# Outbreak Control Policy

<table>
<thead>
<tr>
<th>Post holder responsible for Procedural Document</th>
<th>Judy Potter, Lead Nurse, Infection Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author of Guideline</td>
<td>Judy Potter, Lead Nurse, Infection Control</td>
</tr>
<tr>
<td>Division/ Department responsible for Procedural Document</td>
<td>Specialist Services/ Infection Control</td>
</tr>
<tr>
<td>Contact details</td>
<td>x2355</td>
</tr>
<tr>
<td>Date of original policy / strategy/ standard operating procedure/ guideline</td>
<td>Dec 2001</td>
</tr>
<tr>
<td>Impact Assessment performed</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>Approving body and date approved</td>
<td>Infection Control and Decontamination Assurance Group: 17th May 2017</td>
</tr>
<tr>
<td>Review date (and frequency of further reviews)</td>
<td>August 2021 (every 5 years)</td>
</tr>
<tr>
<td>Expiry date</td>
<td>February 2022</td>
</tr>
<tr>
<td>Date document becomes live</td>
<td>30 May 2017</td>
</tr>
</tbody>
</table>

Please specify standard/criterion numbers and tick ✓ other boxes as appropriate

<table>
<thead>
<tr>
<th>Monitoring Information</th>
<th>Strategic Directions – Key Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Experience</td>
<td>Maintain Operational Service Delivery</td>
</tr>
<tr>
<td>Assurance Framework</td>
<td>Integrated Community Pathways</td>
</tr>
<tr>
<td>Monitor/Finance/Performance</td>
<td>Develop Acute Services</td>
</tr>
<tr>
<td>CQC Fundamental Standards Regulations No:</td>
<td>12 and 15</td>
</tr>
<tr>
<td></td>
<td>Delivery of Care Closer to Home</td>
</tr>
<tr>
<td></td>
<td>Infection Control √</td>
</tr>
</tbody>
</table>

Other (please specify):

**Note:** This document has been assessed for any equality, diversity or human rights implications

## Controlled document

This document has been created following the Royal Devon and Exeter NHS Foundation Trust Development, Ratification & Management of Procedural Documents Policy. It should not be altered in any way without the express permission of the author or their representative.
Full History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author (Title not name)</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Dec 2001</td>
<td>Lead Nurse</td>
<td>New Guidance</td>
</tr>
<tr>
<td>2.0</td>
<td>Oct 2006</td>
<td>Lead Nurse</td>
<td>Routine Revision</td>
</tr>
<tr>
<td>3.0</td>
<td>Feb 2009</td>
<td>Lead Nurse</td>
<td>Routine Revision</td>
</tr>
<tr>
<td>4.0</td>
<td>Feb 2011</td>
<td>Lead Nurse</td>
<td>Routine Revision</td>
</tr>
<tr>
<td>5.0</td>
<td>Feb 2013</td>
<td>Lead Nurse</td>
<td>Routine Revision</td>
</tr>
<tr>
<td>6.0</td>
<td>March 2017</td>
<td>Lead Nurse</td>
<td>Replaces Major Outbreak Plan. Harmonised with Community Services requirements.</td>
</tr>
</tbody>
</table>

Associated Trust Policies/ Procedural documents: N/A

Key Words: Outbreak, Major outbreak.

In consultation with and date: Richard Clark - Planning and Preparedness Manager - 21/04/2017
Infection Prevention and Control Team - 21/04/2017
Full membership of the Infection Control and Decontamination Assurance Group (17/05/2017) which includes representation from the executive team, divisional management teams (including community services), nursing and medical staff, therapists, facilities, operations support, estates and Public Health England’s Devon/Cornwall and Somerset Local Team.

