

INFECTIOUS OUTBREAK / INCIDENT POLICY INCLUDING MAJOR OUTBREAK

		POLICY	
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CONTENTS

Item	Title	Page
1.0	INTRODUCTION	3
2.0	POLICY STATEMENT	3-4
3.0	DEFINITIONS/ ABBREVIATIONS	4-5
4.0	ROLES AND RESPONSIBILITIES	5-8
5.0	APPROVAL	8
6.0	DOCUMENT REQUIREMENTS (NARRATIVE)	9-16
6.1	Recognition of an outbreak	9
6.2	Immediate actions	9
6.3	Initial investigation	10
6.4	Actions following assessment of situation	10
6.5	Plan of action in the event of a major outbreak	11
6.6	Outbreak resource group	11
6.7	Additional representatives	12
6.8	Outbreak resource group objectives	12
6.9	Chair of the outbreak resource group	13
6.10	Infection Prevention and Control Team	13
6.11	Management of an outbreak	13
6.12	End of outbreak	14
6.13	Interim and final reports	14
6.14	Serious incident	15
6.15	Period of increased incident	16
7.0	MONITORING COMPLIANCE AND EFFECTIVENESS	17
8.0	TRAINING AND IMPLEMENTATION	18
9.0	IMPACT ASSESSMENTS	18
10.0	EVIDENCE BASE (Relevant Legislation/ National Guidance) and RELATED SFHFT DOCUMENTS	18
11.0	KEYWORDS	19
12.0	APPENDICES (list)	19
Appendix A	HCAI outbreaks/incidents risk matrix	20
Appendix B	Notifiable Diseases	21
Appendix C	Outbreak control plan	22
Appendix D	Covid-19 Outbreak Management Plan	23-25
Appendix E	Equality Impact Assessment	26-27
Appendix F	Environment Impact Assessment	28

1.0 INTRODUCTION

The Health and Social Care Act (2008) requires NHS bodies to have a policy for the control and management of outbreaks (DH 2015). This policy is concerned primarily with the investigation, management and control of outbreaks of infectious disease within the Trust. Outbreaks in the community will normally be managed by the Consultant in Communicable Disease Control (CCDC). The policy includes the:

- Criteria for minor and major outbreaks
- Constitution and roles of the Outbreak Resource Group (ORG)
- Management of major and minor outbreaks
- Infection prevention and control practices during an outbreak
- Documentation to be used during an outbreak

The principles of hospital and community outbreak management are the same and collaboration between Sherwood Forest Hospital NHS Foundation Trust (Trust), Infection Prevention and Control Team (IPCT) and United Kingdom Health Security Agency (UKHSA), East Midlands is essential as often both will be involved in an outbreak. Outbreaks of hospital infection vary greatly in extent and severity, ranging from a few cases of diarrhoea and vomiting to a larger outbreak involving a large number of people to a single case of diphtheria. Outbreaks cannot be easily defined, and the control procedures can be simple or extended according to developing circumstances, the level of response to a possible outbreak will depend upon the causative agent involved as much as the number of people affected. The major objectives of this policy are to ensure prompt recognition of an outbreak of a healthcare associated infection (HCAI) or a communicable disease, to control further spread, prevent recurrence and to maintain satisfactory communication with other agencies having a legitimate interest in the outbreak. Awareness of and compliance with this policy is vital to prevent further spread of outbreaks of infection which can have a detrimental effect on patient safety and the delivery of the Trust core business.

2.0 POLICY STATEMENT

The purpose of this policy is to ensure a rapid, well-co-ordinated response to an outbreak, verify that there is an outbreak of infection, to investigate the extent and to identify the source. Making efficient use of all health service resources in order to contain the outbreak, limit the spread of infection and minimise the disruption of clinical services, ultimately stopping the outbreak and preventing where possible a recurrence.

This policy is limited to **ALL** Trust staff and staff employed through other agencies working within the Trust.

This clinical policy applies to:

Staff group(s)

- All clinical staff
- All non-clinical staff

Clinical area(s)

- All clinical environments
- All non-clinical areas where objects are handled which are then transferred to clinical areas e.g. medical case notes

Patient group(s)

- All patient groups

Exclusions

- None

3.0 DEFINITIONS/ ABBREVIATIONS

3.1 Definitions

Outbreaks:

The general definition of what constitutes an outbreak in practice is an episode/s of infection in which there is evidence of spread (clinically, microbiologically or epidemiologically) in time or space which demands immediate action. The Infection Prevention and Control Team (IPCT) will declare an outbreak of infection after the evidence has been collected and assessed.

Within the acute healthcare setting the following are three likely scenarios:

- In an explosive outbreak of infection involving many patients or staff, the problem will be rapidly apparent to the nursing staff on the affected wards, who will bring it to the attention of their Ward Sister/Charge Nurse, medical staff and the IPCT
- Some outbreaks of infection may present more insidiously, and may first be suspected because of isolation of unexpected pathogens by laboratory staff, who will notify a Consultant Microbiologist
- Exceptionally, a possible food-borne outbreak may be identified following a direct complaint of illness to a member of staff

Outbreak patterns of occurrence are:

- **Endemic:** communicable disease such as influenza, diarrhoea and vomiting, measles, mumps, pneumonia which is characteristic of a particular place, or among a particular group, or area of interest or activity
- **Epidemics:** the disease is found to infect a significantly larger number of people at the same time than is common at that time, and among that population, may spread through one or several communities (can affect a region in a country or a group of countries)
- **Pandemics:** describe global disease outbreaks, when epidemics spread worldwide

Period of Increased Incident:

Period of increased incident (PII) of infection: two or more new cases (occurring >48 hours post admission (not relapses) in a 28 day period on one ward. A PII will be escalated to an outbreak e.g. *Clostridium difficile* infection outbreak, if there are two or more cases caused by the same strain related in time and place over a defined period that is based on the date of onset of the first case (PHE 2014).

