



<b>Document Type:</b> Procedure	<b>Unique Identifier:</b> CORP/PROC/044
<b>Document Title:</b>  Outbreak & Incident Management Procedure	<b>Version Number:</b> 6.2
	<b>Status:</b> Ratified
<b>Scope:</b> All UHMBT staff	<b>Classification:</b> Organisational
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<b>Replaces:</b> Version 6.1, Outbreak Management Policy, Corp/Proc/044	<b>Head of Department:</b> Angela Richards, Matron IPC
<b>Validated By:</b> Infection Prevention Control Committee	<b>Date:</b> 25/02/2016
<b>Ratified By:</b> Procedural Documents and Information Leaflet Group Chairman's Action	<b>Date:</b> 18/03/2016
<b>Review dates may alter if any significant changes are made</b>	<b>Review Date:</b> 01/08/2019 (Extended – Form 027/2019)
<b>Which Principles of the NHS Constitution Apply?</b> Please list from principles 1-7 which apply 3,4,5 <a href="#">Principles</a>	<b>Which Staff Pledges of the NHS Constitution Apply?</b> Please list from staff pledges 1-7 which apply 1,2,3,4 <a href="#">Staff Pledges</a>
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? <b>Yes</b>	
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## BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

### Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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## 1. SUMMARY

The Trust has an obligation to manage any outbreak of infection in order to protect patients, staff and visitors; outbreaks should therefore be avoided or minimised. Outbreak control measures can also disrupt hospital life, reduce capacity and increase cost. It is the responsibility of the Infection Prevention Team (IPT) or the Consultant Microbiologist to define the outbreak and decide on the need to bring the outbreak plan into action. This document describes the flexible approach taken by this Trust in reducing morbidity from outbreaks of infection whilst minimising any disruption to hospital activity.

## 2. PURPOSE

This procedure stipulates the mandatory arrangements for outbreak management. Implementation of the policy will lead to:

- Early recognition and definition of an outbreak.
- Ensuring outbreak control measures are in place.
- Limiting disruption to hospital activity whilst maintaining safe practice.
- UHMBT being able to demonstrate robust plans to respond to an outbreak

## 3. SCOPE

This procedure is intended to guide practice of all members of staff within UHMBT. The purpose of the procedure is to support the **strategic management** of an outbreak or incident of any infection (confirmed or suspected) in order to prevent and control the spread of infection and to promote effective evidence based patient care. Specific advice will depend upon the organism involved and will come from the specialist nurses within the IPT and the Consultant Microbiologists based upon national guidance

This procedure should be read in conjunction with the following UHMB policies, procedures and clinical guidelines, where relevant:

- Norovirus Outbreak Procedure
- Safe Placement of Patients Procedure
- Transfer of Patients Policy

## 4. PROCEDURE

### 4.1 Responsibilities

#### 4.1.1 University Hospitals of Morecambe Bay Trust (UHMBT)

- Will ensure that the risk to the health and safety of employees and patients is minimised during an outbreak situation by effective management of the outbreak.

#### 4.1.2 Infection Prevention Team (IPT)

- Will provide specialist support and advice to the ward, make recommendations and liaise with the Consultant Microbiologist and appropriate staff as required.
- Once a link is identified between cases and a possible significant outbreak is considered, an Outbreak Control Team (OCT) should be convened as soon as is practicable.
- When a decision has been made not to declare an outbreak or establish an OCT, the IPT together with the Consultant Microbiologist should keep the situation under review at

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appropriate intervals to determine if the formal declaration of an outbreak or convening of an OCT is subsequently required.

- Liaise with Communication Team
- Liaise with external agencies who may require notification depending on the incident or outbreak
- IPT will attend bed flow meetings 12 mid-day and in addition as necessary to communicate strategy with SMOC and Clinical Site Managers.