Contact for Review: Lead Nurse, Infection control

Executive Lead Signature: Medical Director
CONTENTS

1. INTRODUCTION.................................................................................................................. 4
2. PURPOSE.................................................................................................................................. 4
3. DEFINITIONS.......................................................................................................................... 4
4. DUTIES AND RESPONSIBILITIES OF STAFF ....................................................................... 4
5. OUTBREAK RECOGNITION AND INITIAL RESPONSE......................................................... 6
6. DECISION ON OUTBREAK STATUS ..................................................................................... 6
7. MINOR OUTBREAK/OUTBREAK OF LIMITED EXTENT ......................................................... 6
8. MAJOR OUTBREAKS.............................................................................................................. 7
9. TRUST RESPONSE TO MAJOR OUTBREAKS OF INFECTION IN THE COMMUNITY ........ 8
10. FUNDING OF OUTBREAKS.................................................................................................. 9
11. ARCHIVING ARRANGEMENTS............................................................................................ 9
12. PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE POLICY .......................................................................................................................... 9
13. REFERENCES....................................................................................................................... 9
APPENDIX 1: COMMUNICATION PLAN .................................................................................. 10
APPENDIX 2: EQUALITY IMPACT ASSESSMENT TOOL ......................................................... 11
1. **INTRODUCTION**

1.1 This policy is designed to provide the initial framework for the control of an outbreak of infection on Trust premises, both in the acute and community services. It also provides an outline of the Trust’s response to a major outbreak in the general community. Outbreaks of infection vary greatly in extent and severity. It is impossible to provide a detailed policy to cover all eventualities. Consequently, this document gives the general procedure to be followed.

1.2 **Failure to comply with this policy could result in disciplinary action.**

2. **PURPOSE**

2.1 To ensure there is a clear framework for recognition, reporting, investigation and control of outbreaks of infection.

3. **DEFINITIONS**

3.1 **Outbreak of infection** – normally characterised by two or more of the same infections related in time and place. However, in exceptional circumstances, a single case for certain rare diseases such as hospital acquired legionella or post operative tetanus would be managed as an outbreak.

3.3 **Outbreak Control Group** - a group of relevant parties, with the expertise to lead the investigation, manage and control the outbreak.

3.4. **Major outbreak** - this is defined as an outbreak that is serious either due to the number of people affected, the impact on the organisation's operational capacity or the infecting organism has serious implications e.g. hospital acquired tuberculosis, hospital acquired legionella, foodborne salmonella outbreak in hospital. External parties e.g. Environmental Health Officers, Public Health England, who contribute additional expertise will usually be involved as part of the outbreak control group.

3.5 **Minor outbreak/Outbreak of limited extent** – this is an outbreak that either affects a small number of people or causes less severe illness e.g. scabies, viral gastroenteritis. It can be investigated and controlled within normal resources. In a minor outbreak, an outbreak control group may not need to be convened but investigation and management of the outbreak will require close collaboration between the Infection Prevention and Control Team, Operations Team and the multidisciplinary team for the area of the Trust affected.

3.6 **Case** – a case is a person exhibiting symptoms consistent with the outbreak definition. This may be a patient, resident, employee, carer or visitor.

4. **DUTIES AND RESPONSIBILITIES OF STAFF**

4.1 **Chief Executive (CE) and Board of Directors** are responsible for ensuring the provision of suitable and sufficient resources and facilities to enable effective management during an outbreak.

4.2 **The Directors of Infection Prevention and Control (DsIPC)** are responsible for:

- Advising the CE and Board of Directors about the nature and extent of the outbreak and the resources and facilities required to achieve effective management of outbreaks.
• Deciding whether an outbreak control group is required and ensuring that relevant parties are notified.
• Providing expert guidance and advice to the Infection Prevention and Control Team, clinical and managerial staff about the need for control measures.

4.3 **Infection Prevention & Control Team (IPCT) (with support from the DsIPC)** are responsible for:

- Assessing the likelihood of an outbreak and deciding if an outbreak or potential outbreak exists.
- Advising on the control measures required to limit further spread.
- Advising clinical staff on collection of surveillance specimens.
- Recording details of patients, symptoms and laboratory results such that informs the outbreak control group to make decisions.
- Recording the outbreak using the Trust’s electronic incident reporting system.
- Producing a post outbreak report that identifies any learning and makes recommendations, if required.

4.4 **Divisional and Cluster Management Teams** are responsible for:

- Maintaining well informed operational control of the outbreak in relation to the Trust’s responsibility to provide health care for patients.
- Liaising directly with and seeking advice from the DsIPC and the IPCT when the impact of control measures will have a significant impact on operational management.
- Ensuring that there are continuity plans in place that are enacted for the provision of specialist services in the event that a specialist unit requires closure.
- Ensuring that staffing levels are adequate to implement control measures effectively.
- Arranging adequate cluster/divisional representation at outbreak control group meetings.

