University Hospitals of Leicester NHS
NHS Trust

Managing Increased Incidence and Outbreaks of Infection in Hospitals Policy

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Review date and Details of changes made during review:

September 2015 – Change to new Trust format. Wording of job titles changed to reflect new Trust structure.
Review Sept 2020 – in line with Public Health England Operational Guidance

Key words
Outbreak
Increased incidence

1. INTRODUCTION AND OVERVIEW

1.1. All services registered under the Health and Social Care Act 2008 (update 2015) is expected to have a policy for the control of outbreaks of communicable infections, these are often developed through the Infection Prevention Team. In today's health and social care setting there is a need to ensure minimal disruption to services to maximise the ability of organisations to deliver safe and effective services based on local risk assessment. Organisations must develop systematic business continuity plans for use in outbreak situations, the plan should include actions for safe environments, staffing, information surveillance, communication and leadership.

1.2. Plans must be clear about the policy for segregation and protection of patients. Before an outbreak occurs, there needs to be information available about what escalation systems will be used at the onset and throughout the course of an outbreak. This will include clear guidance on the movement of patients and staff which is fully understood by the workforce.

1.3. It is not possible to prevent all outbreaks of infection, however simple interventions can minimise their effect. Initial information may be received from a range of sources, e.g. ward staff or laboratory staff, The Infection Prevention Team must be informed promptly, and information must be timely and accurate when an outbreak of infection is suspected to ensure a rapid, systematic response. A detailed outbreak investigation is an important way of reducing the impact of the outbreak. It may be coincidental that there are a number of people that have similar symptoms being nursed in the same clinical area. These patients will be managed following the guidelines for increased incidence.

1.4. Prompt establishment of an Outbreak Control Team (O C T), coupled with early communication and the rapid implementation of early control measures are the most effective ways of restricting the extent of outbreaks. A multidisciplinary approach to preventing and managing outbreaks is recognised as being the most effective way of focusing resources where they are most needed. Immediate cleaning and decontamination, correct and appropriate hand hygiene, isolation and cohort nursing of affected patients and the exclusion of affected staff are necessary first steps.

1.5. Thorough hospital cleaning is vital in preventing and controlling outbreaks of illness due to infectious agents. There should be provision by hospitals to ensure that regular cleaning schedules and protocols agreed with infection prevention professionals are guaranteed and safeguarded. During outbreaks, these should be enhanced to meet the increased need for cleaning and decontamination.

1.6. Outbreaks of infection can occur at any time. An outbreak of infection is declared by the Director of Infection Prevention and Control (DIPaC) / Lead Infection Prevention Doctor or Consultant in Communicable Disease Control (CCDC). In the event of declaration of an outbreak of infection a meeting to review actions is required. It is important to establish clear systems of two way communication between outbreak meetings and the rest of the organisation.

1.7. Prevention and control of healthcare associated infection is part of the overall clinical governance and risk management strategy within the healthcare setting. UHL is committed to improving the quality of care throughout the Trust and promoting high standards of infection prevention practice.

1.8. Infection may occur in an individual or be transmitted to groups of people. The impact of the infection will depend on the infectivity of the organism, the numbers of people involved and the mode of transmission, for example; Salmonella is a food borne infection, TB/Influenza/COVID-19 are respiratory infections passed on by droplets. An

may be declared if the type of organism involved has a serious impact or the numbers of affected people are great.

2. POLICY AIMS

2.1. This policy is designed to provide the framework for the management of increased incidents and outbreaks, it will focus on the actions to be taken if a major or minor outbreak or increased incidence of infection is suspected. It will detail the actions and responsibilities of the various staff disciplines that may be involved and the processes to go through to manage an outbreak to contain the infectious organism and prevent the spread of infection. It will provide guidance on the primary infection prevention measures for ensuring a safe environment for patients and healthcare staff.

2.2. This policy does not address in detail specialised infection prevention measures for all infectious agents or communicable diseases but will provide guidance for managing the more common causes for an increased incidence of infection that may lead to an outbreak being declared.

3. POLICY SCOPE

3.1. The policy and attached guidelines are intended for use by anyone employed within University Hospitals of Leicester NHS Trust (UHL) and Alliance, delivering health care, either on a permanent or temporary contract, volunteers and anyone in a training capacity that may be involved in caring for patients during an increased incidence of infection or those involved in the management of increased incidence or declared outbreak.

4. DEFINITIONS AND ABBREVIATIONS

Definition

4.1. 4.1 An outbreak or incident may be defined as:

- an incident in which two or more people experiencing a similar illness are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred
- a single case for certain rare diseases such as diphtheria, botulism, rabies, viral haemorrhagic fever or polio
- a suspected, anticipated or actual event involving microbial or chemical contamination of food or water

4.2. An increased incidence can be defined as a situation where the number of patients with an infection or similar symptoms exceeds the number of single rooms

4.3. It is recognised that many cases and clusters of communicable disease are handled within routine business without the need to formally convene an OCT. It is important that such cases are appropriately recorded and managed for audit purposes and to support surveillance and any future outbreak management.

4.4. An OCT may be a formal meeting of all partners to address the control, investigation and management of an outbreak, or a discussion between two or more stakeholders following the identification of a case or exposure of concern. All such discussions should be appropriately recorded. The principles outlined in this guidance apply at any level.

See appendix 1 for Outbreak Management Overview

Abbreviations

CCDC: Consultant in Communicable Disease Control
CCG: Clinical Commissioning Group
DIPaC: Director of Infection Prevention and Control
CMG: Clinical Management Groups
IPOG: Infection Prevention Operational Groups
OCT: Outbreak Control Team
PHE: Public Health England
TIPAC: Trust Infection Prevention Assurance Committee

5. ROLES AND RESPONSIBILITIES

Chief Executive
The Chief Executive is the accountable officer and devolves responsibility for Infection prevention to the Trusts Director of Infection Prevention (DIPaC)

Director of Infection Prevention and Control (DIPAC)
It is the responsibility of the Director/Deputy Director of Infection Prevention and Control and Lead Infection Prevention Doctor in consultation with Public Health East Midlands Heath Protection Team to decide whether there is an outbreak and to decide whether to institute the Outbreak Plan and convene an outbreak meeting

Chief Nurse
The chief nurse has the responsibility for the professional performance of nursing and midwifery staff within the Trust ensuring that they know what is expected of them with regard to infection prevention, particularly in an outbreak situation

Medical Director
The Medical Director is responsible for the professional performance of medical staff within the Trust particularly in relation to Infection Prevention policies and procedures to ensure patient safety and to prevent cross infection.

Director of Estates and Facilities
The Director of Estates and Facilities is accountable for the quality assurance of domestic and estate services across the Trust. The post holder is required to work closely with the DIPaC and Lead Infection Prevention Nurse to ensure a safe, clean patient care environment.

CMG Head of /Deputy Head of Nursing
The CMG Head of/Deputy Head Nursing is responsible for ensuring that nursing and midwifery staffs within the Trust are compliant with infection prevention policies. They are responsible for ensuring High Impact intervention audits are carried out within the CMG. There is a clear leadership role for the CMG Head of Nursing for the affected area within an outbreak situation.

Head of Communications
The head of communications is responsible for ensuring there is a timely communications strategy which is reviewed on a regular basis during outbreaks. This should include communications with staff working within UHL, the wider key stakeholders and the public. They will liaise with relevant Communication teams including the wider health economy, PHE and handle Press enquiries.

Matron
Matrons have a particular role in ensuring that the environment in which care is provided meets expected standards. They are responsible at a local level for leading and driving a culture of cleanliness in clinical areas and for monitoring, recording and reporting compliance with standards and ensuring that Infection prevention procedures are

adhered to. During Outbreak situations the Matron will have a key role in supporting wards to ensure adequate communication to staff, support ward managers to implement business continuity plans to ensure adequate numbers of staff are available, review the provision of Personal protective equipment (PPE) and ensure that appropriate isolation procedures are being followed.

Ward Sister/ Charge Nurse/ Departmental manager

The Ward Sister/ Charge Nurse / Departmental manager is accountable for standards of Infection Prevention within their clinical area. The post holder is expected to audit, observe and report compliance with infection Prevention policies and demonstrate and promote compliance within their ward/department. During an outbreak they will work closely with the Matron to ensure all procedures are in place to manage the situation.

Ward Based Staff – Nursing and Medical

All staff within UHL and Alliance services must possess an appropriate awareness of their role in the prevention and containment of infection in their area of work. Not only is this part of their professional duty of care to the patients with whom they are involved, but it is also their responsibility to themselves, to other patients and members of staff under the Health and Safety at Work Act (1974). The Control of Substances Hazardous to Health (COSHH) Regulations (2002), require actions to be taken to control the risk of hazardous substances, including biological agents.

Any member of clinical staff, who suspects an outbreak of infection in a clinical area, has a responsibility to report that to the Infection Prevention team.

Ward based staff are responsible for initial assessment of the situation. This includes the prompt reporting and recording of details of the patients with symptoms, including the date of admission, first onset of symptoms, nature of the illness, epidemiological factors- define and bacteriology if already available.

Prompt isolation of patients in side-rooms can reduce the risk of cross infection. Ward based staff are responsible for ensuring this occurs

Ward based staffs are responsible for reporting known or suspected outbreaks of infection to the Infection Prevention Team in a timely and accurate manner.

Bed Manager/ Coordinator/Operational Team

It is the bed manager/ Coordinators/Operational Team responsibility to liaise with Ward teams to identify any available single rooms. The Infection Prevention team (IPT) can assist in carrying out a risk assessment if necessary, to prioritise the need for a single room.

The Duty Manager/Bed Co-ordinator must inform the IPT of the total bed management situation and promptly alert the IPT if the situation changes. A risk assessment of the situation should be undertaken on a daily basis.

Infection Prevention Team

The Infection Prevention Team is responsible for informing the following of the potential outbreak:-

a) Director of Infection Prevention and Control/Chief Operating officer (DIPAC) or their deputy

b) Lead Infection Prevention Doctor

c) Consultant in Communicable Disease Control (CCDC) at Public Health England East Midlands Health Protection Team (PHE EM HPT)

d) Infection Control Lead at Commissioning Clinical Group (CCG)

e) Occupational Health

Only the IPT or on call Microbiologist can decide whether it is safe to admit into empty beds in a restricted area. Each patient must be reviewed, risk assessed and the outcome documented in their notes. A Datix must be submitted each time this occurs.

The Infection Prevention Team will continue to support the clinical area in managing patients during the outbreak or increased incidence of infection

Public Health England East Midlands Health Protection Team (HPT)
The HPT is responsible for informing the relevant Environmental Health Officer(s). Contact details; PHE EM HPT; 03442254524 options 1

Domestic Services The domestic service is an integral part of managing an outbreak or increased incidence of infection.

Enhanced cleaning will be provided over and above that provided routinely as specified in the UHL Cleaning and Decontamination for Infection Prevention policy (2020) and ward based cleaning schedules.

Post infection cleaning will be carried out at the end of an outbreak or increased incidence before restrictions are lifted.

6. POLICY STATEMENTS AND PROCEDURES

6.1. Management of Increased Incidence of Infection (see appendix 1: Standards for Managing Outbreaks)

It is the responsibility of the DIPAC and Lead Infection Prevention Doctor in consultation with Public Health East Midlands Heath Protection Team to devise a plan of action.

6.1.1. These needs to consider; management of staff who are affected by the outbreak and their return to work, escalation measures for the redeployment of staff from other departments to deliver front line services. And the requirement to allocate staff to work in affected areas only, to prevent the possibility of cross infection.

6.1.2. In the event of increased incidence of infection, the following protocol must be followed.

6.1.3. If an increased incidence of infection occurs in a ward/department, the clinical team caring for the patient must inform the Infection Prevention Team. Particular concern relates to:

- Patients with diarrhoea and or vomiting.
- Patients with respiratory illness.

