

## Controlling outbreaks of infection

<b>Statement of Intent</b>	To provide a clear plan for controlling outbreaks of infection		
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<b>Related policies</b>	Infection Prevention and Control Policy and other procedures		
<b>Applies to</b>	SBC Children, Families and Community Health staff		
<b>Care Quality Commission Outcomes</b>	Regulation 12: Cleanliness and infection control		
<b>Equality &amp; Diversity</b>	SBC is committed to promoting equality in all its responsibilities – as a provider of services, as a partner in the local economy and as an employer. This policy will contribute to ensuring that all clients, potential clients and employees are treated fairly and respectfully with regard to the protected characteristics of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.		

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## **Glossary**

**CCDC** - Consultant in communicable disease control

**HPA** - Health Protection Agency

**IP&CT** – Infection prevention & control team

### **1 Definition of an Outbreak**

#### **1.1 Major Outbreak**

This is defined as any outbreak of infection which the CCDC or IP&CT consider will require a co-ordinated response by a large proportion of SBC Children's community health services. This will generally mean that a significant number of people present with a similar illness in numbers in excess of those normally expected.

On occasions the serious nature of the infection (e.g. Legionnaires Disease, Diphtheria) may require the Outbreak Control Plan to be activated after the recognition of only one or a few cases.

#### **1.2 Minor Outbreak or Cluster**

A minor outbreak is normally characterised by a cluster of similar infections in one area involving at least two cases. Minor outbreaks are normally managed directly by the Infection Control Team but on occasions may necessitate the convening of an outbreak control team.

### **2 Aims of the Plan**

**2.1** Ensure all individuals and departments likely to be involved in the outbreak have a clear understanding of their roles and are fully briefed.

**2.2** Quickly identify the source, method of spread and causative organism responsible for the outbreak.

**2.3** Provide advice about containment and control measures, to prevent further spread of the organism.

**2.4** Disseminate information concerning the outbreak efficiently to ensure the rapid mobilisation of resources.

### **3 Reporting Procedure**

**3.1** Any member of staff who suspects an outbreak will report it to their local manager or duty manager.

**3.2** The manager in charge of the service will assess the situation and report the matter to either the Infection Control Lead who will contact the HPA.

**3.3** Once the HPA /IP&CT has confirmed an outbreak they will proceed as follows:

**a) Major Outbreaks**

Notify the SBC Chief Executive and Director of Public Health of the need to set up a Major Outbreak Control Team, agreeing the composition of the team and the date of the initial meeting. The management will be responsible for convening meetings and providing secretarial support. The CCDC/HPA will usually chair the Outbreak Control Team meetings

**b) Minor Outbreak/Cluster**

Decide in conjunction with the Infection Control Lead on the need for a formal Outbreak Control Team to manage the outbreak. When such a team would be of benefit they will request the On-Call Manager to convene an Outbreak Team, agreeing the composition of the team and the date of the initial meeting.

**4 Membership of the Outbreak Control Team (OCT)**

**4.1 In a major outbreak this will include:**

- a) Director of Infection Prevention and Control
- b) CCDC/Consultant Microbiologist
- c) Chief Executive/On-call Executive
- d) Infection Control Specialist Nurse (if not DIPC)
- e) Consultant in Communicable Disease Control
- f) Senior Practitioners if relevant
- g) On-call Manager
- h) Operational Manager
- i) Consultant in Public Health
- j) Occupational Health Doctor / Representative
- k) SBC Communications Manager

Other representatives may be seconded at the discretion of the Chair of the OCT  
e.g.

Environmental Health Officer  
Director of Public Health  
Director of Human Resources  
SBC Facilities Management  
CCG lead

Health & Safety Representative  
Microbiology laboratory manager or deputy  
Water Company representative  
*Note - this list is not exhaustive.*

#### **4.2 In a minor outbreak the Outbreak Control Team may include:**

- a) Director of Infection Prevention & Control (DIPC)
- b) CCDC/Consultant Microbiologist
- c) Infection Control Specialist Nurse (if not DIPC)
- d) On-call Manager
- e) Senior Practitioner
- f) Consultant in Public Health
- g) Other representatives as appropriate (see above)

### **5 Terms of Reference of the Outbreak Control Team**

The objectives of the OCT will be: to take all necessary steps to provide for the continuing clinical services during the outbreak; to co-ordinate arrangements for the investigation of the source and cause of the outbreak and the control measures to be implemented; to establish clear communication channels and to consider the need for outside help and expertise. The person(s) responsible for each of these tasks will be clearly identified.

#### **5.1 The Outbreak Control Team will:**

- a) Agree case definition
- b) Agree data collection and reporting process in order to:
  - Measure extent of the outbreak
  - Monitor progress of the outbreak
  - Monitor effectiveness of control measures
  - Monitor staff levels
- c) investigate the source of infection, method of spread and identity of the infecting pathogen
- d) Assess risks to patients and staff and define control measures
- e) Implement agreed control measures
- f) Monitor the effectiveness of the control measures
- g) Review patient admissions and transfers
- h) Consider the need to close any service areas
- i) Assess the need for additional resources including supplies and staff
- j) Establish clear channels of communication and provide clear instruction and information for staff and service users
- k) Ensure timely reporting to external agencies
- l) Agree the media spokesperson(s) and the strategy for dealing with the media and mechanism for dealing with enquiries from the public
- m) Define the end of the outbreak and mechanism for returning to normal service
- n) Obtain funding for investigation and management of the outbreak.

## 6 Guidance notes for the Outbreak Control Team

**6.1** The Outbreak Control Team will ensure all issues are covered in a systematic manner (see Appendix 1) by setting an agenda for each meeting.

**6.2** Roles will be ascribed to individual members of the Outbreak Control Team. These roles may be delegated to a deputy if consent is obtained from the Chair of the OCT.

**6.3** Meetings will be held as often as the situation demands at the discretion of the IP&CT/CCDC. In a major outbreak, meetings will usually be held daily.

**6.4** In major outbreaks of infection the IP&CT/CCDC will keep the On-call Executive informed of all significant new developments. The On-call Executive is responsible for briefing the Chief Executive and other Executives. The On-call Executive will be responsible for handling the media enquiries with infection control and clinical backup where necessary.

**6.5** Minutes will be kept of all OCT meetings and should be distributed in a timely manner. Bulletins should be produced as necessary to keep all Trust staff informed of the nature and progression of the outbreak.

**6.6** External agencies must be kept informed in all serious outbreaks. The members of the team responsible for notifying agencies are as follows:

Chief Executive: Department of Health  
Strategic Health Authorities  
Health and Safety Executive  
Local Providers - GPs

CCDC South West North HPA  
Adjacent laboratories  
Appropriate reference laboratory

CCDC: Local Authorities  
CCDC of adjacent districts  
Communicable Diseases Surveillance Centre  
Water companies

## 7 Review of the Outbreak

At the end of the outbreak the Outbreak Control Team will meet with the following objectives.

- a) Review the experience of all those involved in the management of the outbreak.
- b) Identify any difficulties or shortfalls encountered.

- c) Highlight areas where the outbreak plan worked particularly well.
- d) If necessary, revise the Outbreak Plan based on this information.
- e) Produce a final report, which will include a full review of the outbreak, its cause, management and any recommendations for changes in procedures, if necessary, based on lessons learned from the outbreak.

## **8 Availability of the Outbreak Plan**

Copies of the Outbreak Plan should be kept with SBC Major Incident Plan, of which it forms a part. On-call Executives and on-call Managers should be aware of the content and location of copies of the Plan.