4.5 **Trust Lead for Patient Flow/Site Practitioners** are responsible for:

- Informing the IPCT of any concerns they encounter during the course of their work that may indicate an outbreak.
- During the night shift, assessing the need to close a bay or ward to admissions and, if confident to do so, implement restrictions without reference to the IPCT.
- Ensuring that information is communicated to the on call Infection Prevention and Control Nurse the next day for further review.

4.6 **Ward/Department/Unit Matron or Nurse in charge** is responsible for:

- Informing the IPCT immediately of any suspected outbreaks/infection control concerns.
- Providing accurate documented and verbal information on patients and staff to the IPCT at the earliest opportunity for a full assessment to be undertaken.
- Informing relevant persons of any imposed restrictions on patient and staff movement and measures to control the outbreak.
- Providing on-going, accurate, documented and verbal information on patients and staff to the IPCT if an outbreak is confirmed by the IPCT.

4.7 **Infection Control and Decontamination Group (ICDAG)** is responsible for:

- Receiving the post outbreak investigation report, approving and monitoring any action plan that results from the investigation report.
5. OUTBREAK RECOGNITION AND INITIAL RESPONSE

5.1 Initial information may come from a whole range of sources, e.g. ward staff, laboratory staff, GPs, and must be channelled to the Infection Prevention and Control Team (IPCT). It is most important that staff act promptly if an outbreak is suspected. It is far better to act on suspicion than to delay until it becomes a certainty.

5.2 The Infection Prevention and Control Team will collect initial information about symptoms relevant to the type of suspected outbreak and will advise on the immediate control measures required and these will be dependent on the type of infection and likely mode of transmission. The IPCT will also advice on any samples that are required for laboratory investigation.

6. DECISION ON OUTBREAK STATUS

6.1 After initial investigation, the Infection Prevention and Control Team, under the guidance of the Joint Directors of Infection Prevention and Control, will determine the outbreak status, one of three conclusions may be drawn:

- No outbreak identified
- Minor outbreak suspected/confirmed
- Major outbreak suspected/confirmed

7. MINOR OUTBREAK/OUTBREAK OF LIMITED EXTENT

7.1 Outbreak Control Group (OCG)

Often an Outbreak Control Group is not required and the outbreak can be managed by utilising existing structures such as escalation and capacity meetings. However, if the Joint DsIPC determine that an OCG would be beneficial, 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/s, the group may include:

- Appropriate members of the Infection Prevention and Control Team (IPCT)
- Relevant Associate Medical Director/Clinical Lead or Deputy
- Relevant Assistant Director of Nursing or Senior Midwife or Senior Nurse
- Site Practitioner
- Relevant Cluster/Locality manager
- Consultant in Communicable Disease Control (CCDC) by invitation where relevant

7.2 Action notes will be recorded for each OCG meeting held.

7.3 Outbreak Management

- OCG convened, if required
- IPCT presents the available information
- Plans for future action are drawn up
  These may include
  - Further microbiological/epidemiological investigations
  - Management of cases
  - Decisions on isolation facilities required
  - Decisions on control measures/ward closure
  - Decisions on need for environmental / equipment decontamination
  - Information to staff on the situation and the proposed action
In the case of small, localised outbreaks the OCG may not need to meet again.

A short report should be prepared by the IPCT at the end of the outbreak for circulation to all members of the OCG and the Infection Control and Decontamination Assurance Group.

8. MAJOR OUTBREAKS

8.1 Major Outbreak Control Group (MOCG)

If the decision is made that the outbreak is major, MOCG is convened by the DIPC/s. Membership will probably include:

- Director/s of Infection Prevention and Control
- Infection Prevention and Control Team representatives
- Chief Executive or representative
- Chief Nurse/Medical Director or deputies
- Relevant Divisional Director or Deputy
- Assistant Director of Nursing/Head of Midwifery/Senior Nurse from affected area
- Occupational Health Physician or Nurse
- Trust Lead for Patient Flow or deputy
- Director of Public Health, if relevant
- Chief Environmental Health Officer, if food or water borne infection
- Consultant for Communicable Disease Control
- Secretarial support
- Communications
- Pharmacy

8.2 Functions of the MOCG

- **Treatment**
  Ensure all affected patients/staff are being optimally treated.

- **Resources**
  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.

- **Policy**
  Agree and co-ordinate decisions on investigations and control of the outbreak (see below). Allocate responsibility to specific individuals who will then be accountable.

- **Additional membership**
  The group will review the need for co-opting other staff e.g. from Estates Dept as relevant to the outbreak.

- **Outside Help**
  Consider the need for outside help from Public Health England, Regional Epidemiologist.

- **Communication**
  Ensure adequate communications are established including nominating one person to be responsible for making statements to the news media and informing NHS England, Public Health England Regional Epidemiologist, Care Quality Commission etc.

- **Advice to Staff**
  Provide clear written instructions +/- information for ward staff, housekeeping staff etc.

- **Isolation Facilities**
  Decide whether existing isolation facilities are adequate or whether an isolation ward needs to be created.

- **Patient information**
Agree arrangements for providing information to patients, relatives, visitors and the public.

- **Meetings**
  Meet frequently, usually daily and review progress on investigation and control. Written agendas will be required with minutes and action notes produced. This will require clerical support, computing facilities and staff to assist with data entry

- **Final phase**
  Identify the end of the outbreak
  Prepare a final report.

### 8.3 Laboratory Investigations

8.3.1 Where possible, specimens should be collected immediately and before control measures are introduced.

8.3.2 The ability of the laboratory to process the additional specimens should be assessed if necessary outside assistance arranged.

### 8.4 Epidemiological Investigations

- Agree on a case definition
- Define population at risk and list of suspected/confirmed cases
- Characterise cases by time, place and person
- Consider analytical studies e.g. case control.

### 8.5 Control Measures

These may include:

- Antibiotic therapy/prophylaxis
- Immunisation
- Patient isolation
- Restrictions of admissions, transfers, discharges
- Visiting restrictions
- Staff education in infection control measures
- Decontamination of ward areas or equipment
- Staff screening

### 9. TRUST RESPONSE TO MAJOR OUTBREAKS OF INFECTION IN THE COMMUNITY

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

9.2 In this situation different management arrangements are required. In addition to any Public Health England or Local Authority led Outbreak Control Group, a Trust Response Outbreak Control Group (TROCG) may be required to co-ordinate the Trust’s response.

9.3 The membership of the TROCG is likely to be similar to a Major Outbreak Control Group
10. **FUNDING OF OUTBREAKS**

10.1 The Trust considers it inappropriate to keep a specific reserve for outbreak investigation and control. For purely Trust based outbreaks involving considerable expense the MOCG will keep the Board of Directors apprised of anticipated additional expenditure. For major outbreaks in the wider community the Trust would liaise with the CCG, PHE Devon, Cornwall and Somerset Health Protection Team, as appropriate, to highlight additional unbudgeted costs.

11. **ARCHIVING ARRANGEMENTS**

The original of this guideline will remain with the author, Lead Nurse, Infection Control. An electronic copy will be maintained on the Trust intranet, (A-Z) P – Policies (Trust-wide) – O – Outbreak Control. Archived electronic copies will be stored on the Trust’s “archived policies” shared drive, and will be held indefinitely. A paper copy (where one exists) will be retained for 10 years.

12. **PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE POLICY**

12.1 To monitor compliance with this SOP/guideline, the auditable standards will be monitored as follows:

<table>
<thead>
<tr>
<th>No</th>
<th>Minimum Requirements</th>
<th>Evidenced by</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>MOCG will meet frequently, usually daily and review progress on investigation and control.</td>
<td>Minutes of meetings.</td>
</tr>
<tr>
<td>3.</td>
<td>Written agendas will be required for a MOCG with minutes and action notes produced.</td>
<td>Appended to outbreak report and uploaded to the electronic incident reporting system</td>
</tr>
</tbody>
</table>

12.2 **Frequency**

In each financial year, the Lead Nurse/DIPC will audit all major outbreak reports (if there has been major outbreak) to ensure that this guideline/ standard operating procedure has been adhered to and a formal report will be written and presented at the ICDAG.

12.3 **Undertaken by**

Lead Nurse/DIPC

12.4 **Dissemination of Results**

At the ICDAG which is held quarterly.

12.5 **Recommendations/ Action Plans**

Implementation of the recommendations and action plan will be monitored by the ICDAG, which meets quarterly.