6.1.4. Wherever possible patients with communicable infections must be nursed in a single room. If a single room is required to be found elsewhere, the senior nurse on the ward will contact the onsite bed managers/coordinator. It is the bed manager/ coordinators responsibility to liaise with ward managers/ teams to identify any available single rooms. The infection prevention team (IPT) can assist in carrying out a risk assessment if necessary, to prioritise the need for a single room.

6.1.5. In the event that single rooms are unavailable patients with the same infection must be cohorted in a bay. COHORT Guidelines can be found in the Preventing Transmission of Infection Policy infective agent's policy and isolation guidelines, (Source isolation appendix 1)

6.1.6. If patients are cohorted, restrictions on the ward will be required to reduce the potential spread of the infection. The level of restriction will be decided by the IPT and the following people must be brought together to discuss the impact of the decision and agree the implementation process: The IP team will liaise with the CMG medical/ nursing lead to organise a meeting, to include:

a) Head of/Deputy Head of Nursing for the CMG

b) Ward, Nursing and Medical representative

c) Infection Prevention representative

d) Duty Manager

e) Lead Infection Prevention Doctor

f) Quality and Safety manager or similar role for the CMG.

g) Communications team

h) Estates and Facilities representative

6.1.7. All decisions from the meeting will be communicated by the Clinical Management Group (CMG) to the following: The method of communication will be agreed at the meeting.

a) All Clinical Management Groups as it may impact on others

b) DIPAC/Deputy

c) Director of Operations/ Deputy

d) Others as agreed

6.1.8. A DATIX form will need to be completed by the ward manager of the affected area within the CMG.

6.1.9. The situation will be reviewed daily by nominated representatives and the CMG will commence an investigation of the situation.

6.1.10. Only the IPT or on call Microbiologist can decide whether it is safe to admit into empty beds in a restricted area. Each patient must be reviewed, risk assessed and the outcome documented in their notes. A Datix must be submitted each time this occurs

6.1.11. The decision to close beds to admissions must be undertaken with the utmost consideration to the risks associated with the particular infection and the effect/risk associated with closing beds to admissions. This decision by the Lead Infection Prevention Specialists and consultant Microbiologist or Out of hours on call Microbiologist.

6.1.12. The decision may vary between different types of patient groups e.g. ITU/Neonates and a Medical/Care of the Elderly ward.

6.1.13. Where admissions to a ward have been restricted, the ward staff should complete an incident reporting form.

6.1.14. The indications for lifting restrictions are:

I. No new symptomatic patients for 48 hours.

II. All symptomatic patients are cared for in single rooms.

6.1.15. Due to the different requirements to keep restrictions in place for viral and bacterial infections the responsibility for lifting the restrictions lies with the Infection Prevention Team or Microbiologist out of office hours.

6.1.16. The environment needs to be decontaminated as per UHL Cleaning and Decontamination Policy and Procedures (2020) Prior to the ward being opened to admissions, as a minimum the directly affected areas, and the high use patient touch areas, nurses' desk, sluice and treatment room need to appropriately cleaned. This should be discussed with Infection Prevention Team and the domestic service managers to ensure that this is undertaken in a timely manner.

7. Major Outbreak

7.1.1. Adherence to the instruction in this policy is important in containing any outbreak of infection in the acute hospital setting.

7.1.2. The components of an outbreak investigation include:

a) **Preliminary Investigation:** confirming whether an outbreak is actually taking place and if cases have a common cause.

b) **Early control measures:** Isolation, cohorting and cleaning.

c) **Clear communication:** to alert other staff and patients.

d) **Descriptive epidemiology:** to develop a case definition and identify as many cases as possible in order to quantify the extent of the outbreak. The outbreak should be described in terms of time, place and person to ensure that its full extent is recognised. Epidemiological assistance may be required for this.

e) **Microbiological investigation:** to identify definitively and document the causative pathogen.

f) **Analytical studies:** more complex analytical studies may be necessary to determine possible exposures and methods of transmission.

g) Declaration that the outbreak is over.

h) Producing a final report.

7.2. Initial Identification of an Outbreak of Infection

7.2.1. Any member of clinical staff, who suspects an outbreak of infection in a clinical area, has a responsibility to report that to the Infection Prevention team.

