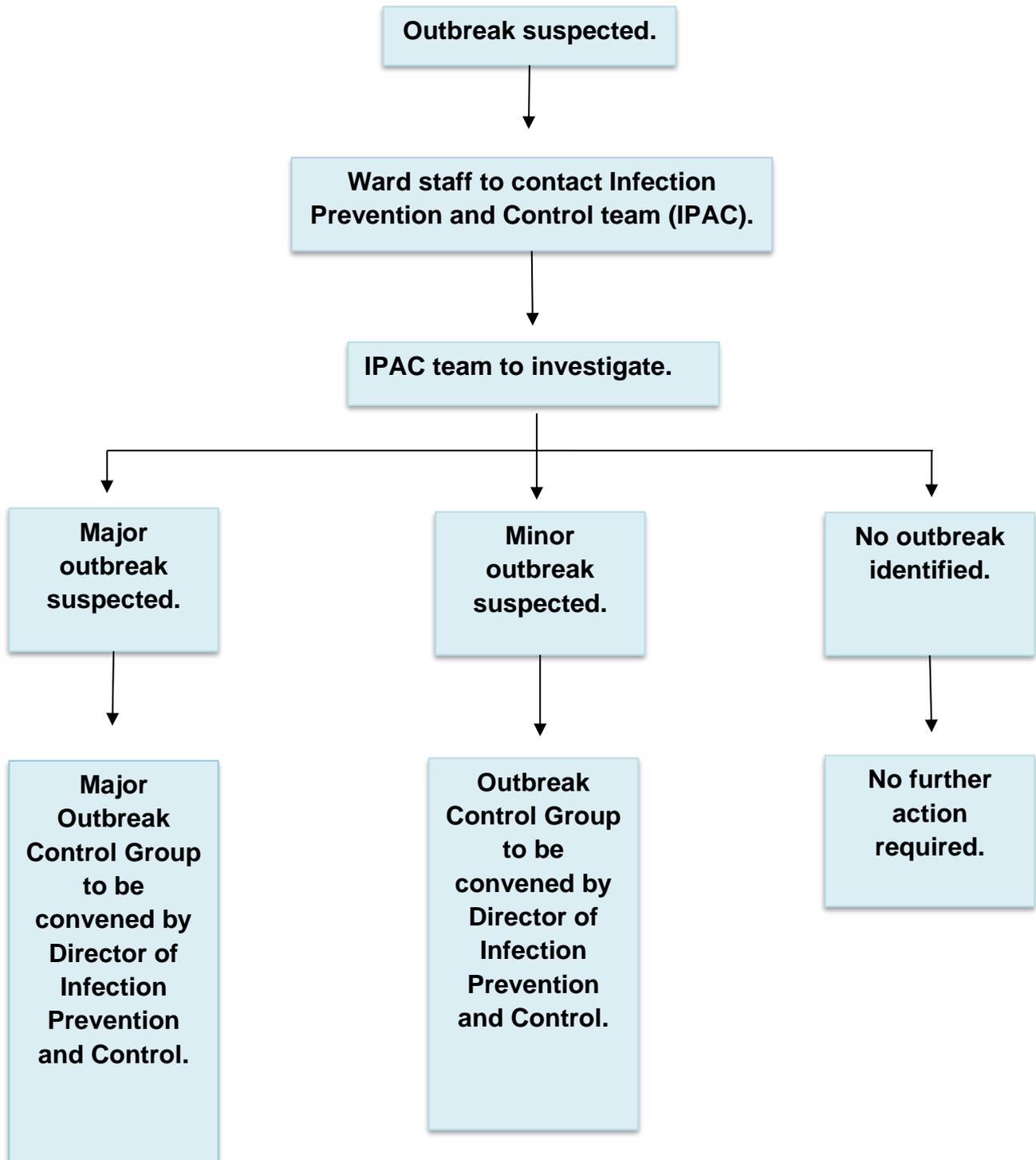
**This document replaces:**

RCHT: Management of Outbreaks Policy V6.0.