12.6 Any barriers to implementation will be risk-assessed and added to the risk register.

12.7 Any changes in practice needed will be highlighted to Trust staff via the Governance Managers’ cascade system.

13. **REFERENCES**

N/A
### APPENDIX 1: COMMUNICATION PLAN

The following action plan will be enacted once the document has gone live.

<table>
<thead>
<tr>
<th>Staff groups that need to have knowledge of the guideline/SOP</th>
<th>Staff who have duties and responsibilities within this policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>The key changes if a revised document</td>
<td>No significant changes other than formatting to match Trust policy template</td>
</tr>
<tr>
<td>The key objectives</td>
<td>To ensure there is a clear framework for recognition, reporting, investigation and control of outbreaks of infection</td>
</tr>
<tr>
<td>How new staff will be made aware of the procedure/guideline and manager action</td>
<td>Cascade by email to relevant staff</td>
</tr>
<tr>
<td>Specific Issues to be raised with staff</td>
<td>N/A</td>
</tr>
<tr>
<td>Training available to staff</td>
<td>N/A</td>
</tr>
<tr>
<td>Any other requirements</td>
<td>N/A</td>
</tr>
<tr>
<td>Issues following Equality Impact Assessment (if any)</td>
<td>No negative impacts</td>
</tr>
</tbody>
</table>
APPENDIX 2: EQUALITY IMPACT ASSESSMENT TOOL

<table>
<thead>
<tr>
<th>Name of document</th>
<th>Outbreak Control Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division/Directorate and service area</td>
<td>Trustwide</td>
</tr>
<tr>
<td>Name, job title and contact details of person completing the assessment</td>
<td>Judy Potter, Lead Nurse/Joint Director for Infection Prevention and Control</td>
</tr>
<tr>
<td>Date completed:</td>
<td>28/03/2017</td>
</tr>
</tbody>
</table>

The purpose of this tool is to:
- **identify** the equality issues related to a policy, procedure or strategy
- **summarise the work done** during the development of the document to reduce negative impacts or to maximise benefit
- **highlight unresolved issues** with the policy/procedure/strategy which cannot be removed but which will be monitored, and set out how this will be done.

1. **What is the main purpose of this document?**
   To ensure there is a clear framework for recognition, reporting, investigation and control of outbreaks of infection

2. **Who does it mainly affect?**
   - Carers ☐
   - Staff ☒
   - Patients ☐
   - Other (please specify)

3. **Who might the policy have a 'differential' effect on, considering the “protected characteristics” below?** (By **differential** we mean, for example that a policy may have a noticeably more positive or negative impact on a particular group e.g. it may be more beneficial for women than for men)

<table>
<thead>
<tr>
<th>Protected characteristic</th>
<th>Relevant</th>
<th>Not relevant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Disability</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Sex - including: Transgender, and Pregnancy / Maternity</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Race</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Religion / belief</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Sexual orientation – including: Marriage / Civil Partnership</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

4. **Apart from those with protected characteristics, which other groups in society might this document be particularly relevant to...** (e.g. those affected by homelessness, bariatric patients, end of life patients, those with carers etc.)?
5. Do you think the document meets our human rights obligations? ☒

Feel free to expand on any human rights considerations in question 6 below.

A quick guide to human rights:

- **Fairness** – how have you made sure it treats everyone justly?
- **Respect** – how have you made sure it respects everyone as a person?
- **Equality** – how does it give everyone an equal chance to get whatever it is offering?
- **Dignity** – have you made sure it treats everyone with dignity?
- **Autonomy** – Does it enable people to make decisions for themselves?

6. Looking back at questions 3, 4 and 5, can you summarise what has been done during the production of this document and your consultation process to support our equality / human rights / inclusion commitments?

N/A

7. If you have noted any ‘missed opportunities’, or perhaps noted that there remains some concern about a potentially negative impact please note this below and how this will be monitored/addressed.

<table>
<thead>
<tr>
<th>“Protected characteristic”:</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue:</td>
<td></td>
</tr>
<tr>
<td>How is this going to be monitored/addressed in the future:</td>
<td></td>
</tr>
<tr>
<td>Group that will be responsible for ensuring this carried out:</td>
<td></td>
</tr>
</tbody>
</table>