

Document Title: <i>IP&C Infectious Incidents and Outbreaks Procedure</i>	1 of 32	Approval Date: 04 November 2021
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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

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INFECTION CONTROL PROCEDURE FOR INFECTIOUS INCIDENTS AND OUTBREAKS IN UNIVERSITY HEALTH BOARD HOSPITALS

Introduction and Aim

The investigation and management of clusters of infections associated with healthcare provision across Cardiff and Vale UHB is a key part of the work to prevent further spread of infections and disruption of services. This procedure outlines the actions required in the management of infectious incidents under investigation, outbreaks and major outbreaks.

The aim of the procedure is to ensure that all staff of the Health Board understand the implications of outbreaks of infections in healthcare and are enabled to contact the correct personnel to manage / prevent an outbreak. Also that outbreak management is facilitated through an appropriately constituted Outbreak Control Group.

Objectives

- To provide advice on action required during an infectious incident.
- To provide advice on action required during an outbreak.
- To provide advice on the action required during a major outbreak.

Scope

This procedure applies to all staff in all locations including those with honorary contracts and students on placement at Cardiff and Vale UHB.

Cardiff And Vale University Health Board accepts its responsibility under the Health and Safety at Work Act etc. 1974 and the Control of Substances Hazardous to Health Regulations 2002, to take all reasonable precautions to prevent exposure to an infectious disease in patients, staff and other persons working at or using its premises.

Equality Impact Assessment

An Equality Impact Assessment has been completed. The Equality Impact Assessment completed for the procedure found there to be no impact.

Documents to read alongside this Procedure

Standard Precautions (NIPCM)
<http://www.wales.nhs.uk/sitesplus/888/page/95007>
Transmission Based Precautions (NIPCM)
<http://www.wales.nhs.uk/sitesplus/888/page/95007>
Viral Gastroenteritis Procedure
Hand Hygiene Procedure
MRSA procedure
C. difficile procedure

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	Multi Drug Resistant Organism Procedure Viral Hepatitis Procedure
Approved by	<i>Infection Prevention & Control Group</i>
Accountable Executive or Clinical Board Director	<i>Executive Nurse Director, Cardiff & Vale University Health Board</i>
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Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

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1. SUMMARY

- 1.1 Clusters of hospital infections vary greatly in extent and severity ranging from a few cases of the same infection restricted to a single ward/area, up to a hospital-wide outbreak involving many patients and possibly staff members.
- 1.2 A given situation may be classified as an infectious incident under investigation, an outbreak, or a major outbreak.
- 1.3 The decision on which designation is used will be made by the Infection Control Doctor (or designate) after discussion with clinical staff from the affected area(s).
- 1.4 Outbreaks have to be controlled on a geographical basis taking into account the individual needs of each location within the UHB.
- 1.5 Rapid recognition of outbreaks is one of the most important objectives of routine surveillance carried out by members of the Infection Prevention and Control Team (IPCT).
- 1.6 Vigilance on the part of nursing, medical and other staff can lead to the early identification of a problem and this is in fact part of our more “Universal Surveillance System”. All staff have a duty to consider the possibility of an outbreak, institute immediate controls and inform the Infection Prevention and Control Department (IPCD) immediately.
- 1.7 Once a potential outbreak has been identified, the Infection Control Doctor (or designate) takes strategic responsibility for action within the UHB.
- 1.8 An infectious incident under investigation can be understood to be a small number of cases of an infection in a limited geographical area, which may or may not be linked, and which require further investigation to determine whether or not there is an outbreak or not. These incidents are normally dealt with by the IPCT in conjunction with the relevant clinical and managerial staff from the affected area(s). When investigations are concluded the infectious incident may be designated an outbreak or stood down.
- 1.9 In cases where an “incident” reaches a level where the situation is classified as an outbreak, it is necessary to form an Outbreak Control Group (OCG) to oversee management. These meetings are chaired by the Deputy Executive Nurse Director or delegate.
- 1.10 In cases where an outbreak reaches a level where the situation is classified as a major outbreak it is necessary to form a Major Outbreak Control Group (MOCG) to oversee management. These meetings are chaired by the Executive Nurse Director or delegate.

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2. INTRODUCTION

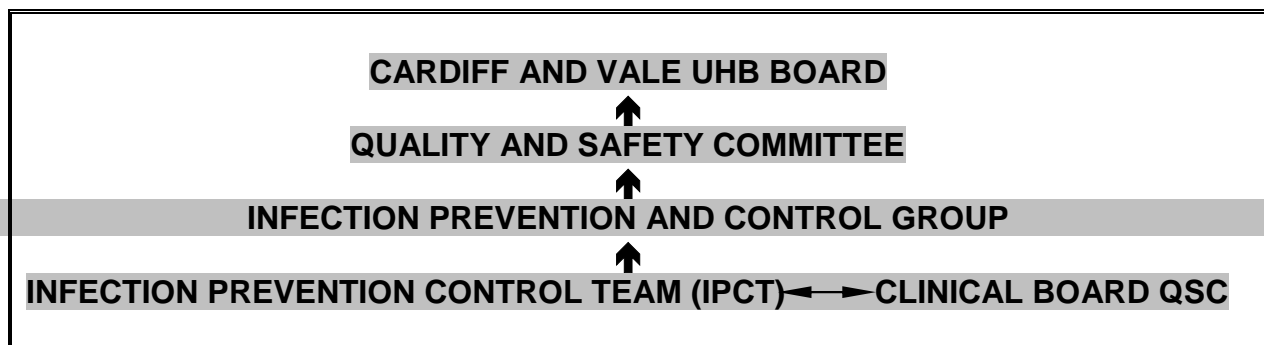
- 2.1 Clusters of hospital infections vary greatly in extent and severity ranging from a few cases of the same infection restricted to a single ward/area, up to a hospital wide outbreak involving many patients and possibly staff members. The number of cases required for a situation to be classified as an outbreak varies according to the infectious agent, mechanism(s) of transmission, severity of disease, and the number of cases in a given time period and location.
- 2.2 The decision to classify a given situation as an infectious incident, an outbreak, or a major outbreak, will be made by the Infection Control Doctor (ICD) or designate after discussion with clinical staff in the affected area(s) and consultation with the Consultant in Communicable Disease Control (CCDC) as necessary.
- 2.3 Outbreaks have to be controlled on a geographical basis taking into account the individual needs of each location within the Health Board.
- 2.4 The authority for outbreak control lies with the Infection Control Doctor and Team under the auspices of the Infection Prevention and Control Group, and ultimately by the Executive Nurse Director on behalf of the Cardiff and Vale UHB Chief Executive and Board.
- 2.5 The Public Health (Control of Disease) Act 1984, also gives the Local Authorities responsibility for the control of food poisoning and notifiable infectious diseases in their locality. Representation from Cardiff Council or Vale of Glamorgan Council is therefore incorporated as an integral part of this plan.
- 2.6 The Consultant in Communicable Disease Control (CCDC) has responsibility for the control of communicable diseases in the Local Authority area and acts as their "Proper Officer" under the Public Health Act (1984). As a result, the CCDC may or may not take an active role in an outbreak situation depending on the type of infection and/or infectious agent, the number of cases involved, and whether there are implications for the community. In some circumstances it may be more appropriate that the CCDC takes the lead role in an outbreak situation. The CCDC must be informed of any and all situations that may be developing into outbreaks.

3. ROLES AND RESPONSIBILITIES

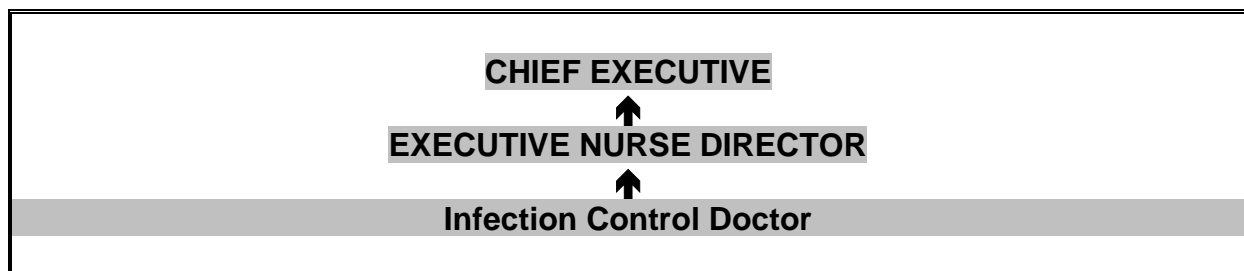
- 3.1 The Infection Prevention and Control Group is responsible for the approval of the Infection Control Procedure for Infectious Incidents and Outbreaks.

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- 3.2 Clinical Boards will be responsible for the implementation of the procedural document in clinical areas via their directorates and Quality and Safety structures.
- 3.3 Distribution of the procedural document will be through the Health Board intranet site.
- 3.4 Cardiff and Vale UHB organisation for Infection Prevention and Control:
- 3.4.1 Management reporting



- 3.4.2 Priority reporting



4. RECOGNITION OF AN INFECTIOUS INCIDENT OR OUTBREAK

- 4.1 The rapid recognition of infectious incidents or outbreaks is one of the most important objectives of routine surveillance carried out by members of the Infection Prevention and Control Team (IPCT). Vigilance on the part of nursing, medical and other staff can lead to the early identification of a problem adding key information to our laboratory based surveillance i.e. all staff must be vigilant at all times and must report any concerns to the IPC Team by day or the on-call Medical Microbiologist by night and weekends. Some outbreaks can take weeks to months to develop before they become apparent especially if the infectious agent has a long incubation period (e.g. tuberculosis, hepatitis B, Mycobacterium Chimaera) or if the infections occur in out-patients (e.g. Adenovirus conjunctivitis); these types of outbreaks are frequently detected by laboratory surveillance but again staff awareness can be very helpful.

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N.B. Out of hours contact the on-call Medical Microbiologist via the UHW switchboard.

4.2 Investigation of a suspected outbreak

4.2.1 Once a potential outbreak has been identified, the Infection Control Doctor or designate takes responsibility for action within the Health Board reporting to the Executive Nurse Director; action is co-ordinated in conjunction with other members of the Infection Prevention and Control Team (IPCT) and other relevant staff.

4.2.2 The IPCT will take immediate steps to collect and collate information from the affected area(s) including wards, clinics, laboratories etc., to determine the severity and extent of the problem and, to institute immediate control measures in accordance with existing hospital policies and procedures.

4.2.3 The initial assessment will allow the situation to be classified as one of the following:

- Infectious Incident Under Investigation – e.g. a cluster of cases of an infection, which needs further investigation to ascertain any linkage.
- Outbreak - e.g. 10 cases of diarrhoea and vomiting in a 3 - 7 day period on one ward.
- Infectious incidents can normally be investigated and controlled within the resources of the hospital and the microbiology laboratory. An Outbreak Control Group may not need to be convened until the investigation has concluded that there is indeed an outbreak, but investigation and management of the incident will require close collaboration between Infection Prevention & Control and multi-disciplinary teams and on occasion it may be helpful to call an outbreak control group to manage the investigation.
- Outbreaks, once declared will require the formation of an outbreak control group to manage the outbreak. This will be chaired by the Deputy Executive Nurse
- Major Outbreak - e.g. a significant number of cases of diarrhoea and vomiting involving multiple wards, more than one hospital site and/or community involvement or the organism involved is unusually pathogenic. This will be chaired by the Executive Nurse

4.2.4 The actions to be taken following the declaration of an outbreak are detailed in Sections 5, 6 and 7.

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4.2.5 It must be borne in mind that the initial assessment may need to be up or downgraded as events unfold and more information becomes available to the IPCT. The CCDC will be informed of the current situation and classification of the problem when an incident is recognised.

5. MANAGEMENT OF AN INFECTIOUS INCIDENT

5.1 An infectious incident can be understood to be a small number of cases as previously mentioned in a limited geographical area and is dealt with by the IPCT in conjunction with the relevant clinicians and nurses in the affected area(s). See appendix 1 for roles and responsibilities during an infectious incident.

5.2 On suspicion of a possible problem, ward staff should immediately take precautions to prevent further spread by instigating appropriate isolation/precautions isolating the patient(s) if possible and informing one of the IPCT / on-call Microbiologist.

5.3 Members of the IPCT will carry out initial investigations and their findings will be conveyed to the Clinical Director, Director of Nursing for the Clinical Board and Director of Operations, also the Directorate Manager, Lead Nurse, and Ward Sister/Charge Nurse of the area concerned and CCDC as appropriate. Infectious incidents can usually be controlled by standard infection prevention and control procedures with occasional recourse to further measures such as increasing the frequency of cleaning on affected wards; the need for the introduction of such further measures will depend on the nature of the infection and/or infectious agent and mechanism(s) of spread. These decisions will be taken by the IPCT, with regular review during the course of the incident.

5.4 The daily management of the infectious incident will be left to ward staff under the direction of the IPCT. The ICD (or designate) will liaise with the relevant clinicians and ward Sister/Charge Nurse of the affected area (when deemed necessary) and the CCDC if appropriate. Clinicians-in-charge must notify (by law) to the Consultant in Communicable Disease Control any patient considered to have a notifiable disease (see appendix 6), initially by telephone and then by the official notification form. IPCT staff who are aware of a notifiable infectious disease will attempt to verify that notification has taken place.

5.5 If there are no further developments, which warrant upgrading of the infectious incident to outbreak status, then at the conclusion of the incident a brief report will be given to the Cardiff and Vale UHB Infection Prevention and Control Group and will be held on file in the IPCD.

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6. MANAGEMENT OF AN OUTBREAK

6.1 In cases where an “incident” reaches a level where the ICD classifies the situation as an outbreak an Outbreak Control Group (OCG) will be convened to oversee management and this will be chaired by the Deputy Executive Nurse. There are occasions such as in the management of outbreaks of norovirus where management will be through a modified OCG linked with bed management, it will be at the discretion of the ICD to decide whether to form an OCG or not. See appendix 2 for roles and responsibilities during an outbreak.

6.2 Members of Outbreak Control Group (OCG)

- Deputy Executive Nurse Director
- Infection Control Doctor or designate
- Senior Infection Prevention and Control Nurse
- Infection Prevention and Control Nurse with responsibility for the affected area
- Infection Prevention & Control Scientist(s) and Epidemiologist
- Clinical Board triumvirate Team or designated representative
- CCDC
- Consultant(s) from the affected area(s)
- LeadNurse(s) or midwife(s) from the affected area(s)
- Directorate Manager of affected area(s)
- Director of Public Health Wales Microbiology Cardiff Laboratory or designate
- Consultant Virologist (if appropriate)
- Occupational Health
- Administrative Support
- Other representatives such as EHO’s may be co-opted
- Patient Access Team
- Operational services
- Estates (if appropriate to the problem)
- Procurement
- Health Board Communications Team to attend if possible (inform them of the outbreak meeting)

N.B. some members of the group may represent a number of roles.

6.3 Functions of Outbreak Control Group

6.3.1 Once an Outbreak has been identified the functions of the OCG are:

- to agree on a working case definition for outbreak management
- to collate all results from the clinical areas and laboratory
- to agree and co-ordinate policy decisions on the investigation and control of the outbreak and to ensure they are implemented

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- to take all necessary steps to ensure optimal continuing clinical care of all patients (affected or unaffected) during the outbreak
- to take all necessary steps to ensure the wellbeing and safety of staff involved
- to assess the resource implications of outbreak management, and how these will be met e.g. additional supplies and clerical staff
- to agree arrangements for providing information to patients, relatives and visitors if required
- to meet on a regular basis to review progress on outbreak investigation and control
- to define the end of the outbreak and evaluate its management
- to liaise with the Health Board Communications Team
- to prepare a report for submission to the Health Board Infection Prevention and Control Group (see appendix 7 for template).

6.3.2 All meetings of the OCG will have clear agendas; minutes and action notes. Members of the IPCT will be responsible for providing status reports at each meeting for OCG deliberation.

6.3.3 The OCG will usually be chaired by the Deputy Executive Nurse Director or ICD. Where an outbreak involves the community, the CCDC may take the lead role.

7. MANAGEMENT OF A MAJOR OUTBREAK

7.1 In cases where an outbreak reaches a level where the ICD classifies the situation as a major outbreak it is necessary to form a Major Outbreak Control Group (MOCG) to oversee management and to consider with the Executive Nurse Director whether or not to manage as a Serious Incident. See appendix 3 for roles and responsibilities during a major outbreak.

7.2 A decision on what constitutes a major outbreak involves consideration of the nature of the disease, the number of people involved and the potential for spread within the hospital or community e.g. a single case of tuberculosis regarded as being hospital acquired may require all the procedures for a major outbreak, whereas a number of cases of a mild non-notifiable illness may be classified as an infectious incident.

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7.3 Members of a Major Outbreak Control Group (MOCG)

- Executive Nurse Director - Chair
- Infection Control Doctor
- Consultant in Communicable Disease Control/Director of Public Health.
- Senior Infection prevention and Control Nurse
- Infection Prevention and Control Nurse with responsibility for the affected area
- Infection Control Scientist(s) and Epidemiologist
- Chief Operating Officer or nominated representative
- Clinical Board triumvirate
- Consultant(s) from the affected area(s)
- Lead Nurse(s) or midwife(s) from the affected area(s)
- Directorate Manager for affected area(s)
- Occupational Health Consultant or nominee
- Patient Access Team
- Chief Environmental Health Officer or nominee - if infection is likely to be food or water borne
- Director of Public Health Wales Microbiology Cardiff laboratory or designate
- Consultant Virologist (if appropriate)
- Regional epidemiologist - CDSC Welsh Unit
- Director of Pharmacy
- Head of Operational services
- Estates (if appropriate)
- Procurement
- Secretarial Assistance
- Health Board Communications Team
- Additional members may be considered if their expertise in a particular problem can be useful to the group e.g. IT may be required to attend if a look back exercise is required or assistance with a significant trawl of patient data.

N.B. some members may represent a number of roles.

7.4 Functions of a Major Outbreak Control Group

7.4.1 Once a major outbreak has been identified, the functions of the MOCG are:

- to agree on a working case definition for outbreak management
- to agree and co-ordinate policy decisions on the investigation and control of the outbreak and to ensure they are implemented; responsibility and accountability for critical action will be allocated to certain individuals in the MOCG
- to take all necessary steps to ensure optimal continuing clinical care of all patients (affected and unaffected) during the outbreak
- to take all necessary steps to ensure the wellbeing and safety of the staff involved

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- to assess the resource implications of the outbreak and its management, and how these will be met e.g. additional supplies and staff
- to establish a system for press releases as necessary during the course of the outbreak in-conjunction with the Health Board Communications Team
- to provide clear instructions and/or information to ward staff and others including contracted staff such as cleaners
- to consider the need for outside help and expertise
- to agree arrangements for providing information to patients, relatives and visitors
- to ensure communication with the Welsh Government, the Councils, the HCAI Programme, Public Health Wales and other bodies as necessary
- to meet frequently (daily if necessary) and review progress on outbreak investigation and control
- to define the end of the outbreak and evaluate its management
- to prepare preliminary and a final report for the Infection Prevention and Control Group

7.4.2 All meetings of the MOCG should have clear agendas; minutes and action notes must be produced. Members of the IPCT will be responsible for providing status reports at each meeting for MOCG deliberation.

8. RESOURCES

8.1 The necessary resources for the management, training, risk assessments, monitoring and auditing of infectious incidents and outbreaks are already in place and the implementation of this procedure will not entail additional expenditure.

9. TRAINING

9.1 Mandatory Infection and Prevention and Control training updated every two years.

9.2 Further departmental based training as identified by training needs analysis.

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10. IMPLEMENTATION

- 10.1 The document will be available on the UHB intranet site and the Infection Prevention and Control clinical portal. Clinical Boards will be responsible for the implementation of the procedure document in clinical areas.

11. FURTHER INFORMATION

- 11.1 The Communicable Disease Outbreak Plan for Wales (the Wales Outbreak Plan) was published in March 2011, updated 2014 by the Welsh Government. This document was consulted as part of the review of this procedure. Further information regarding outbreak investigation can be found in 'Steps of an Outbreak Investigation' published by CDC Atlanta.

12. AUDIT

- 12.1 Audit of compliance with the procedural document, will be carried out by the Infection Prevention and Control Department, as part of their procedure audit programme.

13. REVIEW

- 13.1 This procedure will be reviewed every three years or sooner if any new guidelines are published.

14. REFERENCES

- 14.1 The Communicable Disease Outbreak Plan for Wales ('the Wales Outbreak Plan'). Welsh Assembly Government, March 2011.
- 14.2 Steps of an Outbreak Investigation. CDC Atlanta
<http://www.cdc.gov/excite/classroom/outbreak/steps.htm>
- 14.3 Hospital Infection Control - Guidance on the Control of Infection in Hospitals - Hospital Infection Working Group of the Department of Health and Public Health Laboratory Service, 1995.
- 14.4 The Public Health (Control of Disease) Act, 1984.
- 14.5 Health and Safety at Work etc Act, 1974
- 14.6 Control of Substances Hazardous to Health Regulations 2002, SI 2002 No 2677, HMSO

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14.7 Infection Control Procedure for Isolation of Infectious Diseases in University Health Board Hospitals, 2012

14.8 Click here for relevant Cardiff & Vale UHB Procedures for further information can be found [here](#).

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APPENDIX 1: MEMBERS OF INFECTION PREVENTION AND CONTROL TEAM AND THEIR RESPONSIBILITIES DURING AN INFECTIOUS INCIDENT

- Infection Control Doctor
- Consultant Microbiologist and/or Virologist with clinical responsibilities at the time of the incident
- Senior Infection Prevention and Control Nurse
- Infection Prevention and Control Nurse(s)
- Infection Control Scientist and Epidemiologist

A.1.1 Infection Prevention and Control Team

- Ensure that ward infection control procedures are understood and being implemented
- Collect relevant patient/staff information from ward/clinics or other affected areas
- Ensure appropriate investigations and laboratory tests are undertaken
- Collect all relevant laboratory information
- Collate and review evidence to confirm incident and plot its course
- Enlist the assistance of the Occupational Health staff if needed
- Report to ICD

A1.2 Infection Control Doctor

- Co-ordinate all control measures
- Inform and liaise with:
 - Clinicians in affected area
 - Ward Sister/Charge Nurse
 - Divisional Management Team/Directorate Manager
 - Lead/Senior Nurse
 - Executive Nurse Director
 - Microbiology Laboratory Services
 - CCDC

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APPENDIX 2: MEMBERSHIP OF OUTBREAK CONTROL GROUP AND THEIR RESPONSIBILITIES (OCG)

- Deputy Executive Nurse Director- Chair
- Infection Control Doctor or designate
- Senior Infection Prevention and Control Nurse
- Infection Prevention and Control Nurse with responsibility for the affected area
- Infection Control Scientist(s)
- Clinical Board Triumvirate Management
- CCDC
- Consultant(s) from the affected area(s)
- Lead Nurse(s) or midwife(s) from the affected area(s)
- Directorate Manager of affected area(s)
- Director of Public Health Wales Microbiology Cardiff Laboratory or designate
- Consultant Virologist (if appropriate)
- Occupational Health
- Secretarial Assistance
- Other representatives such as EHO's may be co-opted
- Patient Access Team
- Patient Environment Manager (including linen)
- Estates (if appropriate to the problem)
- Procurement
- Health Board Communications Department to attend if possible (inform them of the outbreak meeting)

A.2.1 Responsibilities of Deputy Executive Nurse Director and Infection Control Doctor

- Co-ordinate all control measures
- Verify there is an outbreak, and institute the Infection Control Procedure for Infectious Incidents and Outbreaks
- Executive Nurse Director
- Inform CCDC
- Convene Outbreak Control Group
- Chair outbreak meetings
- Advise OCG on current status of outbreak
- Advise OCG on infection control procedures

A.2.2 Responsibilities of CCDC

- Receive reports of any hospital based outbreak of potential public health importance from the ICD
- Provide/ obtain appropriate advice from their area of expertise as requested to support the IC/OCG in outbreak investigation and control in a hospital outbreak

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- Provide specific expert advice to the ICD/OCG on outbreak investigation and management where the disease is of public health importance and/or the outbreak has implications for the community
- If appropriate, chair the OCG (One clearly identified person should take the leading role in the management of any outbreak. Although the ICD will take the lead in most outbreaks of hospital infection, there will be those where it is more appropriate for the CCDC (or even the Director of Public Protection (DPP) to take the lead. In particular, the CCDC/DPP should lead in outbreaks with significant implications for the community, those involving many cases of a notifiable disease or food poisoning, and even those involving small numbers of cases of an infection which is a very serious public health hazard. The final decision on lead responsibility in these cases will be made following consultation between the CCDC/ICD/DPP, and will be agreed at the OCG meeting
- Inform and liaise with the Local Authority Environmental Health Department as necessary
- Inform Public Health Wales Senior Management as necessary
- Inform CDSC Wales as necessary

A.2.3 Responsibilities of Infection Prevention and Control Team

- Verify if there is an outbreak in conjunction with ICD
- Institute outbreak control measures
- Co-ordinate any screening of staff and patients if required
- Collate data on the outbreak and advise DIPC
- Monitor and advise ward staff on the care of patients

A.2.5 Responsibilities of Clinical Consultant

- Advise OCG on aspects relating to clinical care of patients
- Relay OCG instructions to medical team involved
- Keep medical staffing requirements under review and highlight any deficiencies/additional resources needed

A.2.6 Director of Microbiology laboratory

- Advise OCG on Microbiology Department support for the investigation
- Arrange for microbiological analysis of specimens and report results to DIPC and OCG

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APPENDIX 3: MEMBERS OF THE MAJOR OUTBREAK CONTROL GROUP AND THEIR RESPONSIBILITIES (MOCG)

- Executive Nurse Director to Chair
- Infection Control Doctor and Control or designate
- Consultant in Communicable Disease Control/Director of Public Health
- Senior Infection prevention and Control Nurse
- Infection Prevention and Control Nurse with responsibility for the affected area
- Infection Control Scientist(s)
- Health Board Chief Operating Officer or nominated representative or designate
- CCDC
- Consultant(s) from the affected area(s)
- Lead Nurse(s) or midwife(s) from the affected area(s)
- Clinical Board triumvirate Team
- Directorate Manager for affected area(s)
- Executive Medical Director or designate
- Occupational Health Consultant or nominee
- Chief Environmental Health Officer or nominee - if infection is likely to be food or water borne
- Director of Public Health Wales Microbiology Cardiff laboratory or designate
- Consultant Virologist (if appropriate)
- Regional epidemiologist - CDSC Welsh Unit
- Director of Pharmacy
- Head of Operational services
- Estates (if appropriate)
- Procurement
- Secretarial Assistance
- Health Board Communications Team
- Additional members may be considered if their expertise in a particular problem can be useful to the group e.g. IT may be required to attend if a look back exercise is required or assistance with a significant trawl of patient data.

A.3.1 Responsibilities of Infection Control Doctor

- Co-ordinate all control measures
- Verify if there is an outbreak, and institute the Infection Control plan for Infectious Incidents and Outbreaks
- Inform Executive Nurse Director
- Inform CCDC
- Convene Major Outbreak Control Group
- Advise MOCG on current status of outbreak
- Advise MOCG on infection control procedures

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A.3.2 Responsibilities of CCDC

- Receive reports of any hospital based outbreak of potential public health importance from the ICD
- Provide/ obtain appropriate advice from their area of expertise as requested to support the ICD/MOCG in outbreak investigation and control in a hospital outbreak
- Provide specific expert advice to the ICD/MOCG on outbreak investigation and management where the disease is of public health importance and/or the outbreak has implications for the community
- If appropriate, chair the MOCG (One clearly identified person should take the leading role in the management of any outbreak. Although the ICD will take the lead in most outbreaks of hospital infection, there will be those where it is more appropriate for the CCDC (or even the Director of Public Protection (DPP) to take the lead. In particular, the CCDC/DPP should lead in outbreaks with significant implications for the community, those involving many cases of a notifiable disease or food poisoning, and even those involving small numbers of cases of an infection which is a very serious public health hazard. The final decision on lead responsibility in these cases will be made following consultation between the CCDC/ICD/DPP, and will be agreed at the MOCG meeting
- Inform and liaise with the Local Authority Environmental Health Department
- Inform Chief Medical Officer (Welsh Government) and Public Health Wales Senior Management

A.3.3 Responsibilities of Infection Prevention and Control Team

- Verify if there is an outbreak in conjunction with ICD
- Institute outbreak control measures
- Co-ordinate any screening of staff and patients if required
- Collate data on the outbreak and advise ICD
- Monitor and advise ward staff on the care of patients

A.3.4 A.3.5 Responsibilities of Clinical Consultant

- Advise MOCG on aspects relating to clinical care of patients
- Relay MOCG instructions to medical team involved
- Keep medical staffing requirements under review

A.3.6 Responsibilities of Director of Microbiology laboratory

- Advise MOCG on Microbiology Department support for the investigation
- Arrange for microbiological analysis of specimens and report results to DIPC and MOCG

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YES	NO
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INVESTIGATION

1. Case definition established based 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. Estates/Engineers involved
5. Need for environmental samples considered
6. Need for food samples considered
7. Epidemiological investigation started

CONTROL

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

END OF OUTBREAK

1. Preliminary report compiled
2. Meeting of Outbreak Group held to consider long term implications
3. Final report compiled and circulated
4. Enter outbreak data onto mandatory outbreak surveillance

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APPENDIX 5: KEY PEOPLE TO BE INFORMED IN THE EVENT OF A MAJOR OUTBREAK

A.5.1 Clinical Departments

- All Medical Staff
- Nursing services - including night staff
- Day Hospital Staff
- Operating Theatres
- Radiography
- Laboratories – Medical Microbiologists and Biomedical Scientists
- Mortuary

A.5.2 Clinical support services

- Pharmacy
- Physiotherapy
- