The Communicable Disease Outbreak Plan for Wales

('The Wales Outbreak Plan')

April 2014

Preface

In recent years, there have been multiple plans in Wales for the investigation and control of communicable disease. All these have contained very similar guidance. Whilst it has been recognised that each individual plan was robust and fit for purpose, the presence of several plans for use in outbreaks has caused confusion as to which plan should be followed. Therefore, at the request of the Welsh Government, a multi-agency working group was convened in 2008 to draw the plans together into one generic template.

This model plan ("The Wales Outbreak Plan") is the result of that work. It should be used as the template for managing all communicable disease outbreaks with public health implications across Wales. It has been developed from the amalgamation of the following plans:

- **Plan for handling Major Outbreaks of Food Poisoning (2004)**
- **The Emergency Framework for health-related incidents and outbreaks in Wales and Herefordshire potentially caused by contaminated drinking water ("Water Framework")** (January 2008) (which in turn replaced the older ***Cryptosporidium* plan**)
- **Model Plan for the Management of Communicable Disease Outbreaks in Wales (1995 and draft update 2007)**

The "Wales Outbreak Plan" is divided into seven parts. Parts 1 and 2 contain details pertinent to all outbreaks. Parts 3-7 contain the technical operational detail needed for managing specific issues. In the case of cross-border outbreaks, all those led by Wales will be managed in accordance with this plan.

For outbreaks occurring in hospitals the plan for *outbreak management in hospital settings could be followed. However, if a hospital outbreak has* any potentially serious public health implications, then this plan takes precedence in control of the outbreak. Part 6 describes these arrangements.

For outbreaks occurring in prisons, the multi-agency contingency plan for the management of communicable diseases or other health protection incidents in prisons in Wales should normally be followed. The prison plan contains the same principles as the Wales Outbreak plan but includes more specific details in the prison setting. This plan is provided in Part 7.

Within the former "Water Framework", there was a section on managing water incidents which was separate to managing water borne outbreaks, but used the same generic principles. This section has been retained in Part 4: Water Specific Issues.

Acknowledgement

This outbreak plan has been revised with contributions from Cardiff County Council, The Communicable Disease Technical Panel, Dwr Cymru, The Food Standards Agency, The Health Protection Committee - Outbreaks and Incident subgroup, Powys County Borough Council, Powys Teaching Health Board, Public Health Wales, South East Wales Communicable Disease Task Group, the Welsh Custodial Public Health Advisory Board, the Welsh Government and Velindre Local Health Board.

When to use this plan

The "Wales Outbreak Plan" describes arrangements in outbreaks where the Outbreak Control Team (OCT) is the decision-making body in controlling the outbreak.

Where an outbreak crosses the border and affects people living in one or more of the other UK countries, the Outbreak Control Team arrangements may differ, for example, the Team may be chaired by a representative of an agency outside Wales, but the principles of this plan should still apply and the Welsh response should be guided by the requirement to protect the public's health.

There will be rare occasions where an outbreak or incident may develop into an overwhelming communicable disease emergency or there is suspicion of a bioterrorism event. In such a scenario, the Wales Resilience Emergency Planning structures may need to be invoked and the Outbreak Control Team would need to consider escalation to involve the Local Resilience Forum (LRF) Chair.

The Chair of the Local Resilience Forum (usually a senior police official) would advise on the need to invoke these structures and would convene a Strategic Coordination Group to oversee the response if necessary. A separate document, the **Wales Framework for Managing Major Infectious Disease Emergencies,** describes the overarching arrangements that will apply. In these exceptional circumstances there are also specific UK plans for bioterrorism or other particular infectious disease threats which take precedence over this plan.

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Abbreviations

CCDC	Consultant in Communicable Disease Control
CDSC	Communicable Disease Surveillance Centre
CE	Chief Executive
CMO	Chief Medical Officer of Wales
CRCE	Centre for Radiation, Chemical and Environmental Hazards
CSSIW	Care and Social Service Inspectorate Wales
DCWW	Dŵr Cymru Welsh Water
DEFRA	Department for Environment, Food and Rural Affairs
DML	Director of Public Health Wales Microbiology Laboratory
DOB	Date of Birth
DPH	Director of Public Health
DPP	Director of Public Protection (Director of Environmental Health or nominated Deputy)
DWI	Drinking Water Inspectorate
EDPH	Executive Director of Public Health (of the Health Board)
EHO	Environmental Health Officer
EHORB	Environmental Health Officers Registration Board
FSA	Food Standards Agency
FSAW	Food Standards Agency Wales
GP	General Practitioner
HB	Health Board
HCAI	Healthcare Associated Infection
HMPS	Her Majesty's Prison Service
HPT	Health Protection Team
HPU	Health Protection Units
HSE	Health and Safety Executive
ICD	Infection Control Doctor
IMT	Incident Management Team
IPCT	Infection Prevention and Control Team
LA	Local Authority (including Port Health Authority)
MoJ	Ministry of Justice
NHS	National Health Service
NOMS	National Offenders Management Service
(M) OCT	(Major) Outbreak Control Team
PCR	Polymerase Chain Reaction
PCT	Primary Care Trust
PHE	Public Health England
PHE CRCE	Public Health England Centre for Radiation, Chemical and Environmental Hazards
PHW	Public Health Wales
PII	Period of Increased Incidence
PMU	Project Management Unit
PO	Proper Officer
PPE	Personal Protective Equipment

PSI	Patient Safety Information
RASFF	Rapid Alert System for Food and Feed
RHCS	Reproductive Health Commodity Service
STAC	Scientific and Technical Advice Cell
WG	Welsh Government
WHAIP	Welsh Healthcare Associated Infection Programme
WHC	Wales Health Council
WHO	World Health Organisation
WHP	Water Health Partnership
VLA	Veterinary Laboratories Agency

PART 1: OUTBREAK PLAN

1.1 INTRODUCTION

1.1.1 This document sets out arrangements for managing all outbreaks of communicable disease in Wales. This is the model for all outbreaks led by or within Wales.

1.1.2 The plan is comprised of 7 Parts. Parts 1 and 2 are the generic plan for how all outbreaks led by Wales will be handled. Parts 3-7 are the incident/disease specific sections providing additional technical detail for certain specified circumstances.

1.1.3 Responsibility for managing outbreaks is shared by **all** the organisations who are members of the Outbreak Control Team (OCT). Core OCT Members are responsible for ensuring that all relevant organisations are co-opted on to the OCT (see Part 2.1: Outbreak Control Team). This responsibility includes the provision of sufficient financial and other resources necessary to bring the outbreak to a successful conclusion. Others can make a request to join the OCT if there is a case to do so but the final decision on membership resides with the core OCT.

1.1.4 An outbreak is usually declared jointly by the Directors of Public Protection (DPP), the Consultant in Communicable Disease Control (CCDC) and the Director of Microbiology/Consultant Microbiologist after these individuals have jointly considered the facts available. However, any one of these can declare an outbreak if required.

1.1.5 The core members of all OCTs are the DPP, the CCDC, the Director of Microbiology/Consultant Microbiologist, Lead Officer for Communicable Disease of the LA and the Executive Director of Public Health (EDPH) for the Health Board (HB).

1.1.6 This plan is intended to be a framework for these organisations to discharge their duties in relation to the management and control of communicable disease outbreaks. To facilitate this, the appendices contain procedures, guidance and other information that these organisations may refer to as appropriate.

1.1.7 Where an outbreak affects people in other UK countries, it is expected that all relevant outbreak control partners in each area will work together to perform the duties jointly of the OCT. This will include the appointment of the Chair of the OCT, appropriate spokespeople, and agreeing any joint communications to be issued.

1.2 MANAGEMENT AND ORGANISATION ARRANGEMENTS FOR HANDLING OUTBREAKS

1.2.1 The primary objective in the management of an outbreak is to protect public health by identifying the source of the outbreak and implementing necessary measures to prevent further spread or recurrence of the infection. The protection of public health takes priority over all other considerations and this must be understood by all members of the OCT.

1.2.2 The secondary objective is to improve surveillance, refine outbreak management, add to the evidence collection and learn lessons to improve communicable disease control for the future.

1.2.3 The successful management of outbreaks is dependent upon good and timely communication between the LA, the HBs and Public Health Wales and all interested parties.

1.2.4 On occasions when there are cross boundary interests, e.g. place of residence in one LA and place of employment/schools/other associations in a different LA, the investigation processes would usually be undertaken by the LA where the individual is resident. If exclusion is necessary this would usually be undertaken by the LA where the risk is located i.e. place of employment, school, etc following discussions with the resident LA. This will apply to cases, contacts and controls. Active communications between all the LAs involved are essential and all LAs will collaborate fully in the investigation process.

1.3 DETERMINATION OF AN OUTBREAK

Detection and Assessment

1.3.1 Where it appears to any one of the DPP, CCDC or the Director of Microbiology Laboratory (DML)/Consultant Microbiologist that an outbreak may exist, immediate contact will be made with the other two parties. The three parties will jointly consider the facts available and will determine whether or not an outbreak does exist. Any one of the parties can declare an outbreak, if required. The CCDC will inform the Director of Public Health (DPH) (or another senior representative of the relevant HB) of the situation.

1.3.2 In reality, there are many minor outbreaks and clusters of disease that occur in Wales every year that are managed satisfactorily without the formal declaration of an outbreak and the convening of an OCT. When a decision has been made not to formally declare an outbreak, it is the duty of the three parties above to keep the situation under review to determine if the formal declaration of an outbreak and an OCT is needed subsequently.

Declaration

1.3.3 The decision to declare an outbreak and to subsequently convene an OCT as necessary may be made jointly by the three parties or by any one of the above parties. Even if the other parties do not agree there is an outbreak, there is a duty on them to attend the OCT meeting and formally explain their opinion and to discuss this further.

1.3.4 The establishment of an OCT as soon as possible will normally be considered if an outbreak is characterised by one or more of the following:

a) immediate and/or continuing communicable disease health hazard significant to the population at risk;
b) one or more cases of serious communicable disease;
c) large numbers of cases or numbers greater than expected;
d) involvement of more than one LA.

1.3.5 Core membership of the OCT will be in accordance with Part 2.1 (OCT).

1.3.6 If a microbiologist in any hospital local to the outbreak is not involved in the discussions, then the Lead Infection Control Specialist for the local hospital(s) to the outbreak (for example Infection Control Doctor, Consultant Microbiologist or lead Infection Control Nurse) should be informed promptly of the situation by the CCDC.

Outbreak Control Team

1.3.7 The Chair of the OCT will be appointed at the first meeting. The Chair will normally be the DPP or the CCDC as appropriate, but there may be occasions when it is more appropriate that another core member of the OCT is appointed as Chair.

1.3.8 It shall be the duty of the Chair to ensure that the OCT is managed properly and in a professional manner.

1.3.9 Responsibility for handling the outbreak **must** be given to the OCT by the parent organisations, and representatives **must** be of sufficient seniority to make and implement decisions and to ensure that adequate resources are available to undertake outbreak management.

Communication

1.3.10 It is essential that effective communication be established between all members of the team and maintained throughout the outbreak in accordance with Parts 2.3 (Tasks of the Outbreak Control Team) and 2.4 (Media Relations). The Chair will ensure that minutes will be taken at all meetings of the OCT and circulated to participating agencies. The minute taker is accountable to the Chair for this function.

1.3.11 It is recommended that whenever possible, the OCT should meet in person rather than communicate through teleconferencing. It is recognised that this may not always be practical for every meeting or in some areas, but face to face meetings should be utilised when possible, particularly when difficult decisions are being considered.

1.3.12 Use of communication through the media may be a valuable part of the control strategy of the outbreak. The OCT should consider the risks and benefits of pro-active versus reactive media engagement in any outbreak.

1.3.13 A member of the OCT should be asked to liaise with the manager of any premise/organisation involved in the outbreak to explain how an OCT works and the potential consequences of declaring an outbreak.

Conclusion

1.3.14 The OCT should consider how best to communicate with cases about:
- the declaration of the end of the outbreak and
- the release of the OCT report

Part 2.3 contains advice on such communication.

1.3.15 At the conclusion of the outbreak the OCT will prepare a written report. The minutes and report should be anonymised as far as possible.

Evaluation

1.3.16 After the conclusion of the outbreak, the OCT should undertake an evaluation of the outbreak. The evaluation should be based on the template in Part 2.11 and be included in

the OCT report. The timing of the evaluation can be flexible; OCTs may find it helpful to have time to reflect on the outbreak prior to carrying out the evaluation.

1.4 OUTBREAK REPORT

1.4.1 Where an OCT is convened a record of proceedings will be made and circulated to a distribution list agreed by OCT members. In the event of a significant outbreak a report will in addition be circulated to Communicable Disease Surveillance Centre (CDSC) in Wales, to the Welsh Government, the Health Board, the Food Standards Agency (FSA) (where food is the implicated vehicle), Drinking Water Inspectorate (DWI) (where drinking water is the implicated vehicle), all local authorities involved and any other parties as deemed appropriate by the OCT.

1.4.2 This report will contain details of the investigation, compilation of the results and conclusions. Minutes of all outbreak control team meetings will usually be appended. However it is recognised that in some outbreaks the minutes contain material such as extensive individual identifiable /commercially sensitive information which it may not be appropriate to distribute widely in the public domain. In these cases minutes should not be appended to OCT reports but should still be available (suitably redacted) on request.

1.4.3 The suggested format is contained in part 2.9 (Format for Outbreak Reports).

1.4.4 Where an OCT is not convened the CDSC green form will be sent to CDSC (Wales) and the Welsh Government by the CCDC. In addition, local authorities will complete the Outbreak Report Form and send it to CDSC (Wales).

1.4.5 The OCT report is owned jointly by all the organisations represented on the OCT. The OCT should agree when and how the report is to be first released, paying due consideration to impending legal proceedings and freedom of information issues.

1.5 REVIEW

1.5.1 This Plan will be reviewed formally every 3 years or sooner if it has been identified that changes are required.

1.5.2 The review will include a consultation between the relevant parties and any other organisations or individuals as appropriate regarding organisational arrangements for the management of an outbreak.

1.5.3 Simulation exercises to test the efficiency and effectiveness of the plan will be held at least every two years in the event of the plan not having been activated during that time.

1.5.4 Records of the Plan review and any amendments shall be kept and summarised in the Outbreak Plan.

PART 2: OUTBREAK PLAN ORGANISATION

2.1: Outbreak Control Team

MEMBERSHIP OF THE OUTBREAK CONTROL TEAM

2.1.1 Core Members (All Outbreaks)

- Director of Public Protection (or their nominated officer of sufficient seniority)
- Consultant in Communicable Disease Control
- Director Microbiology Laboratory/Consultant Microbiologist
- Lead Officer for Communicable Disease of the LA
- Executive Director of Public Health of the Health Board

2.1.2 Additional core members may be required (in some outbreaks)

- LA Secretariat
- Resource Team provided by:

  a) Local Authority (including EHO from the Pollution Team in water related outbreaks);
  b) Public Health Wales;
  c) Microbiology Laboratory; and
  d) Health Board.

- Regional Epidemiologist/CDSC
- Public Relations Officer

2.1.3 **Co-opted Members as necessary**
(the following list is provided as a prompt but is not exhaustive)

- Occupational Physician
- Hospital Pharmacy Representation
- Animal Health
- Meat Hygiene Service
- Public Analyst
- Food Examiner
- Water Company
- Natural Resources Wales
- Health and Safety Executive
- Representatives from other Outbreak Control Teams/LAs
- Food Standards Agency Wales
- Care and Social Services Inspectorate Wales (CSSIW)
- Port Health
- Infection Control Team
- Immunisation Co-ordinator
- Drinking Water Inspectorate
- Healthcare Inspectorate Wales
- Veterinary Laboratory Agency

- Others as appropriate

DUTIES OF THE OUTBREAK CONTROL TEAM

2.1.4 These may include:

- Appointing a Chair (bearing in the mind the advantages of continuity).
- Taking minutes to record decisions and actions.
- Reviewing evidence and confirming that there is an outbreak or a significant incident which requires Public Health intervention.
- Defining cases and identification of cases or carriers as appropriate.
- Identifying the population at risk.
- Identifying the nature, vehicle and source of infection by using microbiological, epidemiological and environmental health expertise.
- Stopping the outbreak if it is continuing.
- Developing a strategy to deal with the outbreak and allocating individual and organisational responsibilities for implementing action.
- Investigating the outbreak, implementing control measures and monitoring their effectiveness, using laboratory, epidemiological and environmental health expertise.
- Ensuring adequate human and other resources are available for the management of the outbreak.
- Ensuring that in the absence of a team member a competent deputy is made available.
- Ensuring appropriate arrangements are in place for out of hours contact with all members.
- Preventing further cases elsewhere by communicating findings to national agencies.
- Keeping relevant local agencies, the general public and the media appropriately informed.
- Providing support, advice, and guidance to all individuals and organisations directly involved.
- Considering the potential staff training opportunities of the outbreak (attendance at the OCT is at the discretion of the Chair).
- Identifying and utilising any opportunities for the acquisition of new knowledge about communicable disease control.
- Declaring the conclusion of the outbreak and preparing a final report.
- Evaluating lessons learnt.

ROLES AND RESPONSIBILITIES OF OCT MEMBERS

2.1.5 At the first meeting of the OCT, **all** members (whether core or co-opted) will agree to work to this plan. No organisation will attend in an observer capacity. **The primary duty of each member of the OCT is to play their part in the control of the outbreak and protect public health.** All other duties will be secondary.

2.1.6 The OCT will work without undue interference. Each member will recognise the roles and duties of other members, particularly where an outbreak crosses LA boundaries or involves a hospital(s).

2.1.7 Members of the OCT must declare any interest in any organisation or premises which is the subject of the Outbreak investigation. This is likely to occur if the premises are owned by the HB, Public Health Wales or LA. Anyone who declares such an interest should not

chair the OCT. Where an interest is declared the Chair of the OCT shall ensure that any member of the OCT attends as a member of the OCT and not as duty holder of the premises. A person having an interest in the premises and being part of an OCT shall have no vote in determining a policy or action by the OCT. Alternatively, the Chair of the OCT may require the nomination of an additional person from that organisation to the OCT.

2.1.8 Any OCT member, whether core or co-opted, **must** disclose any relevant information about any organisation or premises they regulate which is the subject of the outbreak investigation.

2.1.9 In the early stages of an investigation, it is not always apparent whether any serious criminal offence has been committed. However the OCT is reminded that the police may conduct an investigation where there is an indication of the commission of a serious offence. The police investigation may overlap with the work of the OCT and may need to be considered in the wider context of managing the outbreak. Any information collected in the outbreak therefore may be used as evidence in a criminal prosecution.