CFT: IC/042/22 Management of Outbreaks Policy.

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## Summary



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## Data Protection Act 2018 (UK General Data Protection Regulation Legislation)

The Trusts have a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out; it must be opted in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679, contact the Information Governance team.

- Cornwall Partnership NHS Foundation Trust: Email [cpn-tr.infogov@nhs.net](mailto:cpn-tr.infogov@nhs.net)
- Royal Cornwall Hospitals NHS Trust: Email [rch-tr.infogov@nhs.net](mailto:rch-tr.infogov@nhs.net)

## 1. Scope

- 1.1 This policy is applicable to all employees/ contracted staff working within the Royal Cornwall Hospitals NHS Trust and Cornwall Partnership NHS Foundation Trust. It should be read in conjunction with other Trust policies including the Joint Outbreaks of Suspected or Confirmed Norovirus Policy, Ward Closure Policy, Emergency Preparedness, Resilience and Response (EPRR) Strategy and the UK Health Security Agency (UKHSA) communicable disease outbreak management: operational guidance.
- 1.2 This version supersedes any previous versions of this document.

## 2. Definitions and glossary

- Outbreak - An incident in which two or more people experiencing a similar illness are linked in time/ place; or a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred (PHE, 2014).
- IPAC – Infection Prevention and Control.
- DIPC – Director of Infection Prevention and Control.
- UKHSA – UK Health Security Agency.
- OCG – Outbreak Control Group.
- MOCG – Major Outbreak Control Group.

## 3. Ownership and responsibilities

### 3.1. Care Group Leaders/ Area Directors/ Clinical Leads

- ensuring dissemination and implementation of this policy.
- ensuring action is taken when staff fail to comply with this policy.
- liaising with appropriate staff within the Care Group/ locality to ensure control measures are carried out.
- ensuring that resources are available for health care workers, patients, and visitors to undertake effective standard and isolation precautions and that they comply with this policy.
- ensuring this policy is accessible to all staff.
- being an active member of the OCG (when an outbreak affects their area).
- promoting good IPAC practice.
- challenging poor IPAC compliance.

### **3.2. Heads of Nursing, Matrons, Ward/Team/Department Leaders**

- ensuring dissemination and implementation of this policy within their area.
- ensuring action is taken when staff fail to comply with this policy.
- liaison with appropriate staff within the Care Group/ locality to ensure control measures are carried out.
- ensuring that resources are available for health care workers, patients, and visitors to undertake effective standard and isolation precautions and that they comply with this policy.
- being an active member of the OCG (when an outbreak affects their area).
- overseeing the implementation of control measures as advised by the OCG.
- supporting the cleaning of the area prior to re-opening.
- promoting good IPAC practice.
- challenging poor IPAC compliance.

### **3.3. Director of Infection Prevention and Control (DIPC)**

- arranging outbreak meetings to take place when required.
- liaising with the Chief Executive.
- producing reports on major outbreaks.
- ensure learning from previous outbreaks is implemented.
- reporting to the Trust board any immediate or long-term resource requirements which may arise.
- including information on ward closures and bed days lost in reports for discussion at the integrated IPAC committee meeting.
- seeking advice from UKHSA when required.

### **3.4. Role of Infection Prevention and Control (IPAC) Team**

- performing baseline observations of the affected area at an early stage.
- collecting relevant information on affected patients/ staff.
- giving advice on control measures and ward closures.
- regularly communicating with appropriate staff and external agencies.
- monitoring agreed control measures.
- promoting good IPAC practice.
- challenging poor IPAC compliance.
- producing final reports on minor outbreaks.
- reviewing and updating this policy.
- ensuring this policy remains consistent with the evidence-base for safe practice.
- overseeing and supporting staff with the implementation of this policy.