#### 4.1.3 Consultant Microbiologist

- Identify organism involved and provide expert advice regarding risks
- Support the IPT on the management of the outbreak
- On call Consultant Medical Microbiologist will dial in or attend bed flow meetings at weekends to support and provide advice regarding bed closure

#### 4.1.4 UHMBT Communication Team

- Will prepare statements for the press as necessary following liaison with IPT and provide the IPT with media support as necessary

#### 4.1.5 UHMBT Ward and Departmental staff

- Are ultimately accountable to the Chief Executive of UHMBT for the implementation of this procedure within their sphere of responsibility.
- Must ensure that staff respond in a timely manner to the potential outbreak situation
- All staff should safeguard their own health and that of colleagues and patients by following the advice set out in the procedure.
- All staff should notify IPT or Clinical Site Managers if they notice an increased incidence of a particular set of symptoms in patients or staff.
- The clinical site manager to notify Site Manager On Call (SMOC) of suspected or confirmed outbreak
- Lab staff should report an increase in the number of isolates of a single species
- Occupational Health Department should report any increased incidence of specific symptoms in staff

## 4.2 External Agencies

### 4.2.1 Public Health England

- Public Health England (PHE) aims to detect possible outbreaks of disease and epidemics as rapidly as possible.
- Registered medical practitioners (RMPs) have a statutory duty to notify the 'proper officer' at the PHE local health protection team (HPT) of suspected cases of certain infectious diseases. (For full list of notifiable diseases see link)  
<https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report>

### 4.2.2 External agencies - Local Authority

- Directors of Public Health (DsPH) in local authorities have a duty to prepare for and lead the local authority (LA) public health response to incidents that present a threat to the public's health.
- Under the amended Public Health (Control of Disease) Act 1984<sup>1</sup> and associated regulations, the majority of statutory responsibilities, duties and powers significant in the handling of an outbreak lie with the LA.

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### 4.3 Defining An Outbreak or Incident

An outbreak or incident can be defined as:

- An incident of infectious illness 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 infectious diseases such as diphtheria, botulism, rabies, viral haemorrhagic fever or polio
- A suspected, anticipated or actual event involving microbial contamination of food or water

**Outbreaks should be recognised in a timely manner and defined as a cluster, a minor, or a major outbreak. Defining the outbreak as minor, or major, will support appropriate management of the outbreak.**

#### 4.3.1 Cluster

A cluster is a collection of cases occurring contemporaneously in the same area. There is not necessarily any connection between the cases and, if they are not linked, outbreak control measures are inappropriate

#### 4.3.2 Outbreak

An outbreak is a collection of cases that are linked by common factors, in which case outbreak control measures are appropriate.