Director of Public Protection

- Together with the CCDC and Local DML/Consultant Microbiologist to jointly consider the facts, declare an outbreak and convene the OCT.
- To provide facilities and resources for the OCT including administrative support for team meetings, if appropriate.
- Where necessary, to organise an outbreak control centre or helpline.
- Where appropriate, to make available staff to assist in the investigation of the outbreak as required by the OCT.
- To provide specialist information or action on environmental health aspects of any disease control.
- To initiate case finding as appropriate.
- To arrange for the prompt inspection of premises considered to be implicated in any outbreak and to receive reports thereon.
- To consider the use of statutory powers as appropriate.
- To make available to other LAs any extra resources or assistance they may require.
- To inform the Chair/Leader of the Council and Chief Executive of the Authority of the outbreak and action taken in response.
- At an early stage in the investigation to inform the FSA of any outbreak where food is implicated providing suitable and sufficient initial information.
- To liaise with FSA where regional or national withdrawal of food may be required.

- To liaise with other DsPP and the Welsh Government if the outbreak is wider than of local significance.

- Where appropriate, to carry out environmental investigations and where necessary to exercise powers of entry, closure or prosecution.

- To liaise with other bodies including government departments such as the Welsh Government, DEFRA, FSA and government agencies such as the Natural Resources Wales, Drinking Water Inspectorate, Health & Safety Executive, Veterinary Laboratory Agency and other bodies, such as Dwr Cymru, as appropriate.

- Where appropriate, to arrange for the transport of clinical and/or environmental specimens to recognised laboratories for examination.

- Where appropriate, to investigate the availability of cleansing and/or other treatment of premises, articles, equipment, land and animals, seeking specialist advice as appropriate.

- To provide local information including that on vulnerable groups, businesses and institutions where appropriate.

- To prepare the final report with other members of the OCT and to distribute and publish as appropriate.

Consultant in Communicable Disease Control

- Together with the DPP and Local DML/Consultant Microbiologist jointly consider the facts, to declare an outbreak and convene the OCT.

- To provide facilities and resources for the OCT including administrative support for team meetings, if appropriate.

- Where necessary, to organise an outbreak control centre or helpline.

- Where appropriate, to make available staff to assist in the investigation of the outbreak as required by the OCT.

- To provide expert medical and epidemiological advice to the OCT on the management of the outbreak including the interpretation of the clinical data, methodology of investigation and control measures to minimise spread and prevent recurrence.

- To initiate case finding as appropriate.

- To inform the Chief Medical Officer at Welsh Government, the HB's EDPH and Public Health Wales Director of Health Protection of the outbreak.

- To consult and liaise with CDSC (Wales) and with other CCDC's.

- To assess and collate epidemiological information and to carry out epidemiological studies.

- Where appropriate, to arrange for medical examination of cases and contacts and the taking of clinical specimens.

- Where appropriate, to arrange immunisation and/or prophylaxis for cases, contacts and others at risk.

- To prepare the final report with other members of the OCT and to distribute and publish as appropriate.

Director of Public Health Wales Microbiology Laboratory / Consultant Microbiologist

- Together with the CCDC and the DPP jointly consider the facts, to declare an outbreak and convene the OCT.

- To provide expert microbiological advice to the OCT on patient management, interpretation of clinical data, methodology of investigation, collection of specimens and control measures required to minimise spread and prevent recurrence.

- To provide an outbreak number for outbreaks on request from the DPP or the CCDC.

- To arrange prompt examination/analysis and reporting of clinical and/or environmental samples, as required.

- To advise on the inspection of premises and other implicated settings as appropriate and collection of appropriate samples, as required.

- Where necessary, to provide certificates of examination/analysis in respect of samples submitted for examination.

- Where appropriate, to arrange for any further testing or typing of organisms identified or isolated.

- To liaise with other public health, hospital and reference laboratories.
- The local Microbiology Laboratory will normally:

  i) provide suitable specimen containers and request forms;
  ii) provide laboratory testing facilities;
  iii) arrange for any special investigations required to be carried out by reference laboratories;
  iv) be responsible for arranging transport of specimens/isolates to reference laboratories; and
  v) provide both rapid and written confirmation of results.

- To prepare the final report with other members of the OCT and to distribute and publish as appropriate.

Communicable Disease Surveillance Centre (Wales)

- To provide expert epidemiological advice and assistance to the OCT for the investigation and management of the outbreak.

- To liaise with the PHW Centre for Infections and where appropriate other national and international public health agencies.

- Where trainees are seconded to Public Health Wales, CDSC will agree with the CCDC the nature and extent of their role in an outbreak.

- Where appropriate, to assist in the dissemination (or collection) of information about the outbreak to colleagues in Wales and elsewhere.

- To consider and utilise any opportunities for training of public health and environmental health staff in outbreak management.

- If CDSC staff are involved in field investigations the OCT may expect:

  i) expert advice from a consultant;
  ii) a field visit by a public health trainee either on short or long-term attachment accompanied, if appropriate, by a consultant;
  iii) support with study design and assistance with questionnaire development, interviews, data processing and analysis;
  iv) attendance at initial OCT and subsequent meetings as necessary;
  v) a preliminary and final report of CDSC's involvement including recommendations for action;
  vi) copies of outbreak master file data or other material collected by CDSC, if requested;
  vii) assistance in preparing a scientific report for publication, if appropriate; and
  viii) advice on improving local surveillance.

- To prepare the final report with other members of the OCT and to distribute and publish as appropriate.

Health Board Executive Director of Public Health

- To ensure that a senior representative of the HB is always available to respond in the event of an outbreak.

- To attend (or nominate a sufficiently senior member of staff to attend) OCT meetings.

- To enable the OCT (usually via the CCDC) to call on and deploy resources controlled/contracted by the HB at short notice to investigate and control communicable disease outbreaks, including skilled staff and resources (e.g. for urgent immunisation sessions / clinical examinations / chemoprophylaxis) as necessary.

- To provide/facilitate access to patients suffering from infection, their health records, clinical colleagues and information held on databases if necessary for outbreak investigation and control.
- To disseminate information to the public or health professionals locally as directed by the OCT.

- To liaise with other HB EDPHs if required.

- To prepare the final report with other members of the OCT and to distribute and publish as appropriate.

2.2 Roles of LAs, HBs, Public Health Wales and Other Agencies

Local Authorities

2.2.1 LAs have statutory responsibility for notifiable infectious disease in their locality (which includes the control of food poisoning) under the Public Health (Control of Disease) Act 1984 as amended by the Health and Social Care Act 2008, and the Health Protection (Notification) (Wales) Regulations 2010.

2.2.2 LAs have duties as an enforcing authority under the Health and Safety at Work Act 1974. They also have an important role in the control of some zoonoses as the licensing authority for animal establishments. LAs also have duties under the Water Industry Act 1991, sections 77-79, relating to the wholesomeness of public water supplies. They also have responsibility for private water supplies under the Private Water Supplies (Wales) Regulations 2010.

2.2.3 The Local Government Act 1972 enables the LA to appoint individuals as Proper Officer's (PO) to carry out certain functions of the LA. It also enables the LA to delegate powers to individual officers in order to ensure the effective and efficient operation of its functions.

2.2.4 The LA normally appoints the DPP as a PO with delegated authority to sign notices, issue licences and to lay information and make complaints to the Justices for the prosecution of offenders without reference to the LA, in respect of relevant environmental health legislation.

2.2.5 The LA normally appoints and authorises the Public Health Wales' CCDC as PO under the terms of the Public Health (Control of Disease) Act 1984. LAs may appoint a sufficient number of Alternate POs who will act in the absence of the PO. All PO appointments will be made in writing and confirm specifically the enactments in which they will act.

2.2.6 The PO normally reports to the LA through the DPP.

2.2.7 The CCDC when acting as PO does so as an officer of the LA.

2.2.8 Other suitably qualified public health professionals in Public Health Wales may be appointed and authorised as alternates to act in the absence of the PO.

Health Boards

2.2.9 The HB has a number of responsibilities in relation to the public health function, and has overall responsibility for the health of the population within its geographical boundaries. These responsibilities include: the direct provision of healthcare through hospitals and community services; the commissioning of other services relating to health including disease prevention; involvement in promoting health and a role in relation to primary care provision.

2.2.10 The HB has the services of an appropriately qualified CCDC with executive responsibility for the surveillance, prevention and control of communicable disease within the HB's boundary. CCDCs are appointed as PO of the LAs within the HB area for communicable disease control purposes. Alternate PO CCDCs are available if the CCDC who normally

covers the relevant HB is unavailable. (Note: 'Control' includes surveillance and prevention as well as control).

2.2.11 The HB will collaborate with all relevant agencies (including LAs, Public Health Wales and others) to ensure that appropriate arrangements are in place for the prevention, surveillance and control of communicable disease for their population and ensure that the responsibilities for these are clearly defined.

2.2.12 In the event of an outbreak, the HB will provide all necessary support to the OCT. This includes ensuring that the CCDC has access to patients suffering from infection and to advice from clinical colleagues as required.

2.2.13 The HB may commission health care services through formal contracts with other health care providers. Contracts should ensure that satisfactory infection control arrangements are in place, including a requirement that the CCDC be informed of any notifiable disease, or infection problems, with implications for the public health.

2.2.14 Outbreaks may occur in hospitals managed by the HB. Most hospital outbreaks have minimal or no wider public health implications and will be dealt with using that hospital's own internal outbreak plan. However, if an infectious disease outbreak within a hospital has any potentially serious public health implications, responsibility for outbreak control passes to an OCT convened in accordance with this plan (as specified in Part 6 :Hospital Outbreaks with Potential Public Health Implications).

Public Health Wales

2.2.15 The following elements within the Health Protection Division of Public Health Wales currently have a role in the prevention, surveillance and control of communicable disease:

a) the CCDC and health protection team;
b) the Microbiology Laboratories;
c) the Communicable Disease Surveillance Centre,

<u>The CCDC and the health protection team</u>

2.2.16 This group supports the HB in the discharge of its duties. It is one of the initial points of contact for any possible outbreak, conducts the initial investigation as appropriate and participates in the OCT. It will liaise and communicate with the HB, WG and others where appropriate.

<u>The Microbiology Laboratories</u>

2.2.17 Public Health Wales Microbiology Laboratories are responsible for maintaining a national capability for the detection, diagnosis, treatment, prevention and control of infections and communicable disease.

2.2.18 The Public Health Wales network of laboratories provides comprehensive laboratory facilities for the identification of infection and infectious agents in humans and the environment.

The Communicable Disease Surveillance Centre (Wales)

2.2.19 CDSC provides epidemiological expertise for population surveillance, investigation of outbreaks and development of strategies for prevention and control. It also offers training for public health doctors and Environmental Health Officers (EHOs) in outbreak management.

2.2.20 CDSC (Wales) conducts surveillance in Wales, and provides expert epidemiological advice and assistance in the control of outbreaks upon request.

2.2.21 CDSC should be involved in the following types of incident:

a) outbreaks of unknown cause involving severe morbidity or mortality;
b) outbreaks due to relatively rare pathogens;
c) outbreaks suspected to involve other districts or be the herald of a large scale incident;
d) outbreaks which are attracting public or national media concern;
e) outbreaks of particular interest to national surveillance.

2.2.22 CDSC may also ask to assist with incidents that provide opportunities for training or advancing public health knowledge.

2.2.23 In national or international outbreaks, CDSC may be best placed to co-ordinate the outbreak investigation with the co-operation of CCDC and DPP.

Food Standards Agency

2.2.24 The Food Standards Agency (FSA) is an independent Government department set up by an Act of Parliament in 2000 to protect the public's health and consumer interests in relation to food. The FSA in conjunction with local authorities has developed a Framework Agreement on LA Food Law Enforcement. The Framework Agreement requires local authorities to set up, maintain and implement a documented procedure which has been developed in association with all relevant organisations in relation to the control of outbreaks of food related infectious disease in accordance with relevant central guidance.

2.2.25 The FSA will, when notified by a LA of an outbreak of food related infectious disease which has wider implications, offer support to LAs during their investigations. The response of the Agency will be dependent upon the particular circumstances and may include provision of scientific advice and communication links with local authorities in other parts of the United Kingdom. The Agency will, where necessary, facilitate the issue of a food alert or a RASFF (Rapid Alert System for Food and Feed).

2.2.26 The FSA has responsibility for enforcing hygiene legislation in some meat plants (including slaughterhouses and cutting plants) and will, where such premises are implicated in an outbreak, arrange prompt inspection of premises and offer full co-operation with the investigation.

Care and Social Service Inspectorate Wales (CSSIW)

2.2.27 CSSIW has responsibility for registering and inspecting nursing and residential care homes under the Registered Homes Act 1984 and regulations made there under. The inspection teams of CSSIW ensure that standards of care as laid down in regulations are in place in each premises. CSSIW will also ensure that adequate infection control arrangements are in place.

Public Health England (PHE)

2.2.28 PHE is made up of a number of regional and local centres. These are supported by PHE specialist microbiology services which provide laboratory analysis facilities, field epidemiology teams and knowledge and intelligence teams who provide specialist surveillance and intelligence for localities. PHE also contains the Centre for Radiation, Chemical and Environmental Hazards, and Emergency Preparedness and Response. However, the remit of the PHE in Wales is limited to those services which are not provided by Public Health Wales.

2.2.29 With regard to the management of communicable disease outbreaks, this includes specialist and reference microbiology tests and services provided in PHE laboratories, and expert advice. Access to PHE and its services for these functions is usually made though Public Health Wales Microbiology Laboratories.

2.2.30 In addition, PHE provides expert advisory services to Wales for chemical and radiological issues via the Centre for Radiation, Chemical and Environmental Hazards, which is made up of a number of specialist centres. Services provided include expert advice on human health effects from chemicals in water, soil, air and waste as well as information and support to the NHS and health professionals on toxicology. There is a specialist centre for Chemical Hazards and Poisons in Cardiff.

Water Companies

2.2.31 The number of private water supplies in Wales means that careful consideration is needed to ensure all relevant water sources are identified. Water companies have statutory duties under the Water Industry Act 1991 to supply safe and wholesome water, as defined in the Water Quality Regulations, within their respective regions. When a breach of a water quality standard has occurred that might have a potential impact on public health, water companies are required to inform the relevant Local Authorities and CCDCs and to agree, and undertake, the appropriate investigations and mitigation measures to control or prevent potential risk e.g. Boil Water Notices. In certain circumstances water companies may take immediate mitigating actions before consulting with Local Authorities or CCDCs to reduce any potential risk to public health. In the event of a continuing risk to the safety of public water supplies and an escalation to 'Incident' or 'Outbreak' status, the water companies shall appoint one or more senior responsible officers to the Incident Management Team (IMT) or OCT to fulfil specific operational and customer related requirements.

2.2.32 The water company representative(s) will have sufficient authority and knowledge to:

a) Understand the cause, effects and extent of the issue and inform the IMT/OCT fully of any events before the incident or outbreak was declared
b) Make the appropriate operational decisions on behalf of the IMT or OCT and ensure that they are immediately and fully implemented by the water company
c) Provide the IMT or OCT with a water company perspective on the management of the incident
d) Be adequately briefed and ensure that the IMT or OCT are made aware of, and have access to, all relevant water quality and operational data
e) Facilitate the diversion and commitment of water company resources i.e. equipment and manpower to manage the incident
f) Inform customer communications and other stakeholder briefings and, if necessary, enlist the support of the media communications personnel within the Company. This will include agreeing advice to be given to customers by customer call centres with the IMT/OCT.
g) Share any necessary information from their customer database.
h) Ensure that all alliance partners and other experts, contractors, etc. assist the IMT/OCT and ensure that any relevant information is shared with all members.

Drinking Water Inspectorate (DWI)

2.2.33 DWI acts for and on behalf of the Secretary of State and Welsh Ministers to ensure that water companies in England and Wales meet their statutory obligations relating to drinking water quality. In this capacity DWI has a technical audit role for public water supplies, including inspection, investigation and powers of enforcement, plus a technical advice role to Ministers and other Government bodies. In addition the Chief Inspector of Drinking Water has independent powers of prosecution relating to the duties of water companies under the Water Industry Act 1991.

2.3: Tasks of the Outbreak Control Team

2.3.1 The following tasks should be considered in order to deal effectively with an outbreak. The step-by-step approach does not imply that each action must follow the one preceding it. In practice, some steps must be carried out simultaneously and not all steps will be required on every occasion.

2.3.2 Preliminary Phase

- Consider whether or not cases have the same illness and establish a tentative diagnosis.
- Establish case definition (clinical and/or microbiological).
- Determine if there is a real outbreak.
- Case finding and establishing single comprehensive case list.
- Collect relevant clinical and/or environmental specimens for laboratory analysis.
- Conduct unstructured, in-depth interviews of index cases.

- Conduct appropriate environmental investigation including inspection of involved or implicated premises and other relevant environments including land, water, air, plant or equipment.
- Identify population at risk and a representative(s) of that population.
- Identify anything, including people, water, location, premises, equipment and food, posing a risk of further spread and Initiate immediate control measures.
- Form preliminary hypotheses on the cause of the outbreak.
- Make decision about whether to undertake detailed analytical studies.
- Assess the availability of adequate resources to deal with the outbreak.
- The OCT should alert hospital pharmacists urgently about any outbreaks where mass immunisation sessions are a possibility, co-opting hospital pharmacy representation onto the OCT if necessary.
- The OCT should ensure that the PHW Virology Service is promptly and formally briefed even if the outbreak is being supported directly by local microbiology services.

2.3.3 Descriptive Phase

- Identify and investigate the food distribution chain/water supply network or other potential routes of transmission.
- Identify as many cases as possible.
- Describe cases by 'time, place and person'.
- Construct epidemic curve.
- Collect clinical and/or epidemiological and/or environmental data from affected and unaffected persons using a standardised questionnaire.

2.3.4 Collation

- Calculate attack rates.
- Confirm factors common to all or most cases.
- Categorise cases by 'time, place or person' associations.
- Test and review hypotheses.
- Collect further clinical, environmental or any other relevant specimens for laboratory analysis.
- Ascertain source and mode of spread.
- Carry out analytical epidemiological study.

2.3.5 Control Measures

- Control the source: animal, human or environmental.