### **3.5. Role of Consultant Microbiologist**

- ensuring that appropriate laboratory support is available and that investigations are carried out as requested.
- informing the relevant ward and the IPAC team of laboratory specimen results.

### **3.6. Role of the Occupational Health Team**

- informing the IPAC team if there is a staff outbreak.
- confirm suitability of individual members of staff to work in affected areas.
- monitoring progress of staff absent due to illness and advice on return to work.

### **3.7. Role of the Clinical Site Team/ Operational Lead for Patient Flow**

- ensuring patients are placed in accordance with this policy and for escalating any situations where safe placement cannot be achieved.
- ensuring there is no movement of patients involved in outbreak unless there is an urgent clinical need. The IPAC team need to be informed of these transfers.
- co-ordinating terminal cleaning plans when areas are due to re-open.

### **3.8. Role of Domestic Services**

- mobilisation of support services when required.
- ensuring enhanced cleaning takes place during outbreaks.
- co-ordination of required cleaning once outbreak is over.

### **3.9. Infection Prevention and Control Committee**

- approving this policy.
- monitoring the implementation of this policy.

### **3.10. Outbreak Control Group**

- monitoring compliance with this policy via outbreak meetings.
- monitoring and advising on the prevention and spread of infections.
- reviewing the decision of open/ closed statuses of wards.
- reviewing the frequency of cleaning of affected areas.

## 4. Standards and Practice

### 4.1. Recognition of an outbreak

This is a critical decision and will be based on a variety of factors including the 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 by nursing and medical staff in clinical areas; particularly if the onset is rapid and affects a significant number of patients, or by the IPAC team following laboratory results.

Some outbreaks can present suddenly affecting larger numbers of individuals before detection. All staff should be vigilant and report any suspicions of an outbreak to the IPAC team immediately.

### 4.2. 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 Group (OCG) may not need to be convened but investigation and management of the outbreak will require close collaboration between the IPAC team and clinical area.

### 4.3. Major Outbreak

The IPAC team and DIPC will determine whether an outbreak should be considered 'major'. 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 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.
- there are unusual or exceptional features.

Examples of major outbreaks / infectious incidents	Examples of outbreaks of limited extent
Foodborne salmonella outbreak in hospital.	Cluster of Influenza A cases on one ward/unit.

Examples of major outbreaks / infectious incidents	Examples of outbreaks of limited extent
Diarrhoea and/ or vomiting on multiple wards/ units.	

#### 4.4. Investigation of suspected outbreak

When a possible outbreak has been identified, it is the responsibility of the IPAC team to investigate further. Members of the IPAC team 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 transmission. 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.

#### 4.5. Action to be taken if outbreak exists.

##### 4.5.1 Minor outbreak

A minor outbreak will normally be managed by the IPAC team. The initial assessment will determine if an OCG needs to be convened.

##### 4.5.2 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:

- Members of the IPAC team.
- Head of Nursing/ Clinical Matron from affected area.
- Ward Manager/ Nurse in Charge.
- Domestic Supervisor/ GSA Supervisor.
- Clinical Site Co-Ordinator/ Operational Lead for Patient Flow.
- UKHSA representative by invitation where relevant.
- CIOS ICB representative where relevant.

The outbreak control group will be chaired by the DIPC (or a suitable deputy). Clerical and administrative support will be provided by IPAC who will arrange meetings and be responsible for minuting the meetings. In the event that administrative support is not available the relevant Care Group will provide this. 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 (or suitable deputy) will

be responsible for deciding when the outbreak is “closed” and will inform all the necessary individuals.

#### **4.5.3 Major Outbreak**

The IPAC team will determine whether the outbreak constitutes a ‘major’ outbreak. This will be based on several 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.