- **Minor Outbreak**

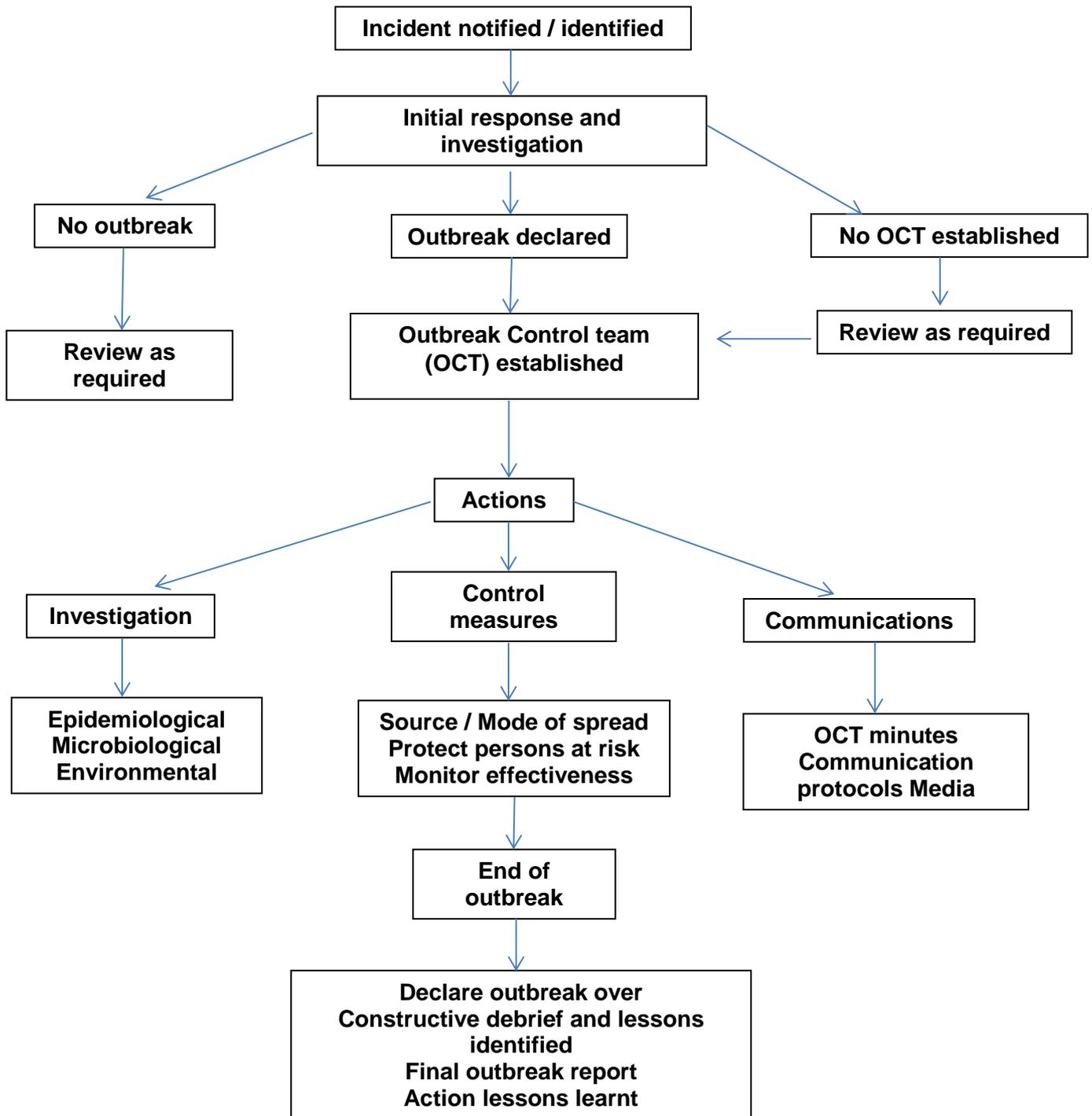
A minor outbreak is one affecting relatively few patients, symptoms are minor and the cases are restricted to one ward. There might be some disruption to ward activity but the problem can be contained with no major impact on service delivery. This may be viral (diarrhoea and/or vomiting), bacterial (Group A Strep) or parasitic (scabies) etc. Refer to specific procedure or national guidance e.g. Norovirus Outbreak Procedure

- **Major Outbreak**

A major outbreak has considerable implications for patient and staff welfare, symptoms are serious and control measures are likely to prove disruptive to service delivery. There are significant public relations implications.

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## 4.4 Outbreak Management Overview



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#### 4.5 Membership of the Outbreak Control Team (OCT) for minor outbreaks

Membership of the OCT will vary according to the nature or circumstances of the outbreak and the incident level. it may include:

- Infection prevention team (IPT)
- Consultant Medical Microbiologist
- Assistant Chief Nurse
- Matron
- Ward Manager
- Clinical Site Manager
- Facilities
- Occupational Health
- Health and Safety
- Governance Lead
- A PHE staff member

#### 4.6 Major Outbreaks of Infection – Major Outbreak Control Group

- If a major outbreak is declared. The DIPC will recommend, following consultation with the IPT and Consultant Microbiologists, that the Chief Executive takes a more formal approach, engaging senior Trust staff including Emergency Planning (EPRR) and securing external support. The forum for this will be the **Major Outbreak Control Group (MOCG)**.