3.2 Abbreviations

Trust	Sherwood Forest Hospitals NHS Foundation Trust
Staff	All employees of the Trust including those managed by a third party on behalf of the Trust
Laboratory surveillance	microbiology reports may show an increase in the number of isolates of a single species
AHVL	Animal Health and Veterinary Laboratories Agency
BBV	Blood borne virus
CCDC	Consultant in Communicable Disease Control
CCG	Clinical Commissioning Group
CJD	Creutzfeldt-Jakob Disease
DIPC	Director of Infection Prevention and Control
EHO	Environmental Health Officer
HCAI	Healthcare Associated Infection
ICD	Infection Control Doctor
IPCN	Infection Prevention and Control Nurse
IPCT	Infection Prevention and Control Team
OH	Occupational Health
ORG	Outbreak Resource Group
UKHSA	United Kingdom Health Security Agency
PII	Period of Increased Incidence
SI	Serious Incident
TB	Tuberculosis

4.0 ROLES AND RESPONSIBILITIES

Adherence to this policy is the responsibility of all staff employed by the Trust, including agency, locum and bank staff contracted by the Trust.

4.1 Chief Executive

The Chief Executive is ultimately responsible for ensuring that there are effective arrangements for infection prevention and control, including outbreak management within the Trust.

4.2 Director of Infection Prevention and Control

The Director of Infection Prevention and Control (DIPC) is the person with responsibility for deciding whether an outbreak exists, the extent of the outbreak and the action(s) required, including:

- Determine whether an ORG needs to be convened. This will be based on the number of affected cases, the pathogenicity and potential for spread in the affected area
- To guide the ORG in the instigation of a major outbreak plan if required (arrangements to control the outbreak will be managed by the ORG)
- Report outbreaks to Public Health England (PHE), East Midlands via the CCDC
- Review of the outbreak plan in the light of lessons learned from outbreak
- In the absence of the DIPC, the Infection Control Doctor will lead the outbreak investigation.
- In the event of a predominantly community associated outbreak the Consultant in Communicable Disease Control (CCDC) will take the lead for the investigation

4.3 Consultant Communicable Disease and Control

The Consultant Communicable Disease and Control (CCDC) is a registered medical practitioner formally trained in all aspects of communicable disease control, they work on behalf of various organisations including Clinical Commissioning Group (CCG) and Local Authorities (LA). The CCDC is appointed as the 'Proper Officer' to the Local Authority and has certain powers under the Public Health Act (1984) and Public Health Regulations (1988), they advise the Trust on matters relating to the control of communicable disease. The CCDC is responsible for:

- Chairing the ORG if the outbreak is predominantly community associated
- Leading on epidemiological investigations where appropriate
- Liaison with Environmental Health Department where appropriate
- Liaison with the Director of Public Health
- Liaison with the Director of Public Communication with relevant external agencies serving the community

4.4 Infection Prevention and Control Team

The Infection Prevention and Control Team are responsible for:

- Verifying that there is an outbreak of infection
- Determining the extent of the outbreak and initiate measures to determine the source and cause
- Reporting the outbreak via the Trust reporting system
- Performing a baseline observational audit of the affected area at an early stage where appropriate
- 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 ORG
- Giving adequate notice to Soft FM Service Provider when final clean is required
- Alerting staff to the need to implement additional actions to contain an outbreak
- Supporting Ward/Departmental Sister/Charge Nurse with the management of an outbreak and associated actions
- Providing adequate administrative and clerical support to facilitate outbreak meetings
- Nurse Consultant: tabling final report as an agenda item at a future Infection Prevention and Control Committee, Clinical Governance Committee and others as requested by the Trust

4.5 Infection Control Doctor

Infection Control Doctor is responsible for:

- Determining whether an ORG needs to be convened and discuss with the DPIC. This will be based on the number of affected cases, and the potential for spread in the affected area (The DPIC and the Infection Control Doctor will have the responsibility to convene ORG meeting, to co-ordinate and chair the ORG)
- In the absence of the DPIC, guiding the ORG in the instigation of a major outbreak plan if required (arrangements to control the outbreak will be managed by the ORG)
- Reporting outbreaks to Public Health England, East Midlands (PHE) via the CCDC
- Conducting RCA/Investigation and the production of the final report for major outbreaks

4.6 Service Leads:

Service Leads are responsible for:

- Making contingency arrangements as required to maintain activity during outbreaks
- Liaison with appropriate staff within the directorate to ensure control measures are carried out
- Provision of extra secretarial support for ORG if IPCT secretary is not available, or outbreak activates major outbreak

4.7 Service Director

Service Directors are responsible for:

- Advice on special aspects of medical care
- Informing other consultants associated with ward(s)
- Assessing implications for critical care and liaison with on call anaesthetist
- Arranging for additional medical staff to be mobilised if necessary

4.8 Chief/Deputy Chief Nurse

Chief/Deputy Chief Nurse are responsible for:

- Attending the ORG
- Overseeing implementation of advice given by IPCT and/or ORG
- Provision of extra support for affected area where necessary

4.9 Divisional Heads of Nursing/Midwifery

Divisional Heads of Nursing/Midwifery are responsible for:

- Attending the ORG if their clinical area is affected
- Overseeing implementation of advice given by IPCT and/or ORG

4.10 Matron

Matrons are responsible for:

- Attending the ORG if their clinical area is affected
- Overseeing implementation of advice given by IPCT and/or ORG
- Managing staffing levels on wards
- Ensuring adequate supplies of equipment are available
- Ensuring ward staff receive appropriate support
- Facilitating cleaning of the area prior to re-opening

4.11 Ward/Departmental Sister/Charge Nurse

Ward/Departmental Sister/Charge Nurse, in the absence of the Ward/Department Sister/Charge Nurse the nominated Deputy is responsible for:

- Alerting the IPCT to any potential outbreak of infection
- Attending the ORG if their ward is affected
- Overseeing the implementation of control measures as advised by the ORG
- Supporting staff on ward/department
- Facilitating cleaning of the area prior to re-opening
- Ensuring that staff members in their area are aware of this policy
- Facilitating education on the content of this policy
- Reporting any breaches to this policy via the Trust incident reporting and directly to the IPCT

4.12 Occupational Health

Occupational Health is responsible for:

- Identifying staff contacts
- Confirming suitability of individual members of staff to work in affected areas
- Liaison with staff members GP where appropriate
- Monitoring progress of staff absent due to illness and advice on return to work
- Maintaining Occupational Health database
- Informing IPCT

4.13 Head of Communications

Head of Communications has responsibility for the clarification of the need to supply statements to the press and the content of statement with the Chair of the ORG

4.14 Clinical Governance Advisors

Clinical Governance Advisors have the responsibility for:

- Ensuring the incident is reported appropriately internally and externally

4.15 All staff

Any healthcare worker in clinical areas who considers there are patients with unexpected signs of infection and/ or evidence of spread of infection between individuals must report this to the Nurse in Charge of the ward, the patients' medical team and the IPCT immediately. Similarly, any member of staff in the microbiology laboratory who has noticed an increase in the detection rate of a given pathogen must bring this to the attention of the Consultant Microbiologist and the IPCT.

The Nurse in Charge of the ward will seek evidence of other cases of infection (including staff) noting time of onset of symptoms, and dates of admission to hospital will assist the IPCT in their assessment of the situation.

If a member of staff working within the affected area becomes symptomatic in relation to the outbreak they should also report this to their manager, to Occupational Health and the IPCT. It is imperative that affected staff refrain from work as advised by Occupational Health or by their GP and follow the staff sickness policy.

If a member of catering staff knows of a possible episode of food poisoning they must inform their catering manager and the IPCT.

All staff working in the Trust are responsible for ensuring that they follow this infection prevention and control policy. They are also responsible for ensuring that any infection prevention risks or other issues they identify are referred to their line manager (or to the appropriate person if the issue is outside of their own area).

5.0 APPROVAL

Following appropriate consultation, this policy has been approved by the Infection Prevention and Control Committee.

6.0 DOCUMENT REQUIREMENTS (NARRATIVE)

6.1 Recognition of an outbreak

Outbreaks may be detected by the Infection Prevention and Control Team (IPCT) directly on the basis of culture results (e.g. MRSA colonisation); however it is often the vigilance of healthcare workers that alert the IPCT to the possibility of an outbreak. Cases of diarrhoea and vomiting, close liaison between clinical staff and the IPCT is essential (Refer to [Appendix A](#)). It is important to remember that both patients and staff can be affected in the event of an outbreak.

In the event of a notifiable communicable disease the UKHSA **must** be notified of each individual case by the attending physician (Refer to [Appendix B](#)). Any member of staff (both clinical and non-clinical) going off duty because of a suspected infectious disease e.g. chickenpox, diarrhoea and vomiting, influenza **must** inform their Line Manager as well as Occupational Health (OH).

Actual or potential outbreaks of infection may be identified by one or more of the following methods:

- Laboratory surveillance of microbiology reports may show an increase in the number of isolates of a single species
- Medical or nursing staff may notice an increased incidence of a specific organisms or similar symptoms, from the 'background' for that clinical area
- Occupational Health may notice an increased incidence of a specific infection or similar symptoms

It is essential that any member of clinical staff report their suspicions to the IPCT promptly during working hours. Out of hours staff should contact the on-call Consultant Microbiologist via the switchboard. It does not matter if investigation subsequently shows an outbreak is not occurring, however the implications of delay may be serious.

Definition of outbreak: two or more cases of the same infection linked by time and place which threaten to overwhelm normal service and special arrangements are required to deal with them. As all infections do not have the same significance, a practical definition of an outbreak situation would be 'when the number of observed cases of a particular infection in an area exceeds the number expected'.

6.2 Immediate actions

If suspicion of a major outbreak is valid, the key steps in investigation and controlling of outbreak:

- The IPCT must be alerted to investigate any suspicions of an outbreak and will promptly establish the existence of an outbreak
- All reports of suspected outbreaks will be treated seriously, if a report of an outbreak is found to be established the IPCT will determine the severity of the outbreak by undertaking the following:
 - Data will be collected following discussion with the Ward/Departmental Sister/Charge Nurse. Case definition and collation will be established
 - The IPCT will liaise with Occupational Health to identify staffing involved
 - Identification of hazards and elimination of risk identified

- Isolation procedures or potential for cohorting patients identified and implemented
- If necessary closure of Bays/Ward identified and increased cleaning requirements instigated

6.3 Initial investigation

- The IPCT will visit the affected areas and collect information on the affected individuals. This will include the number of individuals affected, symptoms, likely source and mode of spread. The assistance of OH may need to be sought. On the basis of initial findings the Nurse Consultant Infection Prevention and Control and the IPCT will decide whether a problem exists and what initial steps should be taken
- If an outbreak is suspected, the DIPC and/or Infection Control Doctor will convene an ORG. The responsibility for interim infection control arrangements lies with the IPCT. Basic infection control procedures will include assessments of the isolation requirements of individual patients, and of the adequacy of supplies and hygiene facilities in the area. The IPCT will liaise closely with the microbiology laboratory to ensure prompt identification of microorganisms
- For suspected food-borne incidents (or other potential environmental modes of spread) the appropriate Environmental Health Office (EHO) and the local UKHSA should be informed promptly by the IPCT
- For suspected outbreak involving a zoonosis, the Regional AHVLA Office in Leicester also needs to be informed. The Divisional Veterinary Office should be encouraged to join the ORG. The CCDC should inform the appropriate Local Authority

6.4 Actions following assessment of situation

Assessment of available information will be made by the IPCT and/or Nurse Consultant Infection Prevention and Control, the possible conclusions are:

- **No outbreak:** advice on management of non-linked cases will be given by the IPCT. Feedback will be given to the clinical area
- **Possible outbreak:** insufficient evidence to declare an outbreak but the possibility cannot be excluded. An 'alert' situation where infection prevention and control measures implemented by the IPCT in collaboration with the medical and nursing staff, may include ward/bay closure and the IPCT will inform the Chief Nurse, Divisional Head of Nursing and Matron for the area
- **Minor outbreak:** IPCT will advise staff in the clinical area on further investigation and management. The IPCT may still decide to institute the major outbreak plan (if there are serious implications). The IPCT and/or Nurse Consultant Infection Prevention and Control/Infection Control Doctor will advise on ward closure, if appropriate (significant problem or affecting more than one location within the Trust, but not a problem within the community will also fall into this category)
- **Major outbreak:** The IPCT and/or Nurse Consultant Infection Prevention and Control/Infection Control Doctor, in consultation with the CCDC will initiate the Major Outbreak Plan. The decision to do this is not always clear cut. If there is any doubt the Major Outbreak Plan should be instituted. The DIPC and IPCT will institute appropriate control measures prior to convening the ORG

6.5 Plan of action in the event of a major outbreak

The following is the checklist to identify the responsibilities and duties of individuals. It can not be exhaustive and should not inhibit you from taking initiatives or discussing other actions with the IPCT:

- DIPC will discuss the nature of the outbreak with other members of the IPCT and decide whether to institute the Major Outbreak Plan or not
- Allocate responsibilities, emphasising personal responsibilities for action or dissemination of information to staff, patients and visitors to the ward/department
- Declare a major outbreak
- Request the DIPC of the Trust to call an ORG meeting, indicating which personnel are required to attend
- DIPC to Chair the ORG meeting
- Ensure that all meetings and recommendations are recorded
- Ensure that each discipline i.e. medical staff, nursing staff, and physiotherapist is represented. Each representative is requested to provide an update of the situation in their discipline
- Facilitate full discussion of information and options and agree necessary actions as part of investigation and controlling the outbreak
- DIPC is responsible for declaring the conclusion of the outbreak in the trust

Refer to the HCAI outbreaks/incidents risk matrix for further guidance ([Appendix A](#)).

6.6 Outbreak Resource Group

The ORG will meet as soon as possible after identification of a possible outbreak. Membership of the ORG will be dependent on the nature and size of the outbreak; however the core membership is as follows (if an individual is unable to attend effort **must** be made send a Deputy):

- Director of Infection Prevention and Control (Chair)
- Infection Control Doctor
- Nurse Consultant Infection Prevention and Control
- Infection Prevention and Control Nurse
- Chief/Deputy Chief Nurse
- Divisional Head of Nursing
- Ward/Department Sister/Charge Nurse of relevant area
- Matron of relevant area
- Consultant of relevant area
- Divisional Management representative
- Soft Services Provider representative
- House keeper of relevant area
- IPCT Admin support

6.7 Additional representatives

Additional representatives may be required from one or more of the list below, depending on the nature of the outbreak. This list is not exhaustive and the ORG should request the attendance of any Trust individual it deems necessary to assist in the management of the outbreak:

- Trust Strategic Planning and Commercial Development representative (Estates and Facilities)
- Clinical Governance Lead
- Patient Safety Manager
- Health and Safety Manager
- Pharmacy
- Head of Occupational Health
- General Manager Hard FM Service Provider
- Additional admin support
- Consultant in Communicable Disease Control or Deputy
- The Director of Public Health or Deputy
- Environmental Health Officer or Deputy
- Regional Epidemiologist or Deputy
- Regional AHVLA Office

6.8 Outbreak Resource Group objectives

6.8.1 Initial objectives

- Examine the evidence prepared by the IPCT
- Define the measures necessary to:
 - Contain the outbreak
 - Identify and control the source of infection
 - Observe the extent and course of the outbreak
 - Monitor the effectiveness of containment and control measures
- Identify what expert assistance might be required
- Identify the resources necessary to manage the outbreak
- Ensure that matters concerning the care of individual patients are discussed with the appropriate nursing and medical staff involved. This should include maintenance of good infection control precautions, antibiotic prophylaxis or treatment options, immunisation or other preventative measures. It is important that those responsible for the care of individual patients are identified and the question posed as to whether the resources necessary to care for the affected patients are available. Special requirements should be brought to the attention of the Chief Executive. The care of individual patients should be consistent with the control and containment measures being implemented.

6.8.2 Overall objectives

- To bring together all relevant people with the appropriate skills to deal with the problem
- To ensure that appropriate arrangements are in place for care for the patients
- To control the source or possible source of infection
- To contain the spread of disease
- To communicate with the public and the media
- To monitor the effectiveness of initial measures taken
- To prevent a recurrence
- To record lessons learned, make recommendations for change and implement any necessary changes

6.9 Chair of the Outbreak Resource Group

The Chair has a crucial role throughout the episode, it is their job to ensure that those concerned know and understand what is expected of them. The Chair of the ORG will:

- Direct and co-ordinate the management of the incident, ensuring that agreed action is carried out
- Produce instructions for the affected ward(s) following each outbreak meeting
- Ensure that the ORG includes individuals with all the necessary seniority and expertise to investigate and control the outbreak
- Ensure that each member of the ORG understands their role and responsibility
- Make themselves available throughout the episode for consultation and advice
- Ensure that the ORG meets as frequently as necessary in the circumstances of the particular outbreak
- At the initial meeting decide on the membership of future meetings
- Be responsible for liaison between senior staff, including the clinicians concerned
- Be responsible for ensuring proper and timely communications between members of the ORG and other parties
- Brief hospital staff not directly involved so that the nature of the outbreak is understood in the hospital, in order to minimise uncertainty or rumour

6.10 Infection Prevention and Control Team

The IPCT will be responsible for

- Ensuring that a full record of meetings of the committee is kept, which will be comprehensive and clearly indicate the nature of action to be taken. Personal responsibility for each form of action will be clearly identified. It is not merely good practice but essential that the work undertaken throughout an outbreak is fully documented, setting out not only the thinking and decisions made but also their timing. Formal reports and supporting papers should be prepared and retained
- Ensuring that a comprehensive report of the incident or outbreak is produced and that this policy is reviewed in the light of lessons learned
- The IPCT secretarial staff will generally provide secretarial support.

6.11 Management of an outbreak

This will be generally led by the IPCT but will be determined by the circumstances, microorganism involved and impact on the Trust or wider community if spread occurs. An outbreak of infection is defined as the occurrence of two or more related cases of the same infection, or where the number of infections is more than would normally be expected. The severity of an outbreak is graded according to several factors:

- The number of patients affected
- The type and virulence of the organism
- The resources available and necessary to control an outbreak
- The media interest

Control measures may take a variety of forms including antibiotic prophylaxis, vaccination, patient isolation, patient / staff movement restriction, education of staff, closure of bays / ward, restriction on patient admission, restriction on visiting.

Laboratory investigation may be requested, specimens may be requested from patients or staff depending on the microorganism concerned, significant laboratory results will be communicated in confidence by the IPCT or OH (for staff specimens). Staff must ensure they liaise directly with OH and not the laboratory for any enquiries regarding staff specimen results.

Screening of healthcare workers, through microbiological testing of samples, may occasionally be advised by the outbreak resource group (ORG). Control measures can include decolonisation treatment of staff and/or chemoprophylaxis with antimicrobial agents. All activities and decisions of the ORG should be underpinned by a comprehensive risk assessment. The risk assessment should be evidence-based taking into account all relevant information and any available local policy and/or outbreak specific national guidance. Effective communication with all stakeholders, including affected healthcare workers, is key.

If screening and/or treatment of staff are felt to be proportionate measures by the ORG, then a screening/treatment strategy needs to be considered, agreed and communicated to affected staff. The strategy should take the following into account:

- Who to screen (based on an agreed definition of exposure or contact)
- When to screen (based on an agreed timing window for screening the group and also if samples are taken pre-shift or during the shift)
- How to screen (agreed sampling method and site of swabs)
- Where to screen (workplace or occupational health department)
- Which test (based on an agreed microbiological test)
- Who will undertake the sampling (occupational health, self or colleagues)
- How results (both negative and positive) will be communicated to affected staff, ensuring appropriate confidentiality, and how results will be shared with the ORG, which is likely to include line management
- How positive results are managed (considering the need for any decolonisation/treatment; if exclusion from clinical work is advised, if so, for how long; any need for follow-up screening and if so when and how; and also appropriate information sharing with the individual's GP about results and treatment)

6.12 End of outbreak

The Chair of the ORG is responsible for closing an incident, withdrawing control measures, disbanding the ORG and informing those who need to know that the issue is closed. Depending on the severity and/or extended duration of the outbreak, a final meeting of the ORG will be held, with the following objectives:

- To review the experience of all participants
- To identify lessons learned and particular difficulties encountered
- To implement change to policy and practice
- To recommend revisions of this plan if necessary

6.13 Interim and final reports

The Nurse Consultant for Infection Prevention and Control or Infection Prevention and Control Nurse will provide a final report within 20 working days for norovirus and within 45 working days for other causes of outbreaks. For single causative agent/single ward (Refer to [Appendix C](#)). For single causative agent/multiple wards the Trust RCA investigation format will be used.

Copies of the final report will be made available to all ORG members, the CCG Commissioners, the CCDC and will be reviewed at the Infection Prevention and Control Committee (IPCC).

A positive decision is needed in all episodes to discontinue particular measures. Some problems by their very nature occur over a prolonged timescale and may require residual specific surveillance. Many investigations will end inconclusively. Aspects to consider before concluding an incident are:

- Has the source of infection been controlled?
- Have sufficient practicable measures been taken to prevent recurrence of this or similar episodes?
- Have adequate measures been set up to monitor individual affected patients and to assess the situation as a whole?

The final report on the outbreak will set out the nature and extent of the outbreak together with the action taken and lessons learned. There may be a need to provide a final report for the Director of Public Health and the SHA, as well as appropriate local organisations. Consideration will need to be given to this well in advance of disbandment of the ORG.

Arising from each episode, there may be longer-term issues which will need to be properly followed up. These may include training, improved guidelines, policies and legislation, capital development and recognition of defective equipment. These issues should be identified by the ORG and managers to ensure that they are dealt with appropriately.

6.14 Serious incident

Appendix A of the Trust's Incident Reporting Policy details the requirements and procedures for reporting serious incidents (SI's). The policy has been developed in accordance with the statutory framework and national guidance. All NHS organisations are required to report SI's that affects patients and other stakeholders, staff, contractors and visitors to the organisation's premises. SI's associated with infection are those that produce or have the potential to produce serious unwanted effects involving the safety of patients, staff or others. Reportable incidents are those that:

- Result in significant morbidity or mortality and/or
- Involve highly virulent organisms and/or
- Are readily transmissible and/or
- Require control measures that have an impact on the care of other patients, including limitation of access to healthcare services

When the last point is associated with the first three this will commonly be a SI. Any of the first three bullet points by themselves may not be an SI, for example chickenpox is highly transmissible, necrotising fasciitis caused by Group A Streptococci involves a highly virulent organism single cases of these are not referred to as a SI.

Infection related incidents can be broadly divided into:

- Outbreaks: two or more linked cases in a healthcare setting
- Infected healthcare worker or patient incidents necessitating look-back investigations i.e. TB, CJD, BBV
- Significant breakdown of infection control procedures with actual or potential for cross infection i.e. MRSA bacteraemia

- Release of products from a failed sterilisation cycle i.e. instrumentation that has been autoclaved and is thought to be safe to use but remains contaminated
- Isolation of legionella, suggesting an environmental source
- Patient deaths related to healthcare associated infection. Any patient that dies and has MRSA as the primary cause of death (part 1a), *C. difficile* on the death certificate as the primary cause of death or had a significant contribution to the cause of death (part 1a or 1b of the death certificate) patients who have bowel resection due to *C.difficile*.

The IPCT will complete a Datix and inform the governance advisors that this is required to be upgraded to a STEIS reportable incident, the IPCT will also confirm with the governance advisor the end of an infectious outbreak.

Incidents may be reportable to HSE as a dangerous occurrence (Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013)

6.15 Period of increased incidence

If a period of increased incidence (PII) of infection is suspected the clinical team caring for the patient must be informed by the IPCT. Period of increased incidence relates to two or more cases of a condition related in time and location and suspicion of transmission i.e. two cases of hospital acquired MRSA colonisation in one area within 4 weeks (28 days). A summary report formulated by the clinical team responsible for the symptomatic patients, with IPCT support, will be submitted to the Infection Prevention and Committee within 45 days of the period of increased incidence has been declared, therefore a period of increased incidence meeting will be convened urgently with the clinical staff for the area. On some occasions it may be necessary to request an extension while waiting for necessary information to inform the report for instance ribotyping for *C. difficile*, in these instances the Trust would aim for the 60 day target. The IPCT will immediately visit the area and assess the situation and conduct several audits including, hand hygiene, environmental commode, raised toilet seats and any others as required.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Review of Ward/Department practices	IPCT	Audits – Environmental, Isolation practice, Hand Hygiene, Personal Protective Equipment	Following an outbreak	IPCC

8.0 TRAINING AND IMPLEMENTATION

There is no specific training requirement in relation to this policy. When treating patients with suspected/confirmed infection related to an outbreak situation, healthcare staff should follow this policy. If required, further assistance can be sought from senior colleagues and/or the Infection Prevention and Control Team.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix E](#)
- This document has been subject to an Environmental Impact Assessment, see completed form at [Appendix F](#)

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- Department of Health. 2015. *Health and Social Care Act 2008*. Stationary Office. London.
- Department of Health. 2010. *Health protection legislation guidance 2010*. Stationary Office. London.
- Public Health England (PHE). 2014. Communicable Disease Outbreak Management: *Operational Guidance*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/343723/12_8_2014_CD_Outbreak_Guidance_REandCT_2_2_.pdf.
- Public Health (Control of Disease) Act. 1984.
<http://www.legislation.gov.uk/ukpga/1984/22>
- Public Health (Infectious Diseases) Regulation. 1988.
<http://www.legislation.gov.uk/uksi/1988/1546/contents/made>.
- The Watt Group Report. 2002. *A review of the outbreak of salmonella at the Victory Infirmary*. <http://www.scotland.gov.uk/Publications/2002/10/15658/12310>.
- The Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) 2013 (as amended).
- The Health and Safety at Work Act 1974.
- The Management of Health and Safety at Work Regulations 1999 (as amended).
- The Control of Substances Hazardous to Health (COSHH) 2002 (as amended).

Related SFHFT Documents:

This policy should be used in conjunction with other relevant Trust Infection Prevention and Control and Trust policies as well as the following:

- Major Incident Plan
- Trust Pandemic influenza Plan
- Policy for the Reporting and Management of Serious Incidents in the East Midlands. ((Midlands and East SHA August 2012) Appendix A of the Trust Incident Reporting Policy and Procedure)

11.0 KEYWORD

- Infection control; plan; resource group; investigation; Notifiable Communicable Diseases; covid