#### **4.5.4 Major Outbreak Control Group (MOCG)**

If the decision is made that the outbreak is major, a 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.
- Members of the IPAC team.
- Head of Nursing/ Clinical Matron from affected area.
- Ward Manager/ Nurse in Charge.
- Domestic Supervisor/ GSA Supervisor.
- Clinical Site Co-Ordinator/ Operational Lead for Patient Flow.
- UKHSA representative.
- CIOS ICB representative.
- Chief Executive/ Chief Operating Officer.
- Occupational Health.
- Emergency Planning Resilience and Response Lead.
- Communications Manager.
- Secretarial Support.

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

#### **4.5.5 Functions of the OCG/ MOCG**

The OCG/ MOCG will:

- agree a case definition.
- establish the extent of the outbreak through active case finding and define the population at risk.
- ensure all affected patients/ staff are being optimally treated. This may involve advice from a Consultant Microbiologist.
- 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 as relevant to the outbreak.
- consider the need for outside help from UKHSA, Regional Epidemiologist, and/ or Clinical Commissioning Group.
- ensure adequate communications are established including nominating one person to be responsible for making statements to the news media and informing UKHSA, Consultant Epidemiologist and Care Quality Commission etc.
- provide clear written instructions and/ or information for ward staff, domestic 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, information technology and staff to assist with data entry.
- prepare a preliminary report, ideally within 48 hours, interim reports as necessary and a final report.

#### **4.5.6 End of the outbreak**

The OCG/ MOCG 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/ MOCG should be convened to consider the lessons learned and any further preventive action required.

A full report will be prepared and circulated as appropriate.

#### **4.6. 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 OCG/ MOCG will keep the Trust Executive apprised of anticipated additional expenditure.

### **5. Related legislation, national and local guidance**

NHS England. (2024) Framework for managing the response to pandemic diseases.  
<https://www.england.nhs.uk/long-read/framework-for-managing-the-response-to-pandemic-diseases/>

UK Health Security Agency. (2025) Communicable disease outbreak management guidance: principles to support local health protection systems.  
<https://www.gov.uk/government/publications/communicable-disease-outbreak->

[management-guidance/communicable-disease-outbreak-management-guidance-principles-to-support-local-health-protection-systems](#)

Royal Cornwall Hospitals NHS Trust/ Cornwall Partnership Foundation Trust. (2025) Joint Outbreaks of Suspected or Confirmed Norovirus Policy. <https://doclibrary-rcht.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/InfectionPreventionAndControl/JointOutbreaksOfSuspectedOrConfirmedNorovirusPolicy.pdf>

Royal Cornwall Hospitals NHS Trust/ Cornwall Partnership Foundation Trust. (2022) Management of Outbreaks Policy. <https://doclibrary-rcht.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/InfectionPreventionAndControl/ManagementOfOutbreakPolicy.pdf>

Royal Cornwall Hospitals NHS Trust. (2023) Emergency Preparedness, Resilience and Response (EPRR) Strategy. <https://doclibrary-rcht.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/ChiefOperatingOffice/EmergencyPlanning/EmergencyPreparednessResilienceAndResponseStrategy.pdf>

Links to key external standards:

- CQC Outcome 8.
- CQC Regulation 12.

## **6. Training requirements**

No training requirements.

Cornwall Partnership NHS Foundation Trust trains and educates staff in line with the requirements set out in its training needs analysis and applied to individual training records on the Trust's learning management system. Training which is categorised as mandatory must be completed in line with the training needs analysis. Staff failing to complete this training will be accountable and could be subject to disciplinary action.

Staff not up to date with mandatory training requirements will not be eligible to access funding through the central development fund.

Compliance with mandatory training is monitored through the education and training team with monthly reports to managers, bi-monthly to the education delivery group and monthly to the board's people and culture committee.

## **7. Implementation**

This policy will be implemented via the following routes:

- this policy will be included in the Trust’s Document Library.
- information regarding the policy will be circulated to all Link Practitioners, Ward Managers 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. The Infection Prevention and Control Committee will monitor progress on any actions.