##### 4.6.1 Membership of the Major Outbreak Control Group

The following is a list of potential members:

- The MOCG will be chaired by the DIPC, (Executive Chief Nurse) or deputy DIPC (Consultant Microbiologist)
- In more serious outbreaks it may be chaired by an Executive Director or even have an external chair such as the local Consultant in Communicable Disease Control or the Director of Public Health of the CCG
- The Chief Executive or a nominated deputy from the executive directors
- The Medical Director or nominee
- Representation from North Lancashire Local Authority and CCG and South Cumbria Local Authority and CCG will be invited
- Representation from Cumbria and Lancashire Public Health England
- The IPT and Consultant Microbiologist
- Emergency Planning officer (EPRR)
- The clinicians responsible for the affected patients (or representatives)
- A senior nurse/midwife from the affected area (lead nurse or Matron)
- The Divisional or Departmental Manager responsible for the affected area
- An Occupational Health Physician or Nurse
- An Environmental Health Officer if the infection is thought to be food or waterborne
- Communication Team
- Clerical and administrative support will be provided by the appropriate directorate

**As a minimum the MOCG should include:**

- DIPC
- Chief Nurse for the affected sites

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- Microbiologist, Matron and Lead Nurse for Infection prevention
- EPRR
- Clinicians responsible for effected area
- Representation from Public Health England
- The Trust Communication Team
- Assistant Chief Nurse and Medical representation from the affected areas
- Administrative support to take minutes

**If appropriate, the following heads of service may be involved:**

- Finance
- Supplies
- Facilities
- Catering
- CSSD
- Pharmacy
- Hotel Services
- Private utilities companies
- Informatics and IT

**4.6.2 Functions of the MOCG**

- The MOCG will make recommendations to the Trust Board for the containment of the outbreak
- The MOCG will meet frequently, usually daily, to review progress against an action plan.
- Monitoring of incidents will be via the Risk Management system, RIDDOR reporting and Occupational Health Department referral process
- Daily the IPT will provide outbreak update via email
- Quarterly the IPT will provide the IPCC with an update report of outbreaks

**4.6.3 Roles And Responsibilities Of The MOCG**

**4.6.3.1 DIPC**

- Establish terms of reference
- Clarify the resource implications of the outbreak and its management, and how they will be met
- Agree and co-ordinate policy decisions on the investigation and control of the outbreak and ensure that they are implemented, allocating responsibility to specific individuals who will then be responsible for taking action
- Ensure appropriate notification and communication with the Department of Health, Commissioners and Public Health England
- Consider the need for outside assistance if necessary
- Prepare a preliminary report, interim reports as necessary, and a final report for The Trust Board

**4.6.3.2 IPT and Consultant Microbiologists**

- Define cases of infection, identify and enumerate cases, develop a hypothesis concerning mode of spread and causative organism
- Provide clear instructions and/or information to ward and other health care staff
- Develop an outbreak action plan and monitor progress against the plan in collaboration with the Assistant Chief Nurse of the affected area

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- Prepare a preliminary report, interim reports as necessary and a final report for IPCC
- Place ALERTS on the Lorenzo system when appropriate
- Define the end of the outbreak and evaluate the lessons learned
- Inform all relevant stakeholders both internal and external of the lessons to be learned from the outbreak
- Liaise with Assistant Chief Nurse of the affected area to ensure Outbreak is reported as a Clinical incident
- On-going liaison with Health and Safety, Occupational Health, facilities etc
- Root cause analysis is completed

#### 4.6.3.3 Trust Communication Team

- To develop a robust communication plan.
- Assistant Chief Nurse for affected area and Medical Director to comment on all communications to be shared with staff, patients, and visitors prior to circulation
- To ensure reactive statements are developed
- To coordinate requests from media
- To draft communications in collaboration with the IPT to provide information to staff, patients, relatives and visitors

5. ATTACHMENTS	
Number	Title
1	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
Corp/Proc/036	Norovirus Outbreak Procedure <a href="http://uhmb/cs/tpdl/Documents/CORP-PROC-036.docx">http://uhmb/cs/tpdl/Documents/CORP-PROC-036.docx</a>

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<b>7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS</b>	
References in full	
No	References
1	Great Britain (1984) Public Health (Control of Disease) Act 1984. [Online] Available at: <a href="http://www.legislation.gov.uk/ukpga/1984/22">http://www.legislation.gov.uk/ukpga/1984/22</a> (accessed 27.1.16)
<b>Bibliography</b>	
Public Health England (PHE) (2014) Communicable Disease Outbreak Management. [Online] Available at: <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/343723/12_8_2014_CD_Outbreak_Guidance_REandCT_2_2_.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/343723/12_8_2014_CD_Outbreak_Guidance_REandCT_2_2_.pdf</a> (accessed 27.1.16)	
Public Health England (PHE) Public Health in Cumbria. Available at: <a href="http://www.cumbria.gov.uk/publichealth/">http://www.cumbria.gov.uk/publichealth/</a> (accessed 27.1.16)	

Norovirus Working Party: an equal partnership of professional organisations. (2012) Guidelines for the management of norovirus outbreaks in acute and community health and social care settings. [Online] Available at: [http://www.his.org.uk/files/9113/7398/0999/Guidelines\\_for\\_the\\_management\\_of\\_norovirus\\_outbreaks\\_in\\_acute\\_and\\_community\\_health\\_and\\_social\\_care\\_settings.pdf](http://www.his.org.uk/files/9113/7398/0999/Guidelines_for_the_management_of_norovirus_outbreaks_in_acute_and_community_health_and_social_care_settings.pdf) (accessed 27.1.16)

<b>8. DEFINITIONS / GLOSSARY OF TERMS</b>	
Abbreviation or Term	Definition

<b>9. CONSULTATION WITH STAFF AND PATIENTS</b>		
Enter the names and job titles of staff and stakeholders that have contributed to the document		
Name	Job Title	Date Consulted
Angela J. Richards	Matron Infection Prevention & Control	

<b>10. DISTRIBUTION PLAN</b>	
Dissemination lead:	Enter the lead of the development group
Previous document already being used?	Yes / (Please delete as appropriate)
If yes, in what format and where?	Sharepoint
Proposed action to retrieve out-of-date copies of the document:	
<b>To be disseminated to:</b>	
Document Library	
Proposed actions to communicate the document contents to staff:	Please detail how staff will be informed of document contents and changes. Include in the UHMB Weekly News – New documents uploaded to the Document Library

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**11. TRAINING**

Is training required to be given due to the introduction of this policy? \* / No \* Please delete as required

Action by	Action required	Implementation Date

**12. AMENDMENT HISTORY**

Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
6		Whole document	New format and included an algorithm. Substance remains the same	01/03/2019
6.1	17/10/2017	Page 3	BSF page added	01/03/2019
6.2	13/02/2019	Page 1	Review Date extended – form 027/2019	01/08/2019

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## Appendix 1: EQUALITY & DIVERSITY IMPACT ASSESSMENT TOOL

		Yes/No	Comments
1.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Age	No	
	• Disability	No	
	• Race	No	
	• Sex	No	
	• Religious belief – including no belief	No	
	• Sexual Orientation	No	
	• Gender reassignment	No	
	• Marriage and civil partnership	No	
	• Pregnancy and maternity	No	
2.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination are there any exceptions - valid, legal and/or justifiable?</b>		
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
4a	<b>If so can the impact be avoided?</b>		
4b	<b>What alternative are there to achieving the policy/guidance without the impact?</b>		
4c	<b>Can we reduce the impact by taking different action?</b>		

For advice in respect of answering the above questions, and / or if you have identified a potential discriminatory impact of this procedural document, please contact the relevant person (see below), together with any suggestions as to the action required to avoid/reduce this impact.

For Service related procedural documents: Lynne Wyre, Deputy Chief Nurse & Lead for Service Inclusion and Diversity

For Workforce related procedural documents: Karmini McCann, Workforce Business Partner & Lead for Workforce Inclusion and Diversity.

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