12.0 APPENDICES

[Appendix A](#): HCAI outbreaks/incidents risk matrix

[Appendix B](#): Notifiable Diseases

[Appendix C](#): Outbreak control plan

[Appendix D](#): Covid-19 Outbreak Management Plan

[Appendix E](#): Equality Impact Assessment form

[Appendix F](#): Environment Impact Assessment form

Appendix A: HCAI outbreaks/incidents risk matrix

Criteria	Quantification Criteria	Risk Category	Action Required
3 or more met	Death and/or serious illness Major implications for public health Exceptional or unusual infection episode Major disruption of health and/or public services Major public anxiety and concern	High risk	Implement area major outbreak plan
1 or 2 met	Death and/or serious illness Major implications for public health Exceptional infection episode Major disruption of health and/or public services Major public anxiety and concern	Moderate risk	Implement Divisional/Area Outbreak plan Full outbreak committee
3 or more met	Serious illness and/or moderate infection episode and/or cases Moderate impact on public health Short-term disruption of health and/or public services Moderate public anxiety and concern	Low risk	Implement Divisional/Area outbreak plan IPT
All 4 met	Minimal infection episode and/or case Minimal impact on public health Minimal disruption of health and/or public services Minimal public anxiety and concern	Very low risk	Implementation IPT investigation

(The Watt Group Report 2002)

Appendix B: Notifiable Diseases

List of diseases notifiable to Public Health England (PHE), East Midlands (Health Protection (Notification) Regulations 2010

Acute encephalitis	Haemolytic uraemic syndrome	Rubella
Acute meningitis	Infectious bloody diarrhoea	SARS
Acute infectious hepatitis	Invasive Group A Streptococcal disease	Scarlet fever
Anthrax	Legionnaire's disease	Small Pox
Acute poliomyelitis	Leprosy	Tetanus
Botulism	Malaria	Tuberculosis
Brucellosis	Measles	Typhus
Cholera	Meningococcal septicaemia	Viral haemorrhagic fever
Diphtheria	Mumps	Whooping cough
Enteric fever (typhoid or paratyphoid fever)	Plague	Yellow fever
Food poisoning	Rabies	

Causative agents notifiable by laboratories (to the Public Health for England) under the Health Protection (Notification) Regulations 2010:

Bacillus anthracis	Bacillus cereus (only if associated with food poisoning)	Bordetella pertussis
Borrelia spp	Brucella spp	Burkholderia mallei
Burkholderia pseudomallei	Campylobacter spp	Chikungunya virus
Chlamydia psittaci	Clostridium botulinum	Clostridium perfringens (only if associated with food poisoning)
Clostridium tetani	Corynebacterium diphtheriae	Corynebacterium ulcerans
Coxiella burnetii	Crimean-Congo haemorrhagic fever virus	Cryptosporidium spp
Dengue virus	Ebola virus	Entamoeba histolytica
Francisella tularensis	Giardia lamblia	Guanarito virus
Haemophilus influenzae (invasive)	Hanta virus	Hepatitis A, B, C, delta and E viruses
Influenza virus	Junin virus	Krasnodar Forest disease virus
Lassa virus	Legionella spp	Leptospira interrogans
Listeria monocytogenes	Machupo virus	Marburg virus
Measles virus	Mumps virus	Mycobacterium tuberculosis complex
Neisseria meningitidis	Omsk haemorrhagic fever virus	Plasmodium falciparum, vivax, ovale, malariae, knowlesi
Polio virus (wild or vaccine types)	Rabies virus (classical rabies and rabies related lyssaviruses)	Rickettsia spp
Rift Valley fever virus	Rubella virus	Sabia virus
Salmonella spp	SARS coronavirus	Shigella spp
Streptococcus pneumoniae (invasive)	Streptococcus pyogenes (invasive)	Varicella zoster virus
Variola virus	Verocytotoxigenic Escherichia coli (including E. coli 0157)	Vibrio cholerae
West Nile Virus	Yellow fever virus	Yersinia pestis

Appendix C: Outbreak Control Plan

IPCT informed by Ward Leader/Departmental Manager, Laboratory or CCDC



IPCT informs: DIPC, HON's, PCT, HPA, EMAS, Comms, Bank, Ward Leaders/Department Leaders Service Line Directors, Facilities, DON's, Site co-ordinations, Discharge Lesion, CEO/Deputy CEO, Switchboard, MEMD, Therapy Services, Director of Operations, Occupational Health



ORG Meeting convened



Isolation of affected patients	Admission	Control measures	Liaison with department	Surveillance	Communications	Review progress
Cohort nursing	Stop admissions	PPE	Medirest	Data collection method	(Who is told what and how?)	Date of next meeting
Single rooms	Discharge/transfer of non-affected patients or those not at risk as appropriate	Clinical procedures	Community teams	Design of questionnaires	Operational management team	Venue
Designated isolation ward		Decontamination	Engineering	Sample collection	Patients	Agenda
Exclude affected staff from work		Restricted visiting	Laboratory	Use of other laboratories	Relatives/visitors	Seconded members
Review staffing levels		Catering procedures	Ambulance	Flagging specimens	Staff	Minutes of meeting
		Maintenance procedures	Facilities	Screening	Media	
		Immunisation	Communication department		External agencies	
		Antibiotic therapy	Others		Bulletins	
		Contract tracing				



Chair of ORG liaises with Operational Management Team



On resolution of outbreak ORG will:

- Agree date for return to normal working
- Review management of outbreak and the outbreak plan
- Issue a report to Ward Leader, HON of affected area, PCT, IPCC

Appendix D: Covid 19 Outbreak Management Plan

Healthcare-associated COVID-19 Outbreak criteria - Two or more test-confirmed or clinically suspected cases of COVID-19 among individuals (for example patients, health care workers, other hospital staff and regular visitors, for example volunteers and chaplains) associated with a specific setting (for example bay, ward or shared space), where at least one case (if a patient) has been identified as having illness onset after 8 days of admission to hospital.

Definition of an outbreak – as two or more cases in a single setting (for example, in a single ward or having shared a location) that have become symptomatic or detected on screening on or after day eight of hospital admission – definite outbreak meeting called and further investigation.

Definition of a cluster - referring to the detection of unexpected, potentially linked cases. PHE notes that some cases and clusters of communicable disease may not require a formal outbreak to be declared. It is important that such cases are appropriately recorded and managed for audit purposes and to support surveillance and any future outbreak management. For example a cluster can be 2 cases - one case who has been admitted with Covid-19 and one or more cases who has gone on to develop Covid-19 post admission (nosocomial infection) in the same area. This will be assessed by IPCT and then possible outbreak meeting initiated for further investigation as detailed below.

Each of the above will be reviewed and managed as an outbreak and reported to the Trust. All outbreaks will be reported following the national requirements set out below.

IPCT identify or are informed by Ward Leader/Departmental Manager, Laboratory or PHE. IPCT to commence completion of daily sitrep on the electronic platform



IPCT informs: DIPC, Chief Nurse, Chief Operating Officer, Chief Executive, HON's, Matron's, Duty Nurse Managers, PHE, Communications, Bank, Ward Leaders/Department Leaders, Clinical Chairs, Divisional Managers, Facilities, Therapy Services, and Occupational Health, NHSEI regional IPC team



Outbreak Management Group meeting convened



Isolation of affected patients	Admission	Control measures	Liaison with department	Surveillance	Communications	Review progress
Cohort nursing Single rooms Designated isolation ward Exclude affected staff from work Review staffing levels and segregation of staff	Stop admissions if required Discharge/transfer of non-affected patients or those not at risk as appropriate	PPE Clinical procedures Decontamination Restricted visiting Catering procedures Maintenance procedures Contract tracing	Medirest Community teams Engineering Laboratory Ambulance Facilities Communication department Others	Data collection method Sample collection Use of other laboratories Flagging specimens Screening	(Who is told what and how?) (link with NHSEI regional team if required) Operational management team Patients Relatives/visitors/carers Staff Media External agencies Bulletins	Date of next meeting Venue Agenda Seconded members Minutes of meeting



Chair of Outbreak Management Group liaises with Operational Management Team



On resolution of outbreak OMG will:

- a) Agree date for return to normal working
- b) Review management of outbreak and the outbreak plan
- c) Issue a report to Ward Leader, HON of affected area, CCG, IPCC

Outbreak Management Group Membership

The OMG will meet on the day of identification of a possible Covid-19 outbreak. Membership of the OMG will be as follows (if an individual is unable to attend effort **must** be made send a Deputy):

- Director of Infection Prevention and Control (Chair)
- Consultant Microbiologist
- Nurse Consultant Infection Prevention and Control
- Infection Prevention and Control Nurse for the area affected

- Divisional Head of Nursing
- Matron of relevant area
- Consultant of relevant area
- Divisional Management representative
- Soft Services Provider representative
- Admin support
- NHSEI regional IPCT representative
- UKHSA representative

Daily actions following identification of outbreak

- Review of the ward/department area every morning
- Review of any new potential cases
- Completion of daily sitrep and sent by 1am
- Lead communications with ward and wider organisation

Triggers for ward/department closure

- Isolate all affected patients in side rooms (in line with management of Asymptomatic Positive SOP)
- If no side rooms available cohort confirmed positive patients in Bays
- If more than 50% of the ward is affected the ward must close, this includes confirmed cases and close contacts of those cases.
- Consider establishment of isolation wards

Staff Testing

- Any staff who have worked on the ward/department in the 48 hours proceeding identification of the index case may require testing
- Ward/Department leader to compile and maintain a list of all staff who require testing and have been tested.
- Testing to be booked via swab team
- Testing to be repeated 7 days later

Triggers for using beds on closed wards

- Opel 3 – current Covid positive patients can be moved to the empty beds on the closed wards
- Opel 4 – Current positive patients and post covid positive patients – day 11 – 18 from positive sample can move to empty beds on closed ward
- Opel 4 – over 100 patients in ED – current positives and all post covid positive patients (up to 90 days post Covid) can move to the empty beds on the closed ward

APPENDIX E – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Infectious Outbreak-Incident Policy including Major Outbreak			
New or existing service/policy/procedure: Existing			
Date of Assessment: 07/11/2022			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	N/A	None
Gender	None	N/A	None
Age	None	N/A	None
Religion	None	N/A	None
Disability	None	N/A	None
Sexuality	None	N/A	None
Pregnancy and Maternity	None	N/A	None
Gender Reassignment	None	N/A	None
Marriage and Civil Partnership	None	N/A	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	N/A	None

What consultation with protected characteristic groups including patient groups have you carried out? <ul style="list-style-type: none"> Sent to all members of IPCC
What data or information did you use in support of this EqIA? <ul style="list-style-type: none"> National Guidance
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? <ul style="list-style-type: none"> No
Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact: High Level of Impact/Medium Level of Impact/ Low Level of Impact <i>(Delete as appropriate)</i> For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.
Name of Responsible Person undertaking this assessment: Sally Palmer
Signature: S Palmer
Date: 07/11/2022

APPENDIX F – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	<ul style="list-style-type: none"> Is the policy encouraging using more materials/supplies? Is the policy likely to increase the waste produced? Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled? 	No	
Soil/Land	<ul style="list-style-type: none"> Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.) 	No	
Water	<ul style="list-style-type: none"> Is the policy likely to result in an increase of water usage? (estimate quantities) Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal) 	No	
Air	<ul style="list-style-type: none"> Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) Does the policy fail to include a procedure to mitigate the effects? Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations? 	No	
Energy	<ul style="list-style-type: none"> Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities) 	No	
Nuisances	<ul style="list-style-type: none"> Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)? 	No	