- During office hours this should be done in the first instance by telephone to the infection prevention nursing team.

- Out of office hours contact the on call duty manager who will contact the on call microbiologist and Director on call for the Trust.

7.3. Outbreak Control Meeting

7.3.1. This meeting is a multiagency meeting to consider epidemiology, surveillance, and Outbreak management, contingency planning, communications to staff and the public and consider on going actions required to prevent the spread of infection and future meetings.

7.3.2. DIPaC/Deputy will ask the Chief Executive's nominated representative – to convene an 'Outbreak Control Meeting'. In attendance will be:-

a) DIPAC/Deputy

b) Lead Infection Prevention Doctor

c) Lead Infection Prevention Nurse

d) Infection Prevention Nurse for areas involved

e) Consultant in Communicable Disease Control (CCDC)

f) Ward Sister/Charge Nurse

g) Ward/Department Consultant/s

h) Matron for the Clinical Area

i) Head of/Deputy Head of Nursing for Clinical management Group (CMG)

j) Lead Clinician for CMG affected

k) General Manager CMG affected

l) Duty Manager

m) Infectious Disease Consultant (if applicable)

n) Representative from Estates & Facilities

o) Occupational Health Physician and/or Occupational Health Nurse

p) Representative from Communications

q) Representative of Environmental Health Department (where appropriate)

r) Others may be included in the group as necessary

7.3.3. The DIPAC/Deputy, with the support of the lead infection prevention doctor and lead infection prevention nurse, will direct and co-ordinate the management of the outbreak.

7.3.4. The meeting will ascertain from all those present the nature of the outbreak and action taken to date.

7.3.5. During an outbreak, staff should refer to the specific policies and guidelines in place for that particular infection.

7.3.6. **NOTE:** IN ORDER TO ENSURE THE SUCCESSFUL MANAGEMENT OF AN OUTBREAK, IT IS RECOGNISED THAT IN SOME CASES SEVERAL MAJOR DECISIONS IN RELATION TO THE OUTBREAK MAY HAVE BEEN TAKEN PRIOR TO THE MEETING, e.g. restrict admissions to the ward/unit; closure of ward(s); kitchens; theatres; removing staff from duty. During office hours the DIPAC/Deputy, Lead Infection Prevention Nurse and Lead Infection Prevention

Doctor is responsible. Outside of office hours the Director on call with support from a Consultant Microbiologist is responsible for taking these decisions. All these decisions must then be reported back to the meeting and reviewed.

7.3.7. The DIPAC/Deputy will ensure that all the issues discussed and decisions made by the meeting are accurately recorded.

7.3.8. The Chair (who is normally the DIPaC or a Deputy) will remind all present of their personal responsibility for ensuring that the action agreed at the meeting is implemented.

7.3.9. The Chair will summarise the discussion and action lists will be agreed.

7.3.10. At the close of the meeting the Chair will declare the date, time, location, frequency of future meetings and the staff groups required.

7.4. Communications

7.4.1. The Head of Communications, for the organisation affected by the outbreak, is responsible for leading communications.

7.4.2. Plans need to reflect a system for the dissemination of information to staff, patients and the public as an outbreak escalates and then return to normal status. - laminates signs on ward or department entrances to inform the public. Staff- information needs to include; infection prevention practice, occupational health support and key health messages to patients and visitors

7.4.3. The Infection Prevention Team will ensure communication to all relevant staff of the outbreak and required actions and timescales.

7.4.4. The CMG will ensure that relatives of affected patients are informed.

7.4.5. The Communications team wills co-ordinate the release of information to the media in liaison with the DIPaC/Deputy and CCDC as appropriate.

7.4.6. The DIPaC/Deputy and CCDC after consultation with the Director of Public Health from the Local Authority will contact the following as appropriate:-

a) Chief Medical Officer

b) Communicable Diseases Surveillance Centre for Infection (CFI) Collingdale

7.4.7. The DIPaC/Deputy will be responsible for the provision of interim information to the Commissioners/Director of Public Health and NHS England and for a formal report at the conclusion of the outbreak.