- Control the mode of spread by:

  a) Isolation, exclusion, screening and/or monitoring of cases and contacts
  b) Protection of contacts by immunisation or prophylaxis
  c) Giving infection control and other advice to cases and contacts
  d) Examination, sampling and detention and where necessary seizure, removal and disposal of foodstuffs
  e) Giving advice in respect of closure and/or disinfection of premises
  f) Giving advice on prohibition of defective processes, procedures or practices
  g) Implementing water treatment or distribution mitigation measures
  h) Or any other measure that needs to be taken

- Monitor control measures by continued surveillance for disease.

- Declare the outbreak over.

2.3.6 Communication

- Consider the best means of communication with internal & external colleagues, stakeholders, patients/cases and carers, and the public, including the need for an incident room and/or helplines.

- Ensure appropriate information and advice is given to the public, especially those at high risk.

- Ensure accuracy and timeliness.

- Include all those who need to know.

- Use the media constructively.

- Liaise with all relevant agencies including:

  a) Other LA's/Port Health
  b) Other Health Boards
  c) CDSC (Wales)
  d) PHW
  e) General Practitioners
  f) Education and Social Services Departments
  g) Public Analyst
  h) Government Agencies e.g. DEFRA, Natural Resources Wales
  i) Welsh Government
  j) Divisional Veterinary Officer
  k) Water Company plc
  l) Health and Safety Executive
  m) FSA
  n) CCSIW
  o) DWI
  p) Community Health Councils
  q) Consumer Council for Water

- Prepare a written report.

- Disseminate information on any lessons learnt from managing the outbreak

2.4: Media Relations

2.4.1 The OCT will endeavour to keep the public and media as fully informed as necessary without prejudicing the investigation and without compromising any statutory responsibilities or legal requirements and without releasing the identity of any patient/case.

2.4.2 At the first meeting of the OCT arrangements for dealing with the media should be discussed and agreed. This should include a nominated spokesperson(s) and a process for arranging press conferences and releasing press statements.

2.4.3 Early and proactive engagement with the media and public is recommended wherever possible. However it is recognised that there are some outbreaks in which early or proactive media engagement may have significant disadvantages. In these cases the OCT should formally discuss and document the rationale for not proactively involving the media in the OCT minutes and review it at every OCT meeting.

2.4.4 Press statements should be prepared and agreed by the OCT or a small subgroup previously agreed by the OCT.

2.4.5 Press statements on behalf of the OCT will normally only be released by the Public Relations Officer nominated by the OCT. If the OCT considers this inappropriate, or the nominated Public Relations Officer is not available, the Team will nominate an alternative spokesperson.

2.4.6 **No other member of the OCT or the participating agencies will release information to the press or arrange press conferences without the agreement of the Team.**

2.4.7 With the agreement of the OCT, press spokespersons will be appointed for specific purposes.

2.4.8 Notwithstanding the above, in the case of food poisoning outbreaks, all media statements should be prepared having regard to the provisions contained in the current Food Law Code of Practice.

2.4.9 Copies of press statements will be sent to the Welsh Government and other organisations as appropriate.

2.4.10 Consideration should be given as to whether it would be appropriate to purchase local media space to provide clear public health messages in the event of a large outbreak with significant implications to the public generally.

2.5: Cross Boundary Outbreaks

2.5.1 The CCDC must inform the office of the Chief Medical Officer (CMO) of the Welsh Government of any cross boundary outbreak and should invite the CDSC to assist in its investigation and management.

2.5.2 Regardless of where the cases lie, the OCT will take responsibility for the investigation, management and control of the outbreak. All involved LAs will participate fully in the OCT process.

2.5.3 The initial meeting of the OCT will normally be chaired by the CCDC or DPP for the most appropriate LA on the information available at the time. The Chair for the remainder of the outbreak will usually stay with this individual unless agreed otherwise.

2.5.4 There will be a duty on the chair of the OCT to invite officers from local authorities and relevant agencies to be part of the OCT where appropriate.

2.5.5 Other involved authorities will be invited to participate at an appropriate level and to provide resources at a proportionate level.

2.5.6 The organisation of cross boundary arrangements between LAs will be in accordance with 1.2.4 (page 13) in the main plan.

2.6: Hospital Outbreaks with Potential Public Health Implications

2.6.1 In HBs, ultimate responsibility for infection prevention and control lies with the Chief Executive and is normally delegated to an Executive Director. The operational responsibility for infection prevention and control is then delegated to the Lead Infection Control Specialist (for example Infection Control Doctor, Consultant Microbiologist or lead Infection Control Nurse). The delivery of infection control support is through the Infection Control Team, led by the Lead Infection Control Specialist. The Infection Control Team is responsible for investigating incidents and outbreaks, reporting to the executive lead for infection prevention and control and ultimately the Chief Executive.

2.6.2 Most hospital outbreaks have minimal or no public health implications and will be dealt with using the hospital outbreak plan (Part 6). However, if an infectious disease outbreak within a hospital has any potentially serious public health implications, it will be managed using this plan (The Wales Outbreak Plan).

2.6.3 The Lead Infection Control Specialist will make an initial assessment of the extent and importance of any infectious disease incident and will report to the CCDC in a timely manner, any incident of potential public health importance. The CCDC will inform the DPP of the relevant LA. The CCDC, the Lead Infection Control Specialist and the DPP (as appropriate) will then agree (in consultation with others as required) any further action necessary with regard to the public health implications. This discussion will not prevent any immediate action which is required to manage the outbreak by any one of these parties.

2.6.4 If it is agreed that there are potentially serious public health implications arising from the incident and an outbreak is declared, this plan will be followed, supplemented by the hospital outbreak plan as required. Due regard should be had as to the statutory obligations of the LA in respect of certain diseases of public health importance.

2.6.5 It is expected that all hospital outbreak policies will stipulate that the local CCDC should be informed whenever a hospital OCT is convened regardless of the circumstances. The CCDC will assess whether there are any potential public health implications associated with any hospital outbreak. If any are identified, action should proceed as laid out in paragraph 2.6.3 and 2.6.4 above.

2.6.6 Whilst it is difficult to be prescriptive as to what constitutes a potentially serious public health implication, the following are suggestive features:

a) the outbreak has significant implications for the community;
b) involves many cases of notifiable disease;
c) involves even small numbers of a disease which constitutes a serious public health hazard;
d) Involves food or water borne transmission of infection.

2.6.7 If the use of this plan cannot be agreed, the issue should be referred to the Chief Executive of the HB involved.

2.6.8 Whenever this plan is activated, the lead organisation for media and public communications will be agreed at the OCT meeting. All media and public communications will be agreed jointly between the organisations involved and will follow the principles laid out in Part 2.4.

2.7: Out of Hours Service and Emergency Arrangements

2.7.1 All core members must make suitable and sufficient arrangements for providing an effective service to deal with incidents and outbreaks at all times outside normal office hours. These will include:

- In the evening and night times after normal office hours have finished
- At weekends
- During bank holidays
- During extended periods of office closures, e.g. Christmas, Easter.

2.7.2 The arrangements must include references to communications, resources and equipment, and enforcement activity administration.

2.7.3 All core members will ensure that effective communication systems are in place and take responsibility for updating contact points whenever necessary.

2.7.4 All core members should ensure that the resources necessary for out-of-hours actions can be quickly put into place. This should include:

- Meeting rooms
- Administration support
- Officers with necessary competencies and delegated authority.

2.8: Points of Contact

2.8.1 This section is to be completed by each organisation locally.

2.9: Format for Outbreak Reports

2.9.1 All reports and other documents produced by the OCT must comply with the requirements of the Data Protection Acts 1994 and 1998. For that purpose reports and other documents will anonymise any sensitive personal information and references to patients and businesses will be numerical and alphabetical, respectively.

1) Executive Summary

2) Introduction/Background: Brief narrative of circumstances of outbreak

3) Investigation:

a) Case Definition
b) Epidemiological
c) Microbiological
d) Environmental
e) Chemical

4) Results:

a) Epidemiological
b) Microbiological
c) Environmental
d) Chemical

5) Control Measures

6) Conclusions/Recommendations:

a) a statement on the causes of the outbreak, including any failures of procedures or breaches of legislation
b) identification of culpable persons or businesses
c) referrals to other agencies for their actions
d) comments on the conduct of the investigation, evaluation and lessons learnt
e) comments on any training needs identified by the investigation and performance against agreed standards

7) Appendices:

a) Minutes of OCT meetings if appropriate
b) OCT evaluation of the outbreak (part 2.11)
c) Results of statistical analyses
d) Epidemiological Report
e) CDSC Report form

2.10: Communication for Release of Outbreak Reports

2.10.1 All outbreaks are different. The decision about how to handle the release should start with an **assessment of the media/political and public significance of the outbreak.**

2.10.2 In all significant outbreaks there should be a brief **Communications Plan** around the release of the report. (*Note: The declaration of the end of a significant outbreak may require a similar type of communication planning)*

2.10.3 The plan should include consideration of communication with:

a) Cases
b) Public and media
c) NHS partners
d) other public agencies
e) Politicians
f) Board members

2.10.4 The media options around release include:

a) Nothing (if outbreak has not been featured in the public domain)
b) Web story
c) Press release (consider including FAQs if the outbreak is complex to guide reporters to key facts)
d) Press briefing (however, the right spokespeople are necessary before considering such a briefing)

2.10.5 Whatever option is used, it is important to reinforce the message that the OCT report is a **multi-agency** report.

2.10.6 If the OCT report is to be released to the media and the public proactively, then communication with cases/relatives about OCT report release should consider the following:

a) EHOs are often the key individuals in communicating with cases/relatives in many outbreaks. They should be supported in assessing the appropriate approach which may be different for individual cases depending on (for example) outcome of illness, degree of contact with OCT members, previous appearances in the press, whether they would welcome contact and also the total number of cases in outbreak (issues of practicality).

b) Health literacy issues should be considered in any approach made

c) Cases do not necessarily need the report, particularly if it is complex. Consider the following options as alternatives to simply sending the report:

- A letter signposting key findings and that the report has been published and how to obtain it- possibly together with the press FAQs
- Verbal contact by telephone/personal visit
- E-mail contact with the above and an electronic link to the report

2.10.7 All methods of communication should clarify the point that the report is first and foremost a scientific document not intended for a general audience.

2.10.8 EHOs and Health Protection Teams members should consider acquiring e-mail addresses routinely for cases on interview if appropriate.

2.10.9 As a general principle, avoid Mondays for report release and check key spokespeople available for day of release.

2.10.11 There is the potential for use of social media (secure web pages for cases, outbreak twitter account etc) for communications with some cases in the future.

2.11: Template for outbreak /significant incident evaluation

Introduction

2.11.1 The Chair of the Outbreaks and Incidents subgroup of the Welsh Government Health Protection Committee should be sent a copy of all OCT reports. Those from significant outbreaks should be formally reviewed to fulfil the following objectives:

a) To draw out key positive and negative elements of the outbreak/ incident response;
b) To consider ways to enhance and improve the response;
c) To consider future challenges in achieving improvements; and
d) To draw out learning points for future outbreak response.

2.11.2 The OCT's own evaluation plays a key role in informing this process. Therefore, after the conclusion of an outbreak, the OCT should undertake its own internal evaluation, using the template below and include this in full in the OCT report.

Outbreak evaluation template[1]

2.11.3 The OCT evaluation should cover the following headings:

a) Cause of the outbreak,
b) Surveillance and detection of the outbreak
c) Preparedness for the outbreak,
d) Management of the outbreak,
e) Control measures

2.11.4 The specific issues under each heading that should be evaluated include:

a) timeliness of detection and response,
b) effectiveness,
c) cost,
d) lost opportunities,
e) new/revised policies

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[1] Template adapted from: World Health Organization. Outbreak control. Evaluation. In: World Health Organization. *Communicable disease control in emergencies. A field manual*. Geneva: WHO; 2005. Section 4.5, p.128-9. Available at: http://www.who.int/infectious-disease-news/IDdocs/whocds200527/ISBN_9241546166.pdf [Accessed 28th Feb 2012]

2.11.5 As appropriate, pertinent findings from the evaluation should inform the discussion, conclusion and recommendations sections of the OCT report.

2.12: Authorisation

2.12.1 The Local Government Act 1972 allows local authorities to appoint POs to perform certain functions to discharge the duties that a LA has to carry out. Determined by the specific policies of each individual Council, certain powers will be delegated to the DPP to enable to the discharge of the communicable disease function. Section 1 of the Public Health (Control of Disease) Act 1984 requires local authorities to execute the provisions of that Act. To assist the DPP in the performance of the function, the DPP will appoint EHOs and authorise them to carry out specific functions. Each EHO will be authorised by a committee minute or report depending on the level of delegation within that authority.

2.12.2 Similarly, the LA can appoint a medically qualified person to act as a PO to assist in discharging the functions of the Act and associated regulations. Guidance was given on this matter in circular WHRC (73)33. The appointment and level of authorisation will be confirmed by a committee minute or delegated power as appropriate. In addition, the LA should appoint other medically qualified persons to act when the PO is not available. These "Alternate Proper Officers" must be similarly appointed and authorised. Guidance was given on this matter in circular WHC (94)27.

2.13: Lead Officer

2.13.1 **Lead Officer in Communicable Disease**

- The development of the Lead Officer for Communicable Disease concept has 2 functions namely:

a) the appointment of officer(s) within LAs who have specific expertise and responsibilities in the Communicable Disease function; and
b) to work with others as a cohort of specialists in the Communicable Disease function to be used on various locations in Wales to assist in the investigation, control and management of outbreaks of Communicable Disease.

- The initiative is supported by all LAs in Wales, and given approval by the DPP in Wales and included in Welsh Government CMO's Communicable Disease Strategy, published in July 2001.

- This is part of the continuing development of the communicable disease function in LAs and in particular the implementation of the Communicable Disease Outbreak Plan, and is considered to be an important aspect of a LA 's role in providing effective and sufficient resources to enable it to respond to major outbreaks of communicable diseases.

- The CMO's Communicable Disease Strategy has recommended the adoption of the principle of a "**Lead Officer**" and the Welsh Government has provided a level of funding, through Public Health Wales, to facilitate the training of Lead Officers in all LAs in Wales.

2.13.2 **Lead Officer (local authority)**

- Each LA in Wales will appoint a named "Lead Officer" for communicable disease. This officer will be an existing employee of a LA working in the communicable disease/food safety section within the public protection department.

  Qualifications

- The Lead Officer will normally be a qualified EHO with a degree in Environmental Health or the EHORB Diploma and preferably additional qualifications in a related subject. The Lead Officer should have extensive experience in the Communicable Disease function as a field officer and preferably in a management/supervisory role. Although communicable disease is not limited to food poisoning, the Lead Officer should have (or have easy access to advice from an officer with) extensive experience in food safety.

  Job Description

  a) To provide expert advice and information on all aspects of the communicable disease function within the LA
  b) To advise on specific aspects of investigation of serious or major incidents of communicable disease
  c) To provide advice and support to the Chair of the OCT during major outbreaks of Communicable Disease.
  d) To lead the investigative processes for such outbreaks on behalf of the LA.
  e) To assess the effectiveness and progress of such investigations.
  f) To be available for secondment to another LA following a request from that authority. This secondment is to assist that authority in the performance of tasks outlined in this document.

- It is anticipated that this officer will be a named person in the Communicable Disease Outbreak Plan but will **not** assume the responsibility of chairing the OCT convened to manage and control the outbreak. This function has already been dealt with in the Plan.

2.13.4 **Further aspects to consider**

Level of appointed person

- The person designated "Lead Officer" should be the officer who normally carries out the investigative work in an outbreak situation. The Lead Officer would not normally be a person at the head of the organisation whose role is essentially managerial neither should they be a recently qualified officer.

Type of specialism required.

- It is anticipated that the Lead Officer will be or have had experience in the Food Safety/Communicable Disease functions.
- Additional qualifications are not required but are desirable and additional training will be provided by the LA as described above.

2.13.5 **Arrangements for Collaborative Working**

- A further aspect of a LA's competence to successfully control and manage a communicable disease outbreak is to have sufficient number of trained staff available when required. It is possible that either because of job vacancies, holidays or sick absence or because the outbreak is so large that an individual authority may be unable to provide sufficient internal staff resources. It is in these instances that resources may be obtained from a neighbouring LA through a process of collaborative working.

- The collaborative working may take several forms, namely:

  a) to assist in the various investigative processes of the outbreak investigation;
  b) to carry out other routine Communicable Disease investigation work which is not part of the substantive outbreak; or
  c) the secondment of an officer to assist in the control and management of an outbreak

- To facilitate this process, local authorities should have in place appropriate administrative processes to enable these collaborative actions to occur as soon as they are required. Issues such as travelling arrangements, costs, indemnify, authorisation must be resolved by the LAs involved. Any such arrangements must be explicit and date limited

PART 3: FOOD SPECIFIC ISSUES

3.1: Legal Responsibilities

Background

3.1.1 The specific statutory responsibilities, duties and powers which are significant in the handling of an outbreak of food poisoning are set out in the Public Health (Control of Disease) Act 1984, the Health Protection (Local Authority Powers) (Wales) Regulations 2010, Health Protection (Part 2A Orders) (Wales) Regulations 2010 and the Health Protection (Notification) (Wales) regulations 2010, the Food Safety Act 1990, the Public Health (Ships) Regulations 1979, the Public Health (Aircraft) Regulations 1979 and the International Health Regulations 2005.

3.1.2 The responsibilities, duties and powers are placed either upon the LA or upon a PO or an authorised officer of the LA.

3.1.3 The Food Standards Agency has a statutory duty to monitor the performance of food enforcement authorities. This includes a Local Authority's handling of cases and outbreaks, of food borne illness. There may be occasions where Agency officials will need to visit a LA in connection with an outbreak – where this need arises, the Agency will have regard to the priority of managing the incident and will do everything possible to ensure that the roles of the official co-opted to the OCT and the official undertaking any monitoring are kept separate.

Definitions

3.1.4 **Food Poisoning (CMO (92) 14.WO)** - Any disease of an infectious or toxic nature caused by or thought to be caused by the consumption of food or water.

Guidance

3.1.5 The guidance listed below will assist in the management and control of a food poisoning outbreak. It is recommended that documents below (3.1.6, 3.1.7 and 3.1.8) are kept with and used alongside this outbreak plan. Document 3.1.6 in particular is a key document in the control of an outbreak. Other documents listed should be used where appropriate.

3.1.6 **Preventing person-to-person spread following gastrointestinal infections:** *guidelines for public health physicians and environmental health officers – Communicable Disease and Public Health Vol 7, No 4 December 2004.* This guidance is directed at doctors and EHOs for the purpose of controlling infection in general populations. It covers advice for enteric precautions, specifies 'at risk' groups and gives guidance on exclusions in specified cases.

3.1.7 **Management of Outbreaks of Foodborne Illness in England and Wales - Food Standards Agency:** This guidance provides a framework for health professionals to assist them in the management of outbreaks of infectious disease caused by ingestion of microbiologically contaminated food. It is designed to assist the OCT in dealing with an outbreak and provides an aide memoir for medical and nursing staff, environmental health professionals, scientists and others involved in the investigation.

3.1.8 **Food Handlers: Fitness to Work. A Practical Guide for Food Business Operators 2009** - *Food Standards Agency*. This guidance helps managers and staff to prevent infected food handlers spreading illness through food that they work with.

3.1.9 **The Investigation of Sporadic Cases of *E. coli O157* - South East Wales Communicable Disease Task Group 2004 (as reviewed in 2006).** This document is intended for use by Environmental Health Officers when dealing with sporadic cases of *E. coli O157* however, some of the investigative suggestions and controls are transferable and useful to utilise to an *E. coli O157* outbreak situation.

PART 4: WATER SPECIFIC ISSUES

Health Related Incidents in Wales Potentially Caused by Contaminated Drinking Water

4.1 Introduction

4.1.1 The Water Specific Issues section is derived from the WHP guidance document *The Emergency Framework for health-related incidents and outbreaks in Wales & Herefordshire potentially caused by contaminated drinking water*.

4.1.2 This guidance was developed by a multi-agency group including representations from LAs, Public Health Wales, Dwr Cymru and an independent expert advisor.

4.2 Purpose

4.2.1 This Part sets out a multi-agency process for dealing with incidents involving drinking water supplies that may have public health implications. It is designed to guide those involved, encouraging collaboration between agencies and bringing clarity of process and responsibility. It will inform the detailed procedures of the numerous organizations involved in protecting public health and resolving drinking water-related issues. Its implementation will facilitate rapid and effective responses to emergency situations. **Where water has been identified as the cause of a communicable disease outbreak, the Wales Outbreak Plan at the front of this document should be followed.**

4.2.2 The Part does not override national and local resilience plans or the statutory duties of individual organisations. It does not describe the detailed internal procedures of the water companies and the reporting requirements to the DWI.

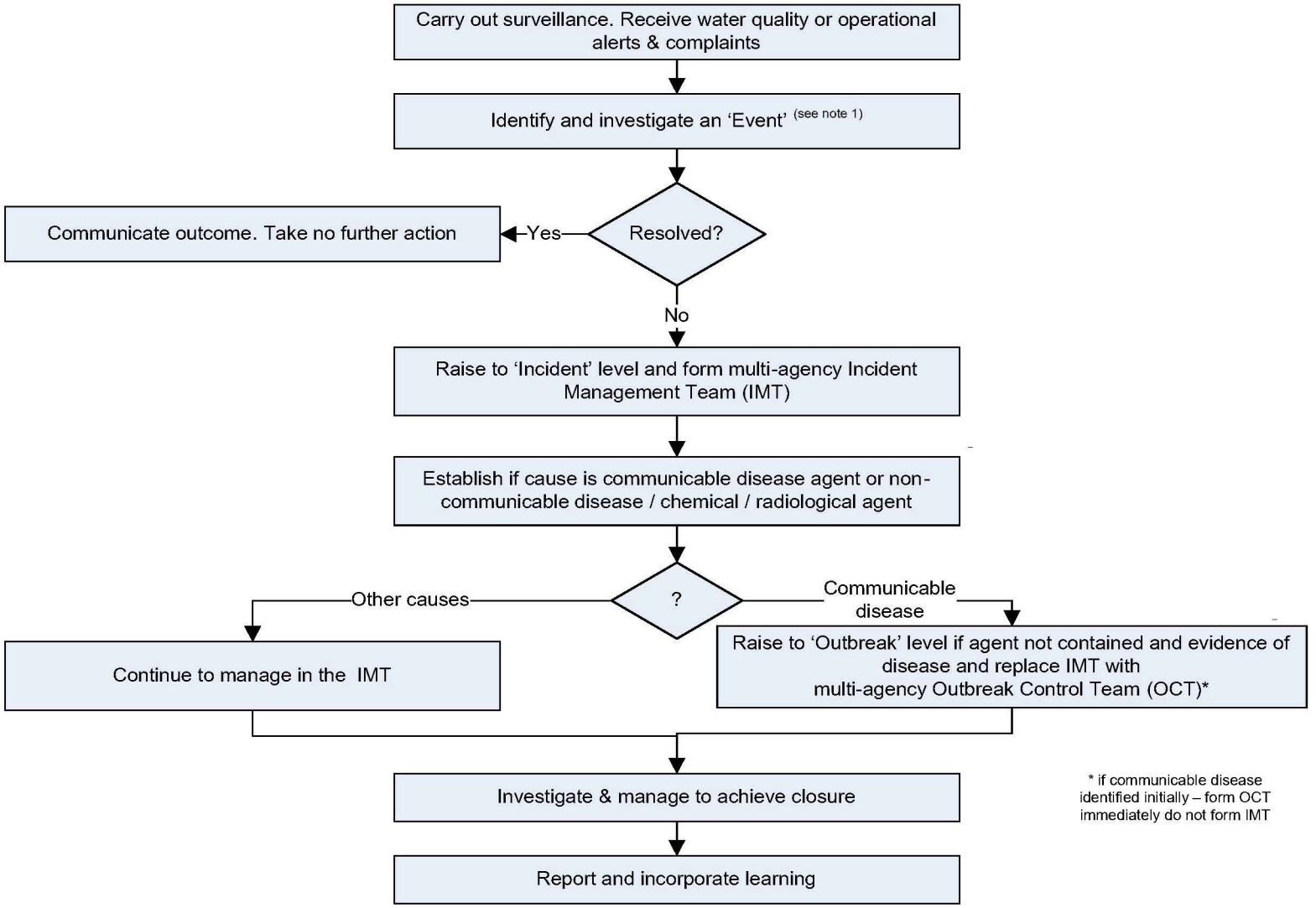
4.2.3 The original document was endorsed by the Steering Group of the Water Health Partnership for Wales as a guidance document for use throughout Wales and Herefordshire.

4.3 Responsibilities

4.3.1 Responsibility for managing the public health aspects of events, incidents and outbreaks involving water is shared by LAs, HBs and Public Health Wales, with the full assistance of the relevant Water Company and their service providers, plus other experts or relevant consultants. This section outlines those responsibilities and the process by which these organisations effectively work together. In Herefordshire (as part of England), Primary Care Trusts (PCTs) and PHE take the responsibility of the HBs and Public Health Wales respectively.

4.4. High-level Process Map

The process map below describes the basic steps in the overall process. Three sheets of more detailed maps are included on page 44 to 46.



4.5 Incident Management

4.5.1 The primary objective in an incident is to protect public health by identifying the source of the contamination, implementing the necessary measures to minimise exposure and prevent further spread or recurrence. Given the number of private water supplies in Wales it is important that careful consideration is given to ensure the relevant water source is identified. Success is dependent upon effective and timely communication between LAs, HBs, Public Health Wales and water companies and other involved parties. Informal discussion of potential problems, including consideration of immediate control measures, is encouraged at an early stage.

4.5.2 When a water related event[2] could have a significant potential impact on public health, it is escalated to an incident and an Incident Management Team (IMT) formed[3]. Any party can notify other parties of an incident with potential public health implications and initiate an IMT. An 'incident' is a sub-set of 'event' including but not limited to:

a) Any sudden and unexpected breach of the Water Supply (Water Quality) Regulations which is a potential danger to human health
b) Any unusual deterioration in water quality[4].
c) Any evidence of unusual and unexplained clustering of cases in the community
d) Any significant perceived risk to the health of consumers
e) Significant consumer perception of changes in water quality
f) Significant consumer concern about the quality of the water supplied
g) Any combination of the above

4.5.3 Part 4.11 (page 48) outlines the membership and duties of the IMT. Clear roles should be assigned to IMT members. At the earliest opportunity, there needs to be agreement on public information for general release and how to handle on-going media contacts (see Part 2.4: Media Relations, page 29). Expert advice should be sought on whether it is appropriate to follow up by commissioning an epidemiological study. Advice will also be shared with experts retained by the water company, the CRCE for chemicals and radiological contamination, and NHS Medical Physicists when appropriate.

4.5.4 If chemical contamination (or other agents not causing an outbreak) requires an IMT to meet to assess the public health impact, the LA and Public Health Wales shall ensure adequate resources to facilitate this. A chair shall be agreed and minutes taken. Rapid decisions may need to be agreed with the water company to minimise exposure and the checklist (Part 4.11, page 49) should be considered. All information gathered should be shared amongst the IMT members. In some circumstances immediate mitigation actions may need to be taken by the water company, such as issuing precautionary boil water notices or alternative supplies to customers before the IMT convenes. The IMT will then need to agree on whether or not the water company actions are appropriate.

4.5.5 Once the incident is clearly under control, an interim report should be prepared and shared with all the relevant bodies including Welsh Government, DWI, the affected LAs, as well as

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[2] Within this Framework, an 'event' is any biological, chemical or radiological occurrence which may potentially impact public health.

[3] An IMT may work over phone or video links when appropriate, rather than hold meetings.

[4] For guidance on epidemiological evidence used to determine the likely association with drinking water, refer to Part 4.13.

all IMT members (this is distinct from the reports which the water companies is required to submit to DWI). A final report may need to be delayed until any epidemiological studies can be completed. This could be followed by a peer-reviewed publication.

4.5.6 Where an IMT is convened, a record of proceedings will be made and circulated to an agreed distribution list. In the event of a significant emergency, the report will also be circulated to; the Welsh Government, the HB, all LAs involved, DWI and any other parties as deemed appropriate by the IMT.

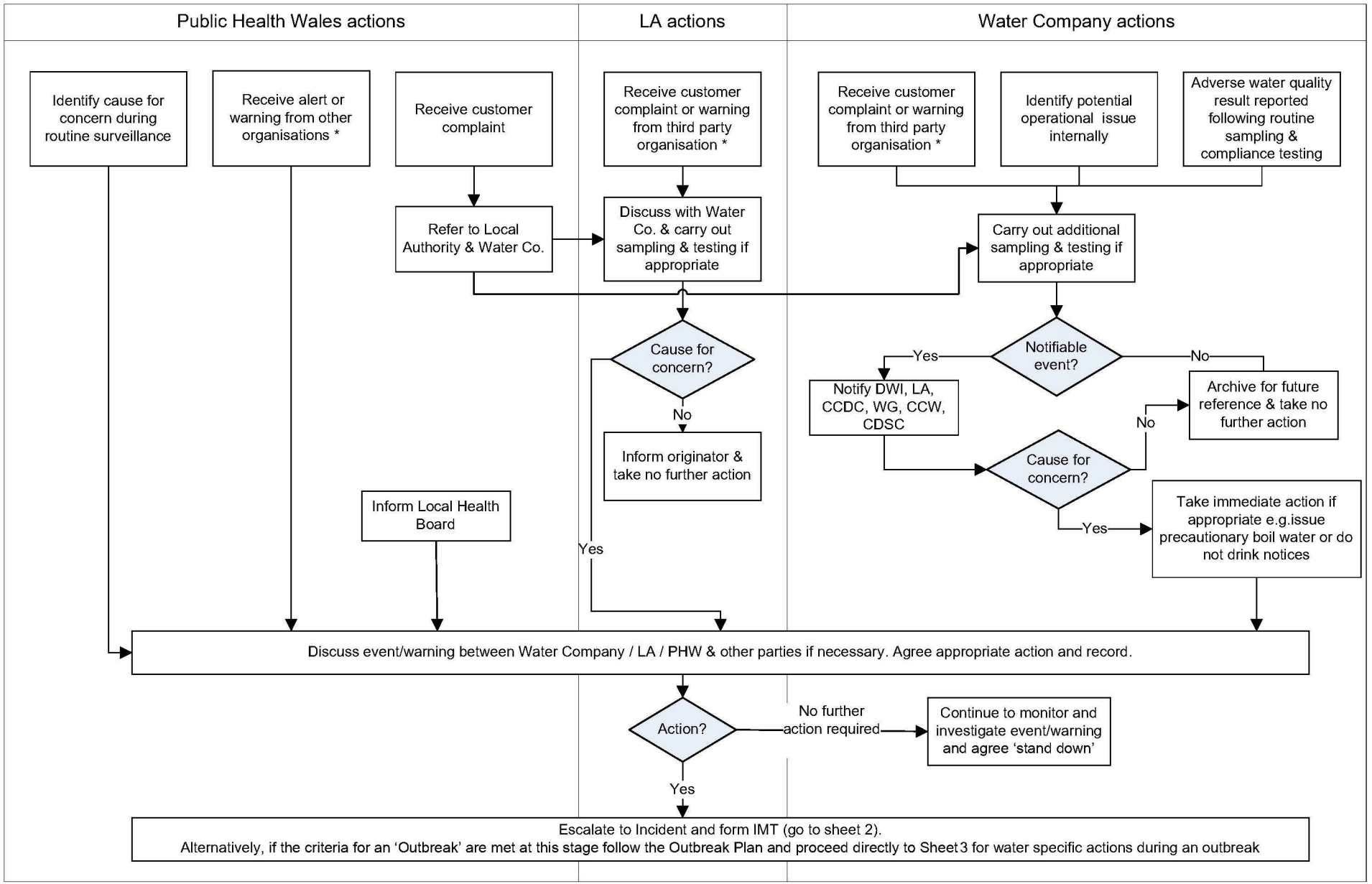
4.5.7 The IMT shall bear in mind the statutory requirement for the water company to report at 3 working days and 20 working days (and at other times as required) to the DWI. This report will contain details of the investigation, compilation of the results, conclusions, recommendations and lessons learnt. Minutes of all IMT and/or OCT meetings will be appended.

4.6 Outbreak Control

4.6.1 Where an outbreak is suspected or declared, the Generic Plan should be followed.

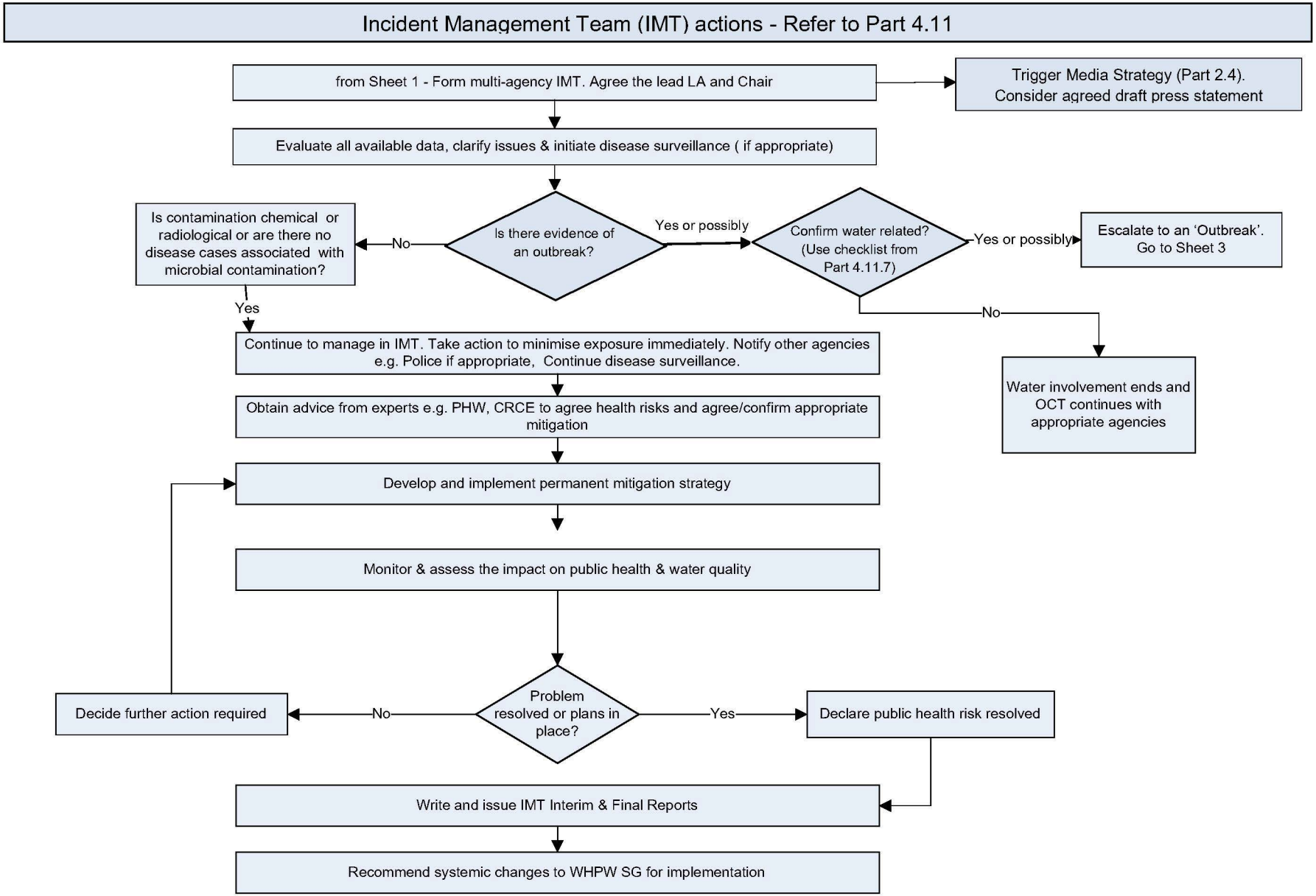
4.6.2 The OCT shall bear in mind the statutory requirement for the water company to report at 3 working days and 20 working days (and at other times as required) to the DWI. This report will contain details of the investigation, compilation of the results, conclusions, recommendations and lessons learnt. Minutes of all IMT and/or OCT meetings will be appended.

4.7 Detailed Process Maps : Sheet 1 – Identifying Events and Escalating

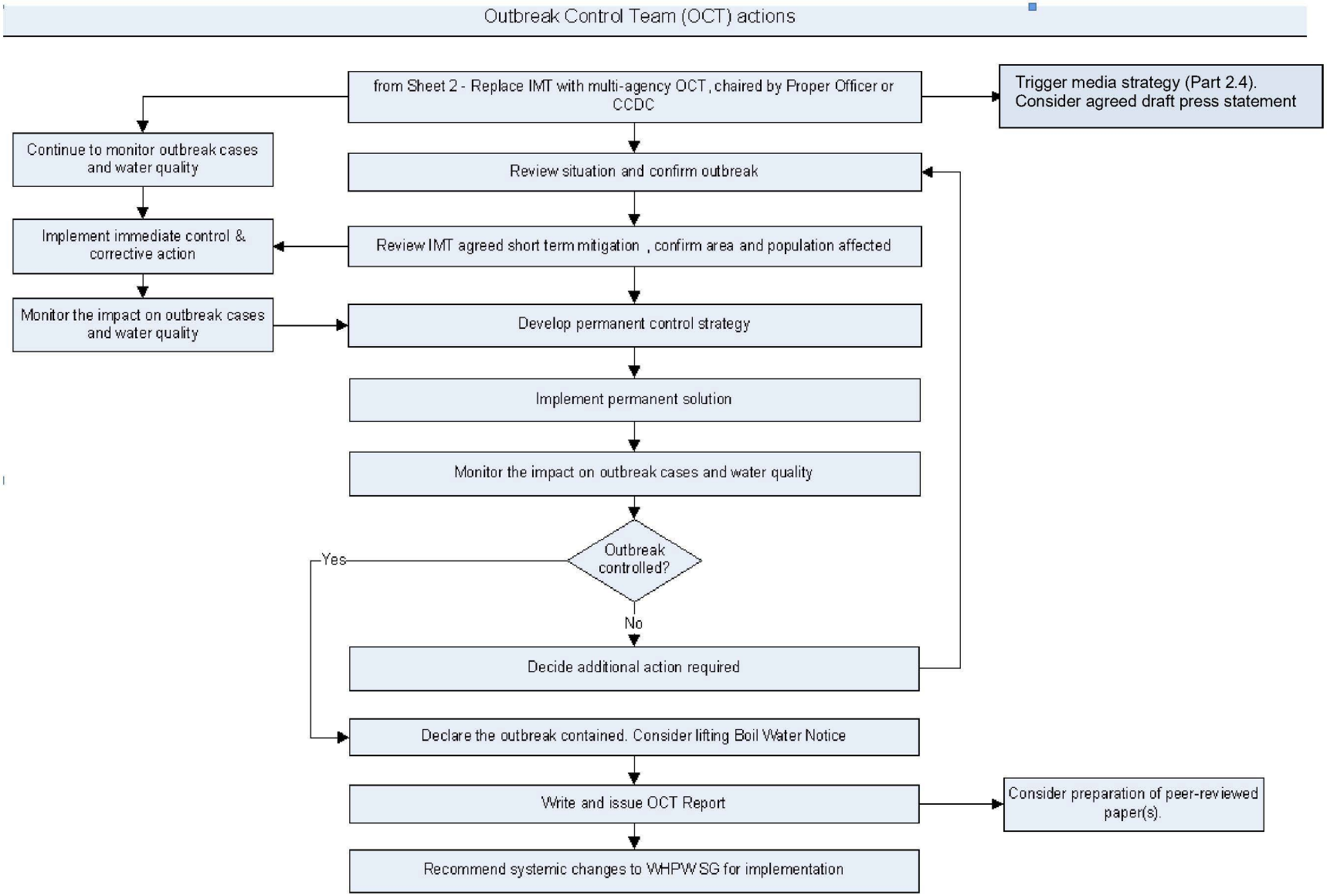


*e.g Police, WG. DEFRA, Water UK, CC Water, PHW, Natural Resources Wales, other water companies

4.8 Detailed Process Maps: Sheet 2 – Managing an Incident or Escalating



4.9 Detailed Process Maps: Sheet 3 – Controlling and Outbreak



4.10. Role of Key Members of IMT

Water Company

4.10.1 Water companies have statutory duty under the Water Industry Act 1991 to supply safe and wholesome water, as defined in the Water Quality Regulations, within their respective regions. When a breach of a Water Quality standard has occurred that might have a potential impact on public health, water companies are required to inform the relevant LAs and CCDCs and to agree, and undertake, the appropriate investigations and mitigation measures to control or prevent potential risk e.g. Boil Water Notices. In the event of a continuing risk to the safety of public water supplies and an escalation to 'Incident' or 'Outbreak' status, the water companies shall appoint one or more senior responsible officers to the IMT or OCT to fulfil specific operational and customer related requirements.

4.10.2 The water company representative(s) will have sufficient authority and knowledge to:

a) Understand the cause, effects and extent of the issue and inform the IMT/OCT fully of any events before the incident or outbreak was declared.
b) Make the appropriate operational decisions on behalf of the IMT or OCT and ensure that they are immediately and fully implemented by the water company.
c) Provide the IMT or OCT with a water company perspective on the management of the incident.
d) Be adequately briefed and ensure that the IMT or OCT are made aware of, and have access to, all relevant water quality and operational data.
e) Facilitate the diversion and commitment of water company resources i.e. equipment and manpower to manage the incident.
f) Inform customer communications and other stakeholder briefings and, if necessary, enlist the support of the media communications personnel within the Company. This will include agreeing 'lines to take' for customer call centres and sharing this with the IMT/OCT.
g) Share any necessary information from their customer database.
h) Ensure that all alliance partners and other experts, contractors, etc. assist the IMT/OCT and ensure that any relevant information is shared with all members.

Local Authority

a) To liaise with the water company to establish the exact geographical area affected by the incident
b) To ensure the water company provides the IMT with full details of the actions taken by the water company to mitigate any risk
c) To contact high risk premises e.g. food producers and schools where necessary. To liaise with the CCDC and other agencies on the IMT on advice to be given.
d) If alternative supplies are required to sustain water at high risk premises the LA should establish logistics and availability with the water company.
e) To establish with the water company if they require the LA to take any further actions e.g. additional sampling
f) To liaise with the CCDC on epidemiological surveillance
g) To inform ward councillors and other council officials where necessary

CCDC

a) To work in close liaison with the water company to identify the full geographical area affected by the incident and ensure all relevant local Health Boards are informed and/or involved.

b) To make an immediate assessment of the potential public health risk on the information currently available. This will require the water company to provide full details on the incident including:

- The source and nature of the contamination,
- How far the contaminant may have spread through the water distribution system and whether or not customers might already have been exposed.
- How long the issue existed before its discovery and subsequent notification.
- This will require the water company to provide details of sample results and proposed sampling surveys in a timely fashion.

c) To liaise with PHW CDSC and Microbiology laboratory or, for issues involving chemical contaminants CRCE, where necessary and assess the requirement for enhanced disease surveillance.

d) To provide, in discussion with other agencies on the IMT, expert advice on the appropriate action that needs to be taken to protect public health and to deal with the consequences of any potential health impact.

4.10.3 To ensure in discussion with other agencies on the IMT, that processes are in place to ensure vulnerable groups in the community such as dialysis patients, hospitals or residential institutions are made aware of the need to take action with their water supply e.g. boiling water.

4.11 Incident Management Team for the Public Health Aspects of a Water Incident

Purpose

4.11.1 The overall purpose of the IMT is to protect public health during an incident by identifying the source of contamination, implementing the necessary temporary and permanent measures to minimise exposure and prevent further spread or recurrence.

IMT Members

4.11.2 Core members for all incidents:

- LAs
- HBs and/or Primary Care Trusts
- Public Health Wales
- Water companies

- External Advisors (accessed through Water Company)

4.11.3 Co-opted members as necessary:

- Chemical Hazards and Poisons Division of PHW
- Natural Resources Wales
- Medical Physicist
- FSA
- Emergency Planning Officers (Water Companies or LAs)
- Veterinary Laboratory Agency and/or Animal Health
- DWI

4.11.4 Dependent upon the scale of the incident, representatives may require the support of additional staff to accompany them. The IMT will usually be chaired by a health or LA representative and the Chair will be agreed at the first meeting. However, any member of the IMT can chair by the agreement of the members of the IMT. If the incident becomes an outbreak, an outbreak should be declared, the IMT dissolved and an OCT formed. The OCT will operate as laid out in the Wales Outbreak Plan at the front of this document.

Duties

4.11.5 The duties of the IMT are to:

a) Appoint a chair, aiming for continuity whenever possible
b) Appoint a loggist to take minutes to record decisions (including deferred decisions) and actions, together with their rationale
c) Maintain a log of actions and decisions as appropriate
d) Establish an Incident Room if appropriate
e) Review evidence for the incident and investigate source and cause
f) Identify and assess the risk to public health and likely illness in the community
g) Establish the cause of the risk and determine if it is drinking water-related
h) Escalate to an 'Outbreak' if the cause is a communicable disease

4.11.6 For other causes:

a) Agree and implement immediate protective action
b) Agree and implement longer-term actions to prevent recurrence
c) Identify the population at risk
d) Take advice from external experts
e) Draft statement for media (see Part 2.4) and information for consumers
f) Delegate all information releases to specific IMT members
g) Meet at appropriate intervals and record minutes
h) Issue a report on the outcome, including recommendations
i) IMT may need to escalate to an OCT for a communicable disease. This should be clearly recorded.

Checklist

4.11.7 The following is intended as a checklist of actions to be considered in order to deal effectively with an incident. The step-by-step approach does not imply that each action must

follow the one preceding it. In practice, some steps must be carried out simultaneously and not all steps will be required on every occasion.

Assessment of situation

a) Describe the incident (location, what's occurred, magnitude, nature and toxicity of chemical contamination, immediate control measures planned and implemented)
b) Obtain expert toxicological advice
c) What other information is currently available from the different agencies (Health, LA, Natural Resources Wales, VLA, water companies, PHW, etc.)?
d) What is the potential health impact for individuals or population on the information currently available?
e) Who are the population at risk (consumers supplied (households, schools, hospitals, etc.) industry, leisure?
f) Has the population been exposed already?
g) Is there on-going exposure?

Is there a potential health risk?

a) What else can be done immediately to minimise on-going exposure and effects on those exposed?

- Removal/treatment of contamination?
- Provision of clean drinking water for the consumer?
- Information and advice to public and media?
- Information and advice to health professionals?
- Agreement on further monitoring and analysis?
- All agencies on the IMT to consider implications impacting on their own particular remits?

On-going information requirements and considerations:

a) Is the current data set accurate and complete enough to assess hazard and risk? If more information is needed, resources to gather more samples and analysis should be agreed.
b) Are there any possible by-products which should be identified or eliminated?
c) Have we taken additional expert advice from external sources?
d) Are we taking the option with the least impact on health?
e) Are there any long term health effects that also need to be considered?
f) Do we need additional epidemiological advice on any analytical epidemiological study that may be helpful?
g) Should a follow up study, e.g. bio-monitoring, be recommended? If so, how should this be undertaken?
h) The LA should ensure that adequate resources are available to facilitate the health response and record clearly the events and decisions particularly relating to health effects and protection.

Communication

a) Consider the best means of communication with colleagues, patients and the public, including the need for an incident room and/or helplines.

b) Ensure appropriate information and advice is given to the public, especially those at high risk.
c) Ensure accuracy and timeliness.
d) Include all those who need to know.
e) Use the media constructively.
f) Liaise with other agencies as appropriate:

- Other LAs/Port health Authorities
- Other HBs
- CDSC (Wales)
- PHW
- General Practitioners
- Education and Social Services Departments
- Public Analyst
- Government Agencies, e.g. DEFRA, Natural Resources Wales
- Welsh Government
- PHE CRCE
- Divisional Veterinary Officer
- DWI
- Health & Safety Executive
- FSA
- CSSIW

g) Prepare a written report.
h) Disseminate information on any lessons learnt from managing the incident.

4.12 Control measures to be considered in both incidents and outbreaks

- Control the source: animal, human, environmental, treatment type or distribution system.

- Control the mode of spread by providing alternative supplies (re-zoning, overland mains, bowsers, bottles) and/or issuing Boil Water Notices, also:

  a) Isolation or exclusion of cases and contacts
  b) Screening and monitoring or contacts
  c) Protection of contacts by immunisation or prophylaxis
  d) Examination, sampling and corrective actions at treatment, catchment or distribution points
  e) Diverting sources and/or disinfection of process/distribution
  f) Giving advice on protection measures especially to immuno-compromised groups

- Monitor control measures by continued surveillance for disease.

- Evaluate the management of the outbreak and make appropriate recommendations for the future.

- Lift Boil Water Notice subject to agreed criteria being met.

- Declare the outbreak contained.

4.13 Epidemiological evidence used to determine likely association with drinking water

4.13.1 The following evidence that may contribute to defining an outbreak as waterborne independently of findings related to water treatment and supply:

a) Numbers exceeding expected background level for time and place or linked cases.

b) Descriptive evidence (person, place, time): A large proportion of cases clustered in water distribution area.

c) Strength of statistical association by an analytical epidemiological approach (e.g. case-control or cohort), especially with dose response (risk increased with amount of water consumed).

d) Consistency with natural history of pathogen.

e) Plausibility in terms of descriptive details, outbreak dynamics etc.

f) Analogy with other waterborne outbreaks (including high proportion of adult cases in suspected Cryptosporidium outbreaks).

g) Strength of likely association increased by recovery of pathogen from supply.

h) Lack of evidence for plausible alternative explanation.

i) Case numbers decrease following the introduction of appropriate control measures.

4.14 Relevant Legislation and Guidance

- Public Health (Control of Disease) Act 1984
- Health Protection (Local Authority Powers) Wales Regulations 2010
- Health Protection (Part 2A Orders) (Wales) Regulations 2010
- Health Protection (Notification) (Wales) Regulations 2010
- Food Safety Act 1990
- Water Industry Act 1991
- Civil Contingencies Act 2004
- Cryptosporidium in Water Supplies. Report of the Group of Experts, Chairman – Sir John Badenoch. Department of Environment/Department of Health. HSMO London 1990.

- Cryptosporidium in Water Supplies. Second Report of the Group of Experts, Chairman – Sir John Badenoch. Department of Environment /Department of Health. HSMO London 1995.
- Cryptosporidium in Water Supplies. Third Report of the Group of Experts to: Dept of the Environment, Transport and the Regions & Department of Health. Chairman – Professor Ian Bouchier. November 1998.
- Dŵr Cymru Welsh Water Incident Response – Incidents Managed by Others(Section 4 of DCWW Incident Plan)
- The Water Supply Regulations 2010
- The Water Supply (Water Quality) Regulations 2010 (Wales)
- The Water Supply (Water Quality) Regulations 2001 (Wales) SI No. 3911
- Water Supply (Water Fittings) Regulations 1999
- The Water Industry Act 1991
- The Private Water Supplies (Wales) Regulations 2010
- Guidelines For Water Quality On Board Merchant Ships Including Passenger Vessels HPA 2003
- World Health Organization Guideline for Drinking Water Quality

PART 5: LEGIONNAIRES' DISEASE SPECIFIC ISSUES

5.1: Sampling at industrial premises in Legionnaires' disease outbreaks

Interim practical advice note for sampling at industrial premises in Legionnaires' disease outbreaks

Context

5.1.1 Detailed guidance is being drawn up in Wales to cover a number of aspects of Legionnaires' disease outbreaks. However recent experience identified confusion around urgent industrial premise sampling in outbreak situations. This informal practical advice note is an interim measure to assist those involved if an outbreak occurs in Wales before definitive guidance has been agreed. It only covers practical issues relating directly to urgent sampling and should not be used as a guide to other aspects of dealing with the outbreak.

Warning

5.1.2 Urgent control measures to control *Legionella* risk (e.g.: emergency inspection/shutdown/disinfection) should not be delayed to wait for sampling to be sorted.

5.1.3 Sampling for *Legionella* in industrial systems in outbreak situations may be of little benefit in detecting the bacterium. A negative result does not exclude the possibility that the premise sampled is the source. Consider whether sampling is of public health value to the OCT before proceeding.

5.1.4 At present PCR testing is not recommended by HSE as an indicator of control or for epidemiological investigations in outbreaks. PCR detects both living (viable) and dead bacteria; this makes it difficult to evaluate the real health risk.

Issues to consider:

Legal powers of entry and to undertake sampling

a. In outbreak situations the company may co-operate fully. However the powers in the Health Protection (Wales) Regulations 2010 under the Public Health (Control of Disease) Act 1984 can be used. The Request to Co-operate Letter under this legislation is useful in this situation.

b. Powers of entry under the Environmental Protection Act 1990 could be used to gain access to the premises. Section 79 of this Act allows LA's to deal with "any dust, smell or other effluvia arising on…premises and being prejudicial to health or nuisance", which includes pathogenic organisms. EHO's are allowed to enter premises and take samples, regardless of whether the premises are enforced by HSE or the LA under health and safety legislation.

c. The HSE advise that case law (R v Board of Trustees of Science Museum) has confirmed that evidence of actual Legionella (i.e. from sampling) is not required to support enforcement under the Health & Safety at Work etc Act 1974.

5.1.5 HSE legal advice has confirmed that there are no powers to sample for Legionella under health & safety legislation for public health purposes.

Who will sample

5.1.6 Each sampling exercise must be subject to an individual risk assessment before commencement so that samplers are not put at risk.

5.1.7 Samples in industrial premises should only be taken by appropriately trained and experienced individuals

5.1.8 Samplers could be:

a) Appropriately trained Local Authority Officers
b) Appropriately trained Local Authority Officers from a neighbouring authority
c) Reputable private contractors offering these services

5.1.9 In some circumstances, Natural Resources Wales may be able to assist by providing advice on securing samples to ensure evidential standards are met and providing courier services. This may be particularly useful on unusual/complex industrial sites regulated by the Agency with which other potential samplers may be unfamiliar. In these cases Natural Resources Wales staff will not be entering and sampling using their own powers but accompanying the Local Authority under Local Authority public health legislation in the same way as private contractors can access the site and sample in these circumstances.

Progression through factory

5.1.6 The sampler should be accompanied by:

a) The Responsible Person from the company/site to ensure safety on site
b) A Regulatory officer from the Local Authority/HSE if the sampler is not a LA officer

5.1.7 If the Regulator is not available to urgently accompany the sampler, the Regulator should provide advice as required on any known relevant aspects of the process being sampled. Such advice is necessary to inform the risk assessment prior to the sampling visit and activity.

Chain of evidence

5.1.8 The protection of public health takes precedence over collecting evidence. However it would be wise to consider how to protect the chain of evidence when samples are taken, and take steps to maintain this.

Sampling when Officers identify *Legionella* control issues whilst inspecting a potential industrial source in an outbreak situation

5.1.9 During an outbreak, a number of industrial premises may be visited. Any of these may be identified as not having adequate *Legionella* controls and an enforcement notice may be issued. In this case, the inspecting Officer should report this urgently to the OCT so that if sampling is deemed necessary by the OCT, it can be arranged without delay. It would be wise for any OCT to consider arrangements to respond to this contingency, particularly out of hours, prior to it arising.

PART 6: ARRANGEMENTS FOR THE CONTROL OF AN OUTBREAK OR INCIDENT OF INFECTION IN NHS PREMISES IN WALES

6.1 Introduction

6.1.1 Outbreaks and incidents of infection have serious consequences for service users and NHS organisations including; mortality, morbidity, distress, delays in treatment and impacts on service provision. Each health board and trust in Wales will have a local policy for the arrangements for the control of an outbreak or incident of infection in their healthcare settings. Such policies must reflect the principles and guidance contained in this framework document. In addition some organisations will have specific, separate operational policies and protocols for managing outbreaks of presumed or confirmed viral gastroenteritis.

6.2 Scope

6.2.1 This guidance applies to all premises where NHS services are provided, either managed by, or through contractual arrangements with NHS Health Boards and Trusts in Wales. In addition this guidance applies in situations where incidents or outbreaks of infection arise directly from Health Board or Trust staff providing healthcare services in out of hospital settings, such as private dwellings.

6.2.2 In health boards and trusts who have responsibility for the healthcare provided on NHS premises, the ultimate responsibility for infection prevention and control lies with the Chief Executive and is normally delegated to the Executive Nurse Director. The operational responsibility for infection prevention and control is then delegated to the Lead Infection Prevention and Control Specialist (for example Infection Prevention and Control Doctor, Consultant Microbiologist or Lead Infection Prevention and Control Nurse). The delivery of infection prevention and control support is through the Infection Prevention and Control Team, led by the Lead Infection Prevention and Control Specialist. The Infection Prevention and Control Team is usually responsible for investigating incidents and outbreaks, reporting to the executive lead for infection prevention and control and ultimately the Chief Executive.

6.2.3 Most hospital outbreaks have minimal or no public health implications and will be dealt with using the hospital's own internal outbreak plan. However, if an infectious disease outbreak within a hospital or other healthcare setting has any potentially serious public health implications, such as implications for the wider community or if it is identified as being food or water borne, it will be managed using "The Communicable Disease Outbreak Plan for Wales ('The Wales Outbreak Plan')".

6.3 Routine liaison between IPCTS and HPTS/CSCDC

6.3.1 There is an expectation that health board and trust IPCTs will have established and robust relationships with their local HPT/CCDC. Such relationships will include regular liaison and two-way sharing of information regarding cases, clusters and potential outbreaks or incidents of infection. A member of the HPT will be a member of the health board or trust Infection Prevention and Control 'Strategic' Group.

6.4 Recognition of an Outbreak or Incident

6.4.1 An outbreak or incident may be identified by a number of routes depending on its nature and presentation e.g. ward staff may alert the IPCT to an outbreak of presumptive viral gastroenteritis whereas ongoing alert organism surveillance may highlight an outbreak of an organism that exhibits a specific antimicrobial resistance. An outbreak may present as either related to a single 'point source' e.g. a contaminated piece of equipment, or as a pattern of ongoing transmission. If the outbreak or incident involves a notifiable disease or organism (see Part 6.11) the treating physician or laboratory must notify the CCDC as 'Proper Officer' of the Local Authority.

6.5 Definition of an Outbreak or Incident

6.5.1 An outbreak of infection can be defined as an increase in cases against the normal background levels of an organism/disease. When the background level of an organism/disease for the facility or organisation is normally zero, or a single case has serious potential public health consequences, one case can and should be declared as an outbreak and an OCT formed (this may be termed an incident under these circumstances).

6.6 Declaration of an Outbreak

6.6.1 Once alerted to an apparent increase in numbers of cases or other marker of a possible outbreak or incident the IPCT will assess the situation and reach one of these conclusions:

- No outbreak or incident
- Minor outbreak or incident that can be managed by the IPCT and other colleagues within the organisation without the need for a formal OCT (this may include periods of increased incidence (PII))
- Outbreak or incident requiring a formal OCT
- Actual or potential major outbreak or incident with significant public health implications – need for a formal Major OCT AND immediately discuss with CCDC for consideration of invoking 'The Wales Outbreak Plan'

6.6.2 It is not possible to be prescriptive about what constitutes the need for a formal OCT as the variety of potential scenarios is extremely diverse and will be affected by local factors including the physical environment and resources of the organisation/IPCT.

6.6.3 If a decision of 'no' or 'minor' outbreak or incident is reached this should be subject to a daily review and the IPCT should maintain a low threshold for declaring a formal OCT.

6.7 Outbreak Control Team

Lead Role

6.7.1 The lead role in an outbreak will be taken normally by the Health Board/Trust IPCT, this arrangement will be agreed at, and may be varied by documented agreement at, the OCT meeting.

Core Membership

6.7.2 The Chair may be taken by any senior member of the OCT and will ensure that all necessary members are invited, that the meetings are held as required, that the meetings are conducted in accordance with the agenda and that all proceedings are recorded and communicated to the membership.

- IPCT (including ICD and IPCNs)
- Consultant microbiologist (if not ICD)
- CCDC
- Senior medical and nursing representatives from the area(s) affected
- Administrative support
- A representative of management with the seniority/authority to restrict services and authorise the release/reassignment of resources as required.

    - Representatives from other departments/professional groups may be invited depending on the nature of the outbreak/incident e.g. cleaning/housekeeping, engineering/estates, sterile services, occupational health, allied health professionals (this list is not exhaustive).

- A Major Outbreak Control Team (in situations where The Wales Outbreak Plan is not invoked) will include:

    - The CE or nominated deputy
    - The DPH
    - Representatives from other agencies as required including; Public Health Wales, local authority, NHS Shared Services Wales (this list is not exhaustive)

Core functions (core terms of reference)

6.7.3
- To investigate the source and cause of the outbreak.
- To monitor the effectiveness of infection prevention & control measures.
- To facilitate the optimal clinical care of patients.
- To review evidence of the outbreak / incident and the results of epidemiological and microbiological investigations including data collection and analysis.
- To decide the need for outside help and expertise.
- To manage the communication between relevant agencies and those with a legitimate interest in the outbreak, including patients and their families and the Welsh Government.

- To define the end of the outbreak.
- To evaluate the lessons learned and prepare a report / recommendations of the outbreak for the Infection Prevention & Control Group and the Health Board/Trust
- To provide clear guidelines for patients, relatives, staff and the general public.
- To ensure that individuals with assigned individual responsibilities within the outbreak policy are executing their roles.
- To identify any additional resources required.

Role of CCDC

6.7.4 The CCDC role is threefold; to assess the public health risks to the wider community and, if required, institute The Wales Outbreak Plan; to facilitate cooperation and communication between agencies and across the health and social care system; and to provide expert epidemiological input to the investigation and management of the outbreak. In fulfilling this role the CCDC will additionally provide, where required, an independent 'external' perspective to the OCT and may in certain circumstances use their statutory powers.

Role of DPH

6.7.5 The DPH has responsibility for the overall health of the population and should be included in communication related to the outbreak. If a Major OCT or The Wales Outbreak Plan is instituted the DPH will be a member of the OCT and has further specific responsibilities identified in that plan.

6.8 Standards for Outbreak Investigation and Management/Control

Outbreak Recognition	Initial investigation to clarify the nature of the outbreak begun within 24 hours of recognition or identification of potential outbreak
	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 held within 48 hours of decision to convene
	All departments/disciplines involved in investigation and control represented at OCT meeting
	Roles and responsibilities of OCT members agreed and recorded
	Chair agreed and recorded
Outbreak Investigation and Control	Control measures documented with clear timescales for implementation and responsibility Implementation monitored and reviewed at each meeting
	Case definition agreed and recorded
	Describe the cases – time, place, person (from notes, charts, admission history) Identify if there has been any change in the system that could have resulted in the outbreak (changes in people, equipment, procedures or the environment)

	Present the data keeping all the data presentations up to date, e.g. epidemic curve, time line, line list of known cases, transmission plot, ward map. Annotate charts with key information
	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 Welsh Government informed (SAI or no surprises reporting)
End of Outbreak	Final outbreak report completed within 4 weeks of the formal closure of the outbreak
	Report recommendations and lessons learnt reviewed within 3 months of formal closure of the outbreak
	The OCT audits their response to the outbreak/incidence against this guidance
	Outbreak report and audit to be forwarded to office of CMO, Welsh Government

6.9 References/Bibliography

- Commitment to Purpose: Eliminating preventable healthcare associated infections (HCAIs) A framework for actions for healthcare organisations in Wales (2011) Welsh Government. (available at http://wales.gov.uk/docs/dhss/publications/111216commithcaien.pdf)

- The 'Cooke Report' (1995) - Hospital Infection Control-Guidance on the control of infection in hospitals, prepared by the Hospital Infection Working Group of the Department of Health and PHLS (published with HSG(95)10)

- The Communicable Disease Outbreak Plan for Wales ('The Wales Outbreak Plan') (2011) Public Health Wales/Welsh Government
(available at http://wales.gov.uk/docs/phhs/publications/110418planen.pdf)

6.10 Notifiable Diseases/Organisms

The regulations require that a **registered medical practitioner** notifies the proper officer of the relevant local authority if a patient they are attending is believed to have a disease listed in Schedule 1: Notifiable Disease and Syndromes	The legislation obliges the operators of **diagnostic laboratories** to notify the proper officer of the relevant local authority if they identify a causative agent listed in Schedule 2 below, or evidence of such an agent, in a human sample.	
Anthrax	***Bacillus anthracis***	***Bacillus cereus*** *(*only if associated with food poisoning*)*
Botulism	***Bordetella pertussis***	***Borrelia spp***

Brucellosis	***Brucella spp***	***Burkholderia mallei***
Cholera	***Burkholderia pseudomallei***	***Campylobacter spp***
Diphtheria	Chikungunya virus	***Chlamydophila pssittaci***
Encephalitis (acute)	***Clostridium botulinum***	***Clostridium perfringens*** *(*only if associated with food poisoning*)*
Enteric fever (typhoid or paratyphoid fever)	***Clostridium tetani***	***Corynebacterium diphtheriae***
Food poisoning	***Corynebacterium ulcerans***	***Coxiella burnetii***
Haemolytic uraemic syndrome (HUS)	Crimean-Congo haemorrhagic fever virus	***Cryptosporidium spp***
Infectious bloody diarrhoea	Dengue virus	Ebola virus
Infectious hepatitis (acute)	***Entamoeba histolytica***	***Francisella tularensis***
Invasive group A streptococcal disease and scarlet fever	***Giardia lamblia***	Guanarito virus
Legionnaires' Disease	***Haemophilus influenzae*** (invasive)	Hanta virus
Leprosy	Hepatitis A, B, C, delta, and E viruses	Influenza virus
Malaria	Junin virus	Kyasanur Forest disease virus
Measles	Lassa virus	***Legionella spp***
Meningitis (acute)	***Leptospira interrogans***	***Listeria monocytogenes***
Meningococcal septicaemia	Machupo virus	Marburg virus
Mumps	Measles virus	Mumps virus
Plague	***Mycobacterium tuberculosis complex***	***Neisseria meningitidis***
Poliomyelitis (acute)	Omsk haemorrhagic fever virus	***Plasmodium falciparum, vivax, ovale, malariae, knowlesi***
Rabies	Polio virus (wild or vaccine types)	Rabies virus (classical rabies) and rabies-related
Rubella	lyssaviruses	***Rickettsia spp***
SARS	Rift Valley fever virus	Rubella virus
Smallpox	Sabia virus	***Salmonella spp***
Tetanus	SARS coronavirus	***Shigella spp***
Tuberculosis	***Streptococcus pneumoniae (invasive)***	***Streptococcus pyogenes (invasive)***
Typhus	Varicella zoster virus	Variola virus
Viral haemorrhagic fever (VHF)	Verocytotoxigenic***Escherichia coli*** (including ***E.coli*** O157*)*	***Vibrio cholerae***
Whooping cough	West Nile Virus	Yellow fever virus
Yellow fever	***Yersinia pestis***	

6.11 Model Agenda for OCT Meeting

6.11.1 The initial agenda for the first outbreak meeting will include:

a) Agree membership and chairperson
b) The outbreak policy and individual actions / responsibilities.
c) Initial assessment of the outbreak.
d) Case definition(s).
e) Reporting mechanisms.
f) Investigation of outbreak.
g) Management/control measures.
h) Communication channels.
i) Frequency of Outbreak Meetings.
j) Date and time of next meeting

6.11.2 Subsequent agendas will include:

a) Minutes of previous meeting
b) Update on actions and matters arising
c) Situation report
d) Investigation progress reports
e) Review of control measures and effectiveness
f) Review of case definition(s)
g) Review of membership/extend if required
h) Agreement of actions
i) Communications
j) Date and time of next meeting

6.12 **Example – Escalation/Risk Assessment Criteria** (adapted from Health Protection Scotland Watt Risk Matrix)

	Impact on:			
Impact level:	**Patients**	**Services**	**Public Health**	**Public Anxiety**
Minor	Only minor interventional support needed as consequence of the incident No mortality	No, or only very short term closure of clinical areas(s) with minor impact on any other service	No, or only minor implications for public health	No significant increased anxiety or concern anticipated
Moderate	Patients require moderate interventional support no mortality as a consequence of the incident	Short term closure(s) having moderate impact on some services, e.g. multiple wards closed or ITU closed	Moderate implications, i.e. there is a moderate risk of only moderate impact infections to other persons	Increased concern and or anxiety anticipated
Major	**Life threatening illness or death as a consequence of the incident in one or more patient**	**Significant disruption and impact on services e.g. hospital closures for any period of time**	**Significant implications for public health, i.e. there is a moderate risk or major risk of major infection to someone else**	**Alarm within at least some areas of the community anticipated**

Assessment:

All minor = manage as internal incident/outbreak, consider formal OCT

3 minor and 1 moderate = manage as internal incident/outbreak – declare formal OCT

No major and 2-4 moderate – declare formal OCT, consider declaring Major OCT

Any major* – declare Major OCT and discuss with CCDC/DPH whether to invoke The Wales Outbreak Plan

***note** this includes one or more deaths as a result of an outbreak or incident as defined NOT necessarily as a result of a single case of an 'alert organism' or HCAI

6.13 MODEL OUTBREAK CHECKLIST

INITIAL ASSESSMENT	YES (date and initial)	NO (or mark N/A)
1. Has CE or designate been informed		
2. Is an Outbreak Control Team necessary or outbreak declared		
2. Is there community involvement		
3. Has the CCDC been notified or otherwise involved		
COMMUNICATION		
1. Senior management of Trust / Health Board informed		
2. CCDC consulted		
3. Departmental/line manager informed		
4. Operational services manager involved (catering, cleaning, portering, waste)		
5. Occupational health services informed		
6. Local authority informed (as appropriate)		
7. SAI form completed and submitted		
7. Appropriate senior estates manager informed (as appropriate)		
8. Public relations officer identified and press statement prepared		
9. Appropriate information provided to staff		
10. Appropriate information provided to patients		
11. Appropriate information provided to relatives and visitors		
12. Communication with relevant personnel and departments considered		
13. Microbiology department informed and outbreak number assigned		
14. CDSC/WHAIP – Welsh Unit contacted (as appropriate and directed by CCDC or ICD)		
15. Other Healthcare facilities informed as appropriate		

16. Other relevant bodies contacted if so which?		

MANAGEMENT/ORGANISATIONAL ASPECTS	**YES (date and initial)**	**NO (or mark N/A)**
1. Need for increased clinical care considered e.g. extra staff		
2. Need for extra cleaning resources considered		
3. Need for increased laundry, sterile supplies considered		
4. Need for increased clerical staff considered		
5. Isolation facilities defined		
6. Isolation ward considered		
7. Isolation and nursing procedures defined		
8. Nursing, medical and other staff informed of these procedures		
9. Domestic/housekeeping procedures defined		
10. Availability of supplies assessed		

INVESTIGATION

1. Case definition established on clinical epidemiology and microbiology		
2. Need for microbiological screening of staff and patients considered		
3. Need for serological screening of staff and patients considered		
4. Engineers involved (if appropriate)		
5. Need for environmental samples considered		
6. Need for food samples considered		
7. Epidemiological investigation started		

CONTROL

1. Control measures agreed and documented		
2. Need for active or passive immunisation considered		
3. Need for antibiotic prophylaxis considered		
4. Isolation policies implemented		
5. Policy on patient transfer, discharge and admissions defined		
6. Policy on the movement of patient and staff within the hospital defined		
7. Visiting arrangements defined		

END OF OUTBREAK

1. Preliminary report compiled		
2. Meeting of OCT held to consider long term implications		
3. Final report/lessons learned compiled and circulated		

6.14 Template Outbreak Report

1. **Executive Summary**

2. **Introduction/Background: Brief narrative of circumstances of outbreak**

3. **Investigation:**
   - Case Definition
   - Epidemiological
   - Microbiological
   - Environmental

4. **Results:**
   - Epidemiological
   - Microbiological
   - Environmental

5. **Control Measures**

6. **Outcome of Root Cause Analysis (where undertaken)**

7. **Conclusions/Recommendations:**
   a) a statement on the causes of the outbreak, including any failures of procedures or breaches of legislation
   b) comments on the conduct of the investigation and lessons learnt
   c) comments on any training needs identified by the investigation and
   d) performance against agreed standards

8. **Appendices:**
   - Minutes of OCT meetings
   - Results of statistical analyses
   - Epidemiological Report
   - Estimated costs (*optional*):
     - Staffing
     - Medical/surgical equipment
     - Additional cleaning resources
     - Bed days lost
     - Pharmaceuticals
     - Additional e.g. decontamination, sample testing, patient information, time

PART 7: MULTI-AGENCY CONTINGENCY PLAN FOR THE MANAGEMENT OF OUTBREAKS OF COMMUNICABLE DISEASES OR OTHER HEALTH PROTECTION INCIDENTS IN PRISONS IN WALES

7.1 Introduction

Overview

7.1.1 *The Multi-Agency contingency plan for the management of outbreaks of communicable diseases or other health protection incidents in prisons in Wales* is adapted from a similar document originally produced by the Health Protection Agency in England and reviewed and approved by the Welsh Custodial Public Health Advisory Board. The plan contains the same outbreak principles as the Wales Outbreak plan but includes more specific details on how these would be applied in the prison setting such as the additional core members needed for any OCT.

7.1.2 Any events within the prison environment should be managed using the plan. The document was published in February 2013 on the Public Health Wales website: **http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=59479**

Acknowledgements

7.1.3 This document is based on the 'Multi-Agency Contingency Plan for the Management of Outbreaks of Communicable Diseases or Other Health Protection Incidents in Prisons in England and Wales' published by the Health Protection Agency, England, and is in line with Welsh Government's 'The Communicable Disease Outbreak Plan for Wales'. This document was reviewed and approved by the Welsh Custodial Public Health Advisory Board.

Background

7.1.4 Effective pre-planning and robust collaborative arrangements between partner organisations with responsibility for the health & welfare of prisoners need to be in place to manage outbreaks of communicable diseases, water contamination incidents (HSG (93) 56) or other events that pose a risk to health of staff, prisoners & others entering the prison. This document provides an outline plan to manage such events and has been developed in partnership with Offender Health (Department of Health), HM Prison Service (HMPS) and Public Health Wales. It has been signed off locally by the Governing Governor/Director, the Health Protection Director and the Local Health Board Director of Public Health.

7.1.5 The document describes both specific actions required to identify and manage an incident or outbreak, as well as describing the roles and responsibilities of partner organisations involved.

- The Governing Governor/Director has a statutory responsibility to ensure the health & safety of both prisoners and staff in his/her care and a duty to cooperate with appropriate agencies to ensure that any threats to health are identified and effectively managed.

- The Health Board has a statutory duty to protect the health & well-being of prisoners in any prisons in its jurisdiction and to work collaboratively with partners to manage any health protection issues identified.

- Public Health Wales, through its Health Protection Teams (HPT's), works with both Health Boards, prisons and appropriate others, to investigate and manage incidents and outbreaks of communicable diseases, or other threats to health protection, in the community. The HPT's will also provide strategic coordination for the multi-agency management of such events, often relying on the NHS and other partners to provide resources and support

Aims of the Contingency Plan

7.1.6 To ensure that the roles and responsibilities of all partner organisations involved in protecting the health of prisoners are explicit, mutually agreed and well understood by all;

- To ensure that any outbreaks or health protection incidents are identified in a timely way and that processes for notification, collaborative work and investigation are in place to investigate the outbreak/incident, and to assess the risks to health;

- To ensure that effective measures are taken to control the outbreak/incident, to mitigate the health risks, to limit the spread of infection and to prevent its recurrence;

- To ensure that appropriate arrangements are in place for timely, effective and satisfactory communications with all relevant external agencies and the public.

7.1.7 The plan builds on, and is supplementary to the Communicable Disease Outbreak Plan for Wales, which sets out the core principles for how all outbreaks in Wales are managed. This plan should be read and used in conjunction with Communicable Disease Outbreak Plan for Wales.

7.2 ACTIVATING THE PLAN

Definitions of Outbreak/Incident

7.2.1 Any incident which may have the potential to develop into an outbreak will be reported by the prison to local HPT's, similarly if the HPT becomes aware of a single case or cluster of cases from the prison they will inform the prisons Governor/Director/Healthcare Manager immediately. The incident will be assessed and monitored closely by the Consultant in Communicable Disease Control (CCDC) and Governor/Director in conjunction with relevant partners (e.g. Consultant Microbiologist/Virologist, Director of Public Protection and Environmental Health).

7.2.2 The following are examples of incidents which may need to be assessed:

- An incident in which two or more people experiencing a similar infectious illness are linked in time/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.

7.2.3 HM Prison Service has previously circulated a list of communicable diseases which, if identified in the prison, should prompt the governor to seek advice from the local HPT (See 7.14, Annex 1).

Preliminary Assessment

7.2.4 In making the decision to activate the plan the following factors will be considered:

- Does the disease / incident pose a risk to health of staff, visitors or prisoners?
- How many people are potentially affected?
- Is there evidence of spread within more than one location in the prison?
- Is the disease or incident unusual?
- Does the disease/incident create significant operational difficulties for the prison?

7.2.5 As a guide, the calling of an Incident Team or Outbreak Control Team (OCT) will be considered when one or more of these conditions apply:

- The disease poses an immediate health hazard to the prison population;
- There is a significant number of cases;
- The disease is important, in terms of its severity and/or its capacity to spread.

7.2.6 In close consultation with the Governor/Director, the Director of Public Protection (DPP), CCDC, and Consultant Microbiologist will jointly consider the facts (See Part 7.2). Other parties may need to be consulted depending on the nature of the incident. These include the Head of Health Services (if prisoner and/or visitor related), Health Board, and Occupational Health (if employee related) The initial steps, contact lists and outbreak record are outlined in parts 7.7, 7.8 and 7.9.

7.3 FRAMEWORK OF THE PLAN

7.3.1 Once an outbreak/incident has been declared, the CCDC, DPP and Consultant Microbiologist, in close consultation with Governor/Director, will convene an Outbreak Control Team (OCT). A draft agenda, which can be adapted for the first meeting, is shown in Part 7.10.

Membership of the Outbreak/Incident Control Team

7.3.2 Membership will vary dependent on the circumstances but would normally include the following core members: (if a core member is unable to attend meetings, then a representative should be asked to attend):

Members from non-prison agencies

- CCDC
- Consultant Microbiologist
- Executive Director of Public Health for the Health Board
- Director of Public Protection (or their nominated officer of sufficient seniority)
- Health Board representative

- Environmental Health Officer
- Nominated press officer(s)

Core members from the Prison Service

- Governor or Deputy Governor/Director or Deputy Director
- Administrative and secretarial support
- Healthcare Manager
- Prison medical service representative/GP
- Representative from Prison Officers' Association

7.3.3 Dependent on the nature and size of the outbreak / incident others may need to be invited to be members of the OCT. Possible inclusions for the OCT are:

- Healthcare Manager
- Prison medical service representative/GP
- Regional Epidemiologist from the Health Protection Agency Public Health Wales
- Senior manager of any area involved
- Occupational Health Advisor
- Pharmaceutical Advisors
- Head of relevant departments
- Representative from Health and Safety
- Others as appropriate.

7.3.4 If an outbreak / incident is likely to lead to significant numbers of individuals needing hospital care then professional and management representation from the local hospital trusts is likely to be needed.

7.3.5 Contact details for the relevant individuals are included in Part 7.20.

Establishment of the Outbreak/Incident Control Team

7.3.6 Responsibility for managing outbreaks is shared by all the organisations who are members of the Outbreak Control Team (OCT).

- Core OCT Members are responsible for ensuring that all relevant organisations are co-opted on to the OCT.
- This responsibility includes the provision of sufficient financial and other resources necessary to bring the outbreak to a successful conclusion.
- Others can make a request to join the OCT if there is a case to do so but the final decision on membership resides with the core OCT.
- The Chair of the OCT will be appointed at the first meeting. The Chair will normally be the DPP or the CCDC as appropriate, but there may be occasions when it is more appropriate that another core member of the OCT is appointed as Chair.
- It shall be the duty of the Chair to ensure that the OCT is managed properly and in a professional manner.
- Responsibility for handling the outbreak must be given to the OCT by the parent organisations, and representatives must be of sufficient seniority to make and implement decisions and to ensure that adequate resources are available to undertake outbreak management.

Communication

7.3.7 It is essential that effective communication be established between all members of the team and maintained throughout the outbreak in accordance with Part 2.3 (Tasks of the Outbreak Control Team PHW) and Part 2. 4 (Media Relations).

7.3.8 The Chair will ensure that minutes will be taken at all meetings of the OCT and circulated to participating agencies. The minute taker is accountable to the Chair for this function.

7.3.9 Use of communication through the media may be a valuable part of the control strategy of the outbreak. The OCT should consider the risks and benefits of pro-active versus reactive media engagement in any outbreak.

Conclusion

7.3.10 At the conclusion of the outbreak the OCT will prepare a written report. The minutes and report should be anonymised as far as possible.

7.4 OUTBREAK REPORT

7.4.1 Where an OCT is convened a record of proceedings will be made and circulated to a distribution list agreed by OCT members. In the event of a significant outbreak a report will in addition be circulated to Communicable Disease Surveillance Centre (CDSC) in Wales, to the Welsh Government, the HB, the Food Standards Agency Wales (FSAW) (where food is the implicated vehicle), Drinking Water Inspectorate (DWI) (where drinking water is the implicated vehicle), all local authorities involved and any other parties as deemed appropriate by the OCT.

7.4.2 This report will contain details of the investigation, compilation of the results and conclusions. Minutes of all outbreak control team meetings will usually be appended.

7.4.3 Where an OCT is not convened the CDSC green form will be sent to CDSC (Wales) and the Welsh Government by the CCDC. In addition, local authorities will complete the Outbreak Report Form and send it to CDSC (Wales).

7.4.4 The OCT report is owned jointly by all the organisations represented on the OCT. The OCT should agree when and how the report is to be first released, paying due consideration to impending legal proceedings and freedom of information issues.

7.4.5 Tasks undertaken by the OCT/ICT may include:

- Agree a case definition.
- Assess the risk for the population and ensure case ascertainment is carried out.
- Monitor epidemiological progress of the incident/outbreak.
- Agree and co-ordinate policy decisions on the investigation and control of the outbreak and ensure the decisions made are implemented, allocating responsibility to specific individuals who will then be accountable for taking action.
- Determine the resource implications of the outbreak / incident and how they will be met including the possible need for an incident room e.g. board room.
- Ensure that adequate communication arrangements are in place, these will include:

- Nominating a lead person to be the point of contact with the MoJ Press Office who will lead on briefing the news media throughout the duration of the outbreak / incident;
- Accurate and consistent information for prisoners, employees, relatives and other internal and external agencies.

- Arrange for the necessary interviews, inspections and other investigations, such as samples to identify the nature, extent and source of the outbreak / incident.
- Arrange for an outbreak number (a unique identifier for samples that are part of an outbreak) to be obtained from the regional PHW laboratory.
- Prevent further cases of infection / illness by taking all necessary steps to ensure that the source of the outbreak is controlled and the risk of secondary person to person transmission is minimised.
- Ensure that arrangements are in place for the appropriate treatment for those infected or affected by the outbreak.
- Liaise with local hospitals where there may be increased demand on hospital services
- Consider the need for and, if necessary, arrange long-term follow up of those affected.
- Collect the contact details within and out of working hours for all agencies involved.
- Declare the end of the outbreak / incident.
- Develop systems and procedures to prevent further occurrence of similar episodes.
- At the end of an outbreak / incident review the management of the outbreak / incident. If required, an outline for a full report is attached in 7.12.
- Ensure that the lessons identified from the review are reported to the management of the partner organisations as appropriate, so that they can be disseminated and acted upon.

7.5 ROLES AND RESPONSIBILITIES

7.5.1 The roles and responsibilities of the core members of the OCT/ICT are included with this plan as Action Cards in Part 7.11.

7.5.2 Whichever organisation hosts the OCT meetings will normally also provide administrative support and refreshments as appropriate.

7.6 REVIEW OF THE PLAN

7.6.1 This plan will be reviewed alongside review of 'The Communicable Disease Outbreak Plan for Wales'; after each occasion when the plan is put into operation or earlier if new national guidelines are issued by the Welsh Government or Public Health Wales.

7.7 OUTBREAK DIARY OF EVENTS

OUTBREAK SUSPECTED/CONFIRMED AS……		
Signed by Medical Lead/MO/HHS/OHA…… Date:…… Time:……		
	Date	Time
Governor/Director informed		
HPT informed		
LHB informed		
Regional Director informed		
Medical Lead informed		
Information & communication for employees, prisoners and visitors		
Consideration of movements in and out of prison, e.g. courts, discharges, visits		
Isolation commenced of known cases within the establishment, if appropriate		
Outbreak control team convened		
Interim report completed		
Debriefing meeting for conclusion and recommendation		
Final report completed		

Date/Time	Action Log of Outbreak	Signature

7.8 CONTACT LIST

HEALTH PROTECTION TEAM	CONTACT NAME	CONTACT DETAILS	
		DAYTIME	OUT OF HOURS
General office number			

LOCAL HEALTH BOARD	CONTACT NAME	CONTACT DETAILS	
		DAYTIME	OUT OF HOURS
Director of Public Health			
Community Infection Control Team			

ENVIRONMENTAL HEALTH	CONTACT NAME	CONTACT DETAILS	
		DAYTIME	OUT OF HOURS
General office number			
Senior Environmental Health Officer			

LHB ACUTE HOSPITAL TRUSTS & MICROBIOLOGY	CONTACT NAME	CONTACT DETAILS	
		DAYTIME	OUT OF HOURS
General Hospital Number Microbiology General Hospital Number Microbiology PHW LABORATORY General Hospital Number Microbiology			

OTHER TELEPHONE NUMBERS	CONTACT NAME	CONTACT DETAILS	
		DAYTIME	OUT OF HOURS

7.9(a) OUTBREAK RECORD: PRISONER DETAILS

Name	DOB	Prison No	Location	Date/time of onset	Date/time of recovery	Symptoms (diarrhoea, vomiting, fever etc)	Date specimen sent	Result	Comments

7.9(b) OUTBREAK RECORD: STAFF DETAILS

Name	DOB	GP	Date/time of onset	Date/time of recovery	Symptoms (diarrhoea, vomiting, fever etc)	Date specimen sent	Result	Comments

7.10 DRAFT MEETING AGENDA FOR OUTBREAK CONTROL TEAMS (to be tailored according to the incident/outbreak)

Minutes
The Chair should ensure that a person not directly involved takes minutes of each meeting and that these are circulated with action points to all members usually within one working day after the meeting.

Agenda

1. Chair's introduction, including terms of reference

2. Minutes of last meeting (if applicable)

3. Review membership

4. Outbreak résumé and update

    4.1 General situation report
    4.2 Case report and epidemic curve
    4.3 Microbiological report
    4.4 Environmental health report
    4.5 Water utility report
    4.6 Other relevant reports
    4.7 Case definition and case finding

5. Management of outbreak and allocation of responsibilities

    5.1 Implications for public health
    5.2 Care of patients (prison hospital and community)
    5.3 Control measures including contact tracing
    5.4 Further investigations:
        - Epidemiology
        - Environmental Health
        - Microbiology
        - Microbiological aspects (specimens, analysis and resources)
    5.5 Environmental Health Aspects
    5.6 Advice to boil water or provision of alternative water supplies

6. Communications - Issuing information/advice

    6.1 Information and advice to employees and prisoners
    6.2 Information to the public (need for press release)

7. Media arrangements and spokesperson (interviews, press conferences and so on) if any

8. Consider arrangements for enquiries from the public e.g. relatives (the need for a helpline)

9. Date and time of next meeting

7.11 ACTION CARDS: ROLES AND RESPONSIBILITIES

Governor / Director

1) To work in consultation with the CCDC to establish the status of the outbreak/incident.
2) To oversee the effective delivery of all necessary control measures from within the prison setting.
3) To co-ordinate effective communications within the prison and with the MoJ press office.
4) To contribute to the written final report on the outbreak / incident and ensure that the response to the outbreak / incident is audited.
5) To ensure that the lessons identified are communicated to the management of partner organisations, as relevant.

Consultant in Communicable Disease Control (CCDC)

1. Together with the, DPP and Local Consultant Microbiologist and in close liaison with the Governor/Director, jointly consider the facts, to declare an outbreak and convene the OCT if needed.
2. To provide facilities and resources for the OCT including administrative support for team meetings, if appropriate.
3. Where necessary, to organise an outbreak control centre or helpline.
4. Where appropriate, to make available staff to assist in the investigation of the outbreak as required by the OCT.
5. To provide expert medical and epidemiological advice to the OCT on the management of the outbreak including the interpretation of the clinical data, methodology of investigation and control measures to minimise spread and prevent recurrence.
6. To initiate case finding as appropriate.
7. To inform the Chief Medical Officer at Welsh Government, the HB's EDPH and Public Health Wales Director of Health Protection of the outbreak.
8. To consult and liaise with CDSC (Wales) and with other CCDC's.
9. To assess and collate epidemiological information and to carry out epidemiological studies.
10. Where appropriate, to arrange for medical examination of cases and contacts and the taking of clinical specimens.
11. Where appropriate, to arrange immunisation and/or prophylaxis for cases, contacts and others at risk.
12. To prepare the final report with other members of the OCT and to distribute and publish as appropriate.

Health Board Executive Director of Public Health

1. To ensure that a senior representative of the HB is always available to respond in the event of an outbreak.
2. To attend (or nominate a sufficiently senior member of staff to attend) OCT meetings.
3. To enable the OCT (usually via the CCDC) to call on and deploy resources controlled/contracted by the HB at short notice to investigate and control communicable disease outbreaks, including skilled staff and resources (e.g. for urgent immunisation sessions/clinical examinations/chemoprophylaxis) as necessary.

4. To provide/facilitate access to patients suffering from infection, their health records, clinical colleagues and information held on databases if necessary for outbreak investigation and control.
5. To disseminate information to the public or health professionals locally as directed by the OCT.
6. To liaise with other HB EDPHs if required.
7. To prepare the final report with other members of the OCT and to distribute and publish as appropriate.

Health Board Infection Control Nurse

1. To provide specialist infection control advice on, and input to, management of the outbreak/incident.
2. In conjunction with the prison ensure that all appropriate infection control action is taken.

Prison Health Care Manager

1. To implement recommendations as agreed by the OTC.
2. To collect and document relevant information/data on prisoners (see Part 7.9a).
3. To organise provision of appropriate nursing and medical staff to Manage increased workload relating to symptom relief and infection Control stock requirements etc.

Heads of Prison Departments

1. To implement recommendations as agreed by OCT.
2. To ensure that relevant information/data is collected and documented (see Parts 7.9 a/b).
3. To monitor the recommendations implemented.
4. To ensure effective communication within your area[s].

Prison Occupational Health Advisor (OHA)

1. To ensure that relevant information/data on employees is collected and documented (see Part 7.9b)
2. To implement recommendations as agreed by OCT.
3. To monitor the recommendations implemented.

Director of Public Protection

1. Together with the CCDC and Local DML/Consultant Microbiologist to jointly consider the facts, declare an outbreak and convene the OCT.
2. To provide facilities and resources for the OCT including administrative support for team meetings, if appropriate.
3. Where necessary, to organise an outbreak control centre or helpline.
4. Where appropriate, to make available staff to assist in the investigation of the outbreak as required by the OCT.
5. To provide specialist information or action on environmental health aspects of any disease control.
6. To initiate case finding as appropriate.
7. To arrange for the inspection of premises considered to be implicated in any outbreak and to receive reports thereon.
8. To consider the use of statutory powers as appropriate.
9. To make available to other LAs any extra resources or assistance they may require.

10. To inform the Chair/Leader of the Council and Chief Executive of the Authority of the outbreak and action taken in response.
11. At an early stage in the investigation to inform the FSAW of any outbreak where food is implicated providing suitable and sufficient initial information.
12. To liaise with FSAW where regional or national withdrawal of food may be required.
13. To liaise with other DsPP and the Welsh Government if the outbreak is wider than of local significance.
14. Where appropriate, to carry out environmental investigations and where necessary to exercise powers of entry, closure or prosecution.
15. To liaise with other bodies including government departments such as the Welsh Government, DEFRA, FSA and government agencies such as Natural Resources Wales, Drinking Water Inspectorate, Health & Safety Executive, Veterinary Laboratory Agency and other bodies, such as Dwr Cymru, as appropriate.
16. Where appropriate, to arrange for the transport of clinical and/or environmental specimens to recognised laboratories for examination.
17. Where appropriate, to investigate the availability of cleansing and/or other treatment of premises, articles, equipment, land and animals, seeking specialist advice as appropriate.
18. To provide local information including that on vulnerable groups, businesses and institutions where appropriate.
19. To prepare the final report with other members of the OCT and to distribute and publish as appropriate.

Director of Public Health Wales Microbiology Laboratory/Consultant Microbiologist

1. Together with the CCDC and the DPP jointly consider the facts, to declare an outbreak and convene the OCT.
2. To provide expert microbiological advice to the OCT on patient management, interpretation of clinical data, methodology of investigation, collection of specimens and control measures required to minimise spread and prevent recurrence.
3. To provide an outbreak number for outbreaks on request from the DPP or the CCDC.
4. To arrange prompt examination/analysis and reporting of clinical and/or environmental samples, as required.
5. To advise on the inspection of premises and other implicated settings as appropriate and collection of appropriate samples, as required.
6. Where necessary, to provide certificates of examination/analysis in respect of samples submitted for examination.
7. Where appropriate, to arrange for any further testing or typing of organisms identified or isolated.
8. To liaise with other public health, hospital and reference laboratories.
9. The local Microbiology Laboratory will normally:

    i) provide suitable specimen containers and request forms;
    ii) provide laboratory testing facilities;
    iii) arrange for any special investigations required to be carried out by reference laboratories;
    iv) be responsible for arranging transport of specimens/isolates to reference laboratories; and
    v) provide both rapid and written confirmation of results.

10. To prepare the final report with other members of the OCT and to distribute and publish as appropriate.

Administrative and Clerical Support to the Outbreak Control Team

1. To take minutes of each meeting of the OCT and to produce a timely written record of the meeting.
2. To be involved in other administrative and clerical functions as appropriate to the incident/outbreak.

Local Press/Public Relations Officers

1. To advise and assist the MoJ Press Office in the preparation of communications for the media.
2. To communicate with the media if directed by the OCT and authorised by the MoJ Press Office.
3. To liaise closely with Press/Public Relations Officers of partner organisations as appropriate to ensure that all information is agreed and consistent.

7.12 OUTLINE FOR FULL OUTBREAK REPORT

7.12.1 The need for, and the contents of, a report should be proportionate to the scale of the Incident/outbreak. If produced, a report may include the following suggested headings, although the list is not exhaustive.

Terms and Abbreviations

Summary

1. Introduction

2. Background to the outbreak

    2.1 Population demographics
    2.2 Background rates of relevant infection
    2.3 How the incident/outbreak was recognised
    2.4 A chronological sequence of events could be included

3. Epidemiological investigations

    3.1 Descriptive epidemiology
    3.2 Case Control or Cohort Study

4. Environmental Health Investigations

5. Microbiological Investigations

6. Outbreak control

    6.1 Co-ordination and management of outbreak
    6.2 Action taken
    6.3 Advice and control measures
    6.4 Media
    6.5 Advice to the public and relevant agencies.

7. Actions by other External Agencies

8. Discussion

    8.1 Environmental Health
    8.2 Microbiology
    8.3 Epidemiology
    8.4 Other issues/findings – if appropriate
    8.5 Control measures
    8.6 Relevant information from other outbreaks

9. Lessons identified, recommendations and conclusions

10. References

11. Appendices

    11.1 Chronology of events
    11.2 General background on relevant infection
    11.3 The Outbreak Control Team – membership and terms of reference
    11.4 Detailed epidemiology

7.13 USEFUL REFERENCES

Publications

Department of Health. HSG (93) 56 Public health: responsibilities of the NHS and the roles of others. Department of Health. London, 1993

Food Standards Agency. Management of outbreaks of food borne illness.in England and Wales. Food Standards Agency, London, 2008
http://www.food.gov.uk/multimedia/pdfs/outbreakmanagement.pdf

Hawker J et al. Communicable Disease Control Handbook. 2nd edition, Oxford: Blackwell Science, 2005

Heymann DL. Control of Communicable Diseases Manual. Washington: American Public Health Association, 2004

HPA. Prevention of infection and communicable disease control in prisons and places of detention: A manual for healthcare workers and other staff, 2011

Public Health Legal Information Unit. Communicable Disease Control. A Guide to the law for Health and Local Authorities in England and Wales. Public Health Legal Information Unit, 1994.

Websites

Health Protection Agency (HPA) home page
www.hpa.org.uk

(Please refer to the HPA web site for the latest guidance on relevant health protection topics)

HPA prison health pages: http://www.hpa.org.uk/infections/topics_az/prisons/prisons.htm

Department of Health
www.dh.gov.uk

DEFRA
www.defra.gov.uk

Food Standards Agency
www.fsa.org.uk

Public Health Wales Prison Health Webpage (for further copies of this document)
www.publichealthwales.org/prison-health

7.14 EXAMPLE NOMS COO LETTER

From: Deputy Director General

Date:

Governors

LEGIONELLA PNEUMOPHILIA

Concerns were raised last month that a member of staff had contracted Legionnaire's disease. This was in the context of a water tank supplying showers in one wing of the prison being contaminated by legionella. The prison failed to notify the Consultant in Communicable Disease Control (CCDC) in the local Health Protection Unit (HPU).

I am therefore writing to remind you of the necessity of sharing such information about cases or suspected cases of infections (of legionnaires or other diseases) with your local HPU who can provide expert advice and help inform risk assessments.

Information on Legionella pneumophilia:

Legionnaire's Disease is caused by an organism called Legionella pneumophilia. Legionella is widespread in both natural water sources and artificial water systems. It proliferates where temperatures are favourable (20-450C), nutrients available and water is stagnant or recirculates. Infection can then occur by the inhalation of aerosols or particles generated from the source.

Good practice guidelines dictate that suspected cases of legionnaire's disease should be reported to the Consultant in Communicable Disease Control (CCDC) of the HPU in which the prison sits.

The CCDC initiates an investigation into the specifics of the case, including the confidence of diagnosis (i.e. is it a 'clinically suspicious' case or a case confirmed by specific laboratory tests), potential or known sources of exposure, and the potential risk to other people, including staff and prisoners.

The CCDC may convene an incident or outbreak (if two or more linked cases are identified) control meeting to protect public health and prevent further infection. To achieve this, its aim is to identify the source and control the risk from that source.

The people who can notify the CCDC of a case include an attending physician (e.g. prison doctor, on clinical suspicion alone), a microbiology lab (on receipt of positive samples), or a governor (as there are clear overlapping responsibilities in terms of duty of care).

It is therefore important that you are aware of the need to notify the Consultant in CCDC of cases or suspected cases of infections that are either statutorily notifiable and/or have a specific risk of significant public health consequences in prisons. For future similar incidents you should follow the algorithm set out in Annex 1. A revision of PSI 2002 11 (Accident Reporting) to include this information will be issued in due course.

7.14 Annex 1 - Algorithm for Governors/Directors concerning notification of Consultants in Communicable Disease Control (CsCDC) regarding an infectious disease with actual or potential significant operational as well as public health consequences*.

Notifiable Diseases and Syndromes

Anthrax
Botulism
Brucellosis
Cholera
Diphtheria
Encephalitis (acute)
Enteric fever (typhoid or paratyphoid fever
Food poisoning
Haemolytic uraemic syndrome (HUS)
Infectious bloody diarrhoea
Infectious hepatitis (acute)
Invasive group A streptococcal disease and scarlet fever
Legionnaires' Disease
Leprosy
Malaria
Measles
Meningitis (acute)
Meningococcal septicaemia
Mumps
Plague
Poliomyelitis (acute)
Rabies
Rubella
SARS
Smallpox
Tetanus
Tuberculosis
Typhus
Viral haemorrhagic fever (VHF)
Whooping cough
Yellow fever

Step 1

Governor informed** of a case or cases involving infectious diseases on Official List affecting either staff or prisoners.

Step 2

Contact CCDC or their deputy of their local Health Protection Team

* Primary responsibility for informing CCDC of any of the diseases listed rests with the attending physician. However, some infections may have significant operational consequences and so it may be appropriate for the Governor to discuss directly with the CCDC.

** Person informing governor may include:

- Prison GP;
- Healthcare Manager or their deputy;
- Occupational Health or GP for member of staff
- Self-notification by member of staff.

7.15 GUIDANCE FOR THE MANAGEMENT OF GASTRO INTESTINAL (G.I.) INFECTION OUTBREAKS IN PRISONS AND OTHER CUSTODIAL SETTINGS

Outbreaks of diarrhoea and vomiting can occur in prisons, as in other institutional settings. Micro-organisms causing illness can be spread:

- from person to person;
- from infected food;
- from contaminated water supplies;
- from other contaminated drinks (milk, fruit juices etc.)
- from a contaminated environment;
- through all these means.

All of the bugs have the propensity to cause diarrhoea and vomiting, but some can cause very serious disease, including high fever or shock. However, most will be mild and self-limiting in nature and can be managed within the prison estate. More serious cases may need care in hospital.

This section provides quick guidance on how to deal with such outbreaks in prisons and other custodial settings.

However, **ON DETECTION OF AN OUTBREAK, PRISONS SHOULD URGENTLY SEEK ADVICE FROM THEIR LOCAL HEALTH PROTECTION AGENCY.**

7.16 ACTIONS TO TAKE IN RESPONSE TO AN OUTBREAK OF G.I. INFECTION*:

- The NOMS (HMPS) Single Incident Line (020 7233 7366) should be informed of significant outbreaks, especially if they involve closure of part or all of the prison to transfers and/or receptions and/or risk to order and control.

- Contact the local **Health Protection Team** (HPT)on suspicion of an outbreak;

- Details of cases, including date of onset, location within the prison, symptoms of illness and if cell-sharing with another case should be recorded by the prison healthcare team and reported to the local Health Protection Team (HPT) (A specially designed form for G.I. infection outbreaks is attached in this section);

- The HPT will convene an **outbreak control team** (OCT), to determine and direct appropriate investigations and control measures.

- **Stools** should be collected from symptomatic cases, especially at the onset of the outbreak, to confirm microbiological diagnosis. Identification of the microorganism responsible for the outbreak is a priority, as some of the action necessary to control the outbreak and stop further spreading, depends on the type of microorganism responsible.**

- **On advice of the OCT, it may be advisable to restrict movements within the** prison (e.g. from a wing with a large number of cases to one with no or low numbers) or to avoid association activities e.g. education, training, exercise etc.

- **On advice of the OCT, it may be advisable to close the prison (or part of the prison) to receptions and transfers for a period of time (usually until the end of the outbreak). The process to be followed is:**

  i) The Outbreak Team should consider whether closure should be to both receptions and transfers out, or transfers out only i.e. is there an unaffected part of the establishment that can be used so the establishment can continue to accept new prisoners, thus maintaining NOMS' service to the courts and other prisons?

  ii) Should any closure be sought the Outbreak Control Team must obtain from the Population Management Unit (PMU) an impact assessment of closing to receptions and transfers. The assessment will outline the resulting population pressures from such action and state the approximate time period for which closure of the establishment can be sustained.

  iii) The impact assessment must be considered by the Outbreak Control Team before deciding on whether to recommend to the Regional Manager Custodial Services (RMCS) to close. Any recommendation must contain all relevant information, including the assessment obtained from the PMU.

  iv) Only the RMCS or above should take decisions on closing prisons to receptions and transfers, given their oversight of a greater proportion of the prison estate, the population of which will be impacted by any decision to close.

  v) If however the Outbreak Control Team and/or the RMCS wishes to close the establishment for a period beyond that which the PMU deems sustainable (and in certain circumstances such action may be not be deemed sustainable for any time at all) then the recommendation must be escalated to the Chief Operating Officer for a final decision (or for HSE the Director of High Security Prisons). If an urgent out of hours decision is required it should be made by the Duty Director.

- If a decision to close has been taken then at least every three days a further impact assessment of continuing closure must be obtained from PMU. The assessment should be provided to the RMCS along with up to date information as to the current status of the outbreak. The RMCS should then maintain or withdraw his/her decision to close the establishment to receptions and transfers. Again, should the PMU assessment determine that continuing closure is unsustainable, any decision to extend closure must be made by the Chief Operating Officer (or for HSE the Director of High Security Prisons, or Duty Director in urgent out of hours circumstances).

- Where prisons remain open to transfers and receptions the Outbreak Control Team should decide whether incoming prison transfers should be screened for immuno-deficiency by the sending prison before being transferred. If so, PMU should be informed of this requirement, who will in turn inform appropriate prisons. It will not be possible to screen incoming prisoners in advance of their arrival from court, and so it may be appropriate to take decisions to close to court receptions separately from closure to prison transfers.

- Prisoners who are ill should be **isolated in their cells**, usually until free of symptoms for 48hours however further advice should be sought from the CCDC/EHO.

- **Cell-mates** of prisoners who are ill may be incubating the illness themselves and should be similarly confined.

- If there are no in-cell sanitation facilities, make sure to **reserve some toilets facilities for the use of symptomatic prisoners only** (e.g. all those with symptoms and up to 48 hours after symptoms have disappeared).

- **Place appropriate and clear signage on the toilet areas**, such as *"for D&V patients only"* or *"for anybody else"* respectively.

- Where toilet seats present, make sure they are down before flushing.

- Make sure cleaner(s) cleaning affected areas does (do) not visit other parts of the prison.

- Clean regularly and frequently throughout the day all hand held surfaces in affected areas with a bleach containing agent or other appropriate product as advised by the OCT.

- **Handwashing** is crucial for effective control: ensure that hand-cleaning facilities (liquid soap and warm water, paper towels, pedal-bins for the paper towels) are available and encourage people (both prisoners and staff) to wash hands often and every time they use the toilet and before eating.

- **Personal Protective Equipment** (PPE): Follow advice of the OCT on use of appropriate PPE such as disposable gloves, and aprons. These products should be available in the prison. If not, contact Greenhams and place an urgent order for next day delivery.

- **The OCT will declare when the outbreak is over.**

- **Before resumption of normal regime, deep cleaning (terminal cleaning) may be needed (esp. in norovirus outbreaks). The OCT will provide details advice.**

* What follows is specifically designed for D&V (Norovirus) outbreaks, which are the most common G.I. infection outbreaks. However the recommended action is applicable to all other G.I. infection outbreaks. Additional & more specific action required by other specific bugs, will be decided by the OCT

** Once first 2-3 stool samples are available, it is not always necessary to routinely test all other prisoners displaying similar symptoms, as microorganism responsible for outbreak has been identified and further testing would not probably add value to the control and management of the outbreak. Advice on testing strategy (after first few sample results have been obtained) should be sought from the local HPU, which will also convene the Outbreak Control Team (OCT) as appropriate.

*** Contact details for Population Management Unit:
Jeanne Bryant (Head of PMU) - 5079
Colin Hay (Dep Head of PMU) - 020 7217 2105
Abu Nazi (Manager E, PMU) - 020 7217 2235
Out of hours - Duty Population Manager (number available from Single Incident Line)

7.17 Record Keeping during Outbreaks of infectious diseases in Detention Settings

Prompt notification and reporting of cases of suspected infectious diseases to your local Health Protection Unit (HPU) is essential for monitoring the infection and allows the investigation and control of its spread.

High standards of record keeping are crucial during an outbreak of infection. Accurate records can be used to investigate an outbreak of infection and help to identify the source of infection. Names, symptoms, dates of onset of illness and the location within the detention setting of the ill person(s) are important.

The health care manager should complete the log sheets for prisoner and staff cases (Parts 7.18 & 7.19) as soon as possible after contacting their HPU and fax these back to their HPU without delay. This helps HPU staff to get a full picture of events and informs them about the progress of the outbreak. Health care managers should keep a complete record of all prisoner and staff cases for each outbreak. The outbreak periods runs from the date of onset of the index case's illness to the date at which no cases have been reported after 2 maximum incubation periods for the organism.

7.18 INFECTIOUS DISEASE OUTBREAK –DETENTION SETTING LOG SHEET – PRISONER CASES

Name of Prison_____ _ Female/Male Establishment_____

Date of report_____

Surname (Print)					
First Name					
Prison Number					
DOB					
Date of reception					
Location_Wing					
Location_Cell					
Shares a cell with how many people?					
Did any of the cell mates have similar symptoms before illness onset in this case? Please indicate how many					
Symptoms					
Diarrhoea Y/N					
Vomiting Y/N					
Fever Y/N					
Other (s) (list)					
Date/ Time of onset					
Date of recovery					
Isolated Y/N					
Duration of symptoms					
If specimen taken please specify date specimen was sent for testing					
State results of test					
Comments					

SHEET NO:

7.19 INFECTIOUS DISEASE OUTBREAK –DETENTION SETTING LOG SHEET –STAFF CASES

Name of Prison:_____

Date of report:_____

Surname (Print)					
First Name					
Staff Title					
Sex					
DOB					
Date/ Time of onset					
Date of recovery					
Food Handler					
Symptoms					
Diarrhoea Y/N					
Vomiting Y/N					
Fever Y/N					
Other (s) (list)					
Sent Home? Y/N					
Duration of symptoms (HRS)					
If specimen taken please specify date specimen was sent for testing					
State results of test					
Comments					

SHEET NO:

7.20 CONTACT DETAILS FOR HEALTH PROTECTION TEAMS IN WALES

HMP Cardiff Local Health Protection Team
Temple of Peace and Health, Cathays Park, Cardiff
Tel: Irrelevant & Sensitive

HMP Parc and HMP Swansea Local Health Protection Team:
Orchard Street, Swansea
Tel: Irrelevant & Sensitive

HMP Usk/Prescoed Local Health Protection Team
Mamhilad House, Mamhilad, Pontypool
Tel: Irrelevant & Sensitive