## 8. Document Monitoring arrangements

Information category	Detail of process and methodology for monitoring compliance
Element to be monitored	Ward management of confirmed or suspected outbreaks.
Lead	IPAC team.
Tool	This will be monitored against the specified actions.
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 Manager 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 Infection Prevention and Control Committee.
Acting on recommendations and lead(s)	The Infection Prevention and Control Committee will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within reasonable timeframes.
Change in practice and lessons to be shared	Required actions will be identified and completed in a specified timeframe.

## 9. Updating and review

This policy will be reviewed within 3 years.

## 10. Environmental sustainability

When planning and delivering service, process or policy changes all colleagues are asked to consider how the changes could support the Trust’s carbon reduction work and reflect these considerations in accompanying documents.

The Trust is committed and obligated to reduce its environmental impacts. Healthier outcomes can be achieved for people, the planet and pounds by conducting our activities in a more environmentally sustainable manner.

Email [cft.sustainability@nhs.net](mailto:cft.sustainability@nhs.net) for more information and guidance.

## **11. Equality and diversity**

This document complies with the Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust equality and diversity statements. The statements can be found in the [RCHT Equality Diversity And Inclusion Policy](#) and [CFT Equality, Diversity and Inclusion Statement](#).

The initial equality impact assessment screening form is at appendix 1.

## Appendix 1: Equality Impact assessment Form

**Title of policy or document for assessment:** Joint Management of Outbreaks Policy V1.0.

**Document library section:** Clinical / Infection Prevention and Control.

**Is this a new or existing document?** Existing

**Date of assessment:** 6 February 2025

**Person responsible for the assessment:** Lauren Duncanson, Senior IPAC Specialist Practitioner.

### What is the main purpose of the document?

The purpose of this policy is to provide a framework which will ensure that outbreaks of infection are effectively investigated, brought under control and where possible measures taken to prevent similar outbreaks in the future.

### Who is affected by the document?

Staff     Patients     Visitors     Carers     Other     All

The document aims to improve access, experience and outcomes for all groups protected by the Equality Act 2010.

### Concerns

**Are there concerns that the procedural document could have a differential impact on the following areas?**

No concerns.

Concern area	Response	If yes, what existing evidence (either presumed or otherwise) do you have for this?
Age	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Disability	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Sex	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gender reassignment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pregnancy and maternity	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Race	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Religion and belief	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Sexual orientation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Concern area	Response	If yes, what existing evidence (either presumed or otherwise) do you have for this?
Marriage and civil partnership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Groups at risk of stigma or social exclusion such as offenders or homeless people	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Human rights	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Are there any associated objectives of the document? If yes, what existing evidence (either presumed or otherwise) do you have for this?**

No associated objectives.

**Signature of person completing the equality impact assessment:**

**Name:** Lauren Duncanson.

**Date:** 6 February 2025.

## Appendix 2: 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 OCT based on the risk assessment.
- to agree appropriate further epidemiological, microbiological, and environmental investigations
- to ensure that appropriate control measures are implemented to prevent further 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 for OCT Meeting

### Outbreak Meeting

#### Date and time.

#### Venue or Microsoft Teams

1. Welcome and apologies for absence.
2. Declaration of Interest in relation to agenda Items.
3. Minutes of previous meeting (for subsequent meetings).
4. Review of action log/matters arising (for subsequent meetings).
5. Purpose of meeting.
  - At first meeting agree chair.
  - Terms of Reference.
6. Review of evidence
  - Epidemiological.
  - Microbiological.
  - Environmental.
7. Current Risk Assessment.
8. Control Measures.
9. Further Investigations.
  - Epidemiological.
  - Microbiological.
  - Environmental.
10. Communications.
  - Public.
  - Media.
  - Healthcare providers (e.g. GPs, Emergency Department etc.) others.
11. Agreed Actions.
12. Any Other Business.
13. Date of Next Meeting

## **Appendix 4: 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 UKHSA
- 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, 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