7.5. Interim Meetings and Conclusion of the Outbreak

7.5.1. The 'Outbreak Control Committee' will continue to meet as appropriate until the outbreak is declared as concluded. The 'Outbreak Control Committee' will decide at what stage wards are declared open to admissions.

7.5.2. In relation to COVID-19 outbreaks, it is a requirement from NHSE/I for the DIPaC/Deputy to formally ask the Director of Public Health to be able to close any outbreaks.

Issues to consider;

- A small number of patients may still have symptoms and should continue to be

isolated in side rooms to allow;

- Completion of terminal cleaning of the ward environment and bay areas.
- Continued vigilance during immediate period following recommencement of unrestricted activity in case of re -emergence of the outbreak.

8. EDUCATION AND TRAINING REQUIREMENTS

8.1. Education on the principles and practices for preventing transmission should begin during training in the health professions and is a prerequisite for anyone who comes into contact with patients, the patient environment or equipment.

8.2. The Health and Social Care Act (2008 updated 2015) – Code of practice on the prevention and control of infections requires that all staff are suitably educated in the prevention and control of healthcare associated infection. There are a number of methods of delivering infection prevention training available for use within UHL including online teaching (EUHL), formal group sessions and practical demonstrations. Each CMG can utilise one or more to provide a blended approach of practical and theoretical information delivery. Details of the mandatory training requirements for infection prevention can be found via in the Core Training Policy B21/2005 via InSite.

8.3. Patients and visitors can assist in preventing the transmission of micro-organisms in healthcare environments. Information should be provided at the time that precautions are initiated.

8.4. Patient information needs to include protection of their own wellbeing and environment, advice to families and friends who visit and the policy for movement around the organisation.

8.5. Public information should include general advice on the prevention and spread of infection, avoiding visiting if they, their family or other contacts have symptoms .there needs to be clear guidance on the restriction of food items bought in during an outbreak

9. EQUALITY IMPACT ASSESSMENT

9.1. The Trust recognises the diversity of the local community that it serves; our aim therefore is to provide a safe environment free from discrimination and to treat all individuals fairly with dignity and appropriately according to their needs.

9.2. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

10 PROCESS FOR MONITORING COMPLIANCE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Lead(s) for acting on recommendations	Change in practice and lessons to be shared
All patients in Side rooms isolated appropriately	Lead Nurse Infection Prevention	Source Isolation audit tool	Trust wide audit twice yearly As required during Outbreak	Reported to each CMG	Heads of Nursing CMG	Improved compliance with isolation procedures
Cohort Audits during outbreaks	Lead Nurse Infection Prevention	COHORT audit tool	As required during outbreaks	Feedback at time to ward staff Reported as part of Serious untoward incident report to Clinical Commissioning group	Head of Nursing CMG	Improved compliance with COHORT nursing
Outbreak Control Meeting	DIPaC and Lead Nurse Infection Prevention	Review of Attendance sheets of meetings, minutes, action points and future meeting dates.	From onset to completion of Outbreak.	Feedback to heads of nursing for affected CMGs for action. Minutes of meeting to Trust Infection Prevention and Control committee (TIPaCC)	Heads of Nursing for affected CMG to act on recommendations. Domestic/Facilities managers to act on environmental/Cleaning recommendations.	On-going monitoring of situation/reported to outbreak control meeting to identify any change in practice required to ensure safe, effective care throughout the Management of the outbreak throughout outbreak period.

Completion and submission of formal outbreak report	DIPaC and Lead Nurse Infection Prevention	Formal Outbreak management report	On Completion of Outbreak.	Outbreak, report compiled and signed off by CMG and Infection Prevention Team. Action plan completed Submission of report carried out by infection prevention team to ; Trust Infection Prevention and Control committee (TIPaCC), Clinical Commissioning Group NHS England.- Area team	Lead Nurse Infection Prevention/ DIPaC.	Lessons learnt during outbreak disseminated within ward and CMG

11. EVIDENCE BASE AND RELATED POLICIES

UHL Isolation Precautions UHL Policy B62/2022

UHL Cleaning and Decontamination Policy and Procedures B5/2020

UHL Core Training Policy Training Policy B21/2023

Department of Health working party -Guidelines for the management of norovirus outbreaks in acute and community health and social care settings (2010)

Department Of Health (2008) The Health and Social Care Act 2008 (update 2015) - Code of practice on the prevention and control of infections and related guidance

UHL Influenza (Flu) and Viral Respiratory Tract Infection - Testing and Isolation Precautions for Adults UHL Guideline B35/2017

12. VERSION CONTROL, ARCHIVING AND REVIEW OF THE DOCUMENT

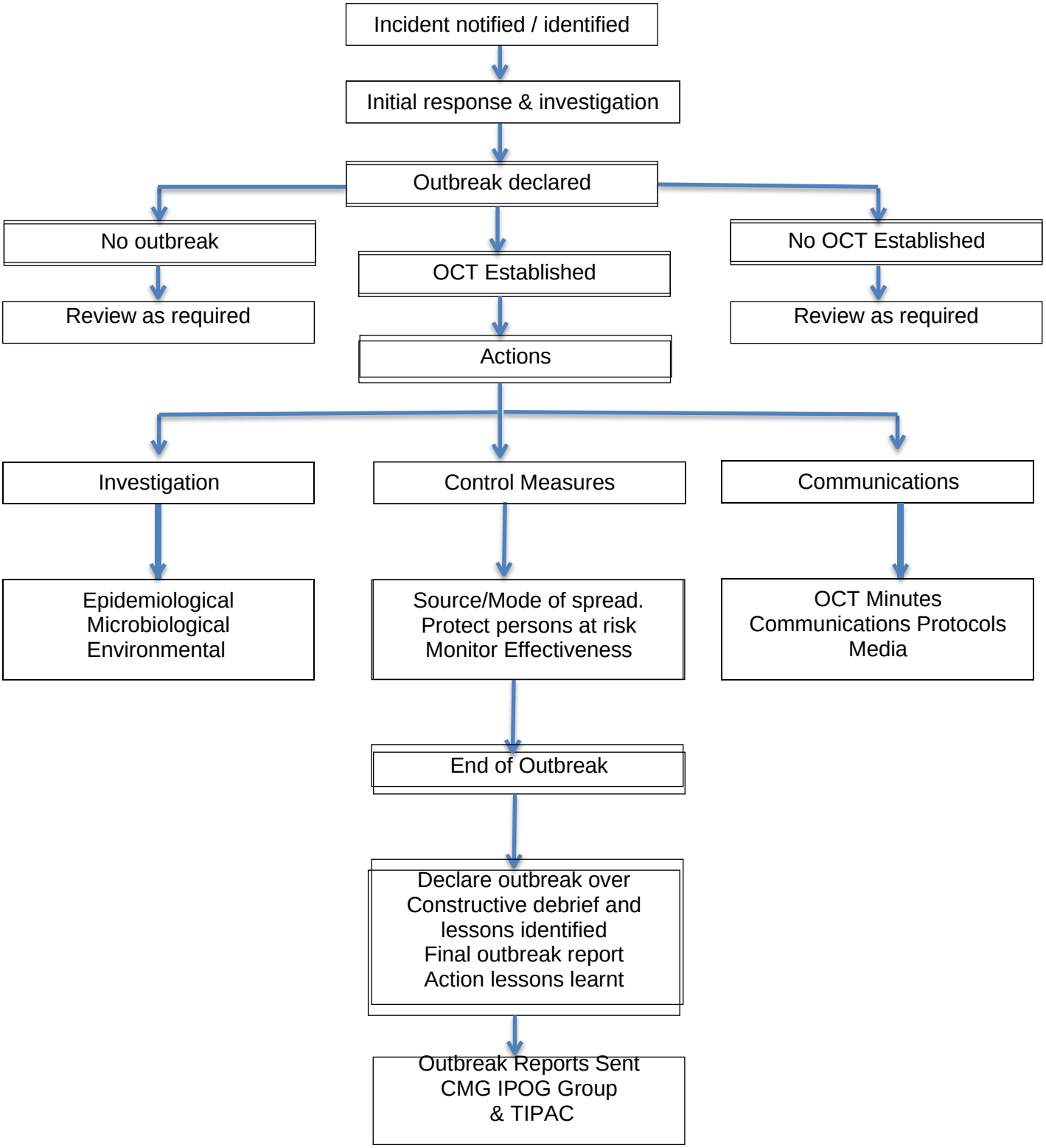
12.1 This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.

12.2 The policy will be reviewed every three years or sooner if there is a change in evidence or national guidance

12.3 The policy will be reviewed by the infection prevention team and following consultation with the clinical Management group and Infection Prevention committee will submit to Policy and Guideline for approval.

Appendix 1

Outbreak Management Overview Flowchart



Appendix 2 Standards for managing outbreaks	
Outbreak recognition	Initial investigation to clarify the nature of the outbreak begun within 24 hours
	Immediate risk assessment undertaken and recorded following receipt of initial information
Outbreak declaration	Decision made and recorded at the end of the initial investigation regarding outbreak declaration and convening of Outbreak Control Team
Outbreak Control Team (OCT)	OCT held as soon as possible and within three working days of decision to convene
	All agencies/disciplines involved in investigation and control represented at OCT meeting
	Roles and responsibilities of OCT members agreed and recorded
	Lead organisation with accountability for outbreak management agreed and recorded
Outbreak investigation and control	Control measures documented with clear timescales for implementation and responsibility
	Case definition agreed and recorded
	Descriptive epidemiology undertaken and reviewed at OCT. To include: number of cases in line with case definition; epidemic curve; description of key characteristics including gender, geographic spread, pertinent risk factors; severity; hypothesis generated.
	Review risk assessment in light of evidence gathered
	Analytical study considered and rationale for decision recorded
	Investigation protocol prepared if an analytical study is undertaken
Communications	Communications strategy agreed at first OCT meeting and reviewed throughout the investigation.
	Absolute clarity about the outbreak lead at all times with appropriate handover consistent with handover standards
End of outbreak	Final outbreak report completed within 12 weeks of the formal closure of the outbreak
	Report recommendations and lessons learnt reviewed within 12 months after formal closure of the outbreak

Appendix 3 Draft Agenda

Outbreak Control Team Meeting Agenda
(Title)
(Date, time and venue)

1. Introductions

2. Apologies

1. Minutes of previous meeting (for subsequent meetings)

2. Purpose of meeting
   - At first meeting agree chair and terms of reference

3. Review of evidence
   - Epidemiological
   - Microbiological
   - Environmental and food chain (if applicable)

4. Current risk assessment

5. Control measures

6. Further investigations
   - Epidemiological
   - Microbiological
   - Environmental and food chain (if applicable)

7. Communications
   - Public
   - Media
   - Healthcare providers (eg GPs, A&E etc.…)
   - Others

8. Agreed actions

9. Any other business

10. Date of next meeting

Appendix 4 Outbreak Control Team (OCT) Draft Terms of Reference (ToR)

The terms of reference should be agreed upon at the first meeting and recorded accordingly. Suggested terms of reference are:

- to review the epidemiological, microbiological and environmental evidence and verify an outbreak is occurring
- to regularly conduct a full risk assessment whilst the outbreak is on-going
- to develop a strategy to deal with the outbreak and allocate responsibilities based on the risk assessment
- to determine the level of the outbreak according to the PHE National Incident Response Plan and Concept of Operations documents (NIRP and CONOPs)
- to ensure that appropriate control measures are implemented to prevent further primary and secondary cases
- to agree appropriate further epidemiological, microbiological, environmental and food chain investigations
- to communicate with other professionals, the media and the public as required providing accurate and timely information
- to determine when the outbreak can be considered over based on on-going risk assessment and taking account of risk management actions
- to make recommendations regarding the development of systems and procedures to prevent a future occurrence of similar incidents and where feasible enact these
- to produce reports at least one of which will be the final report containing lessons learnt and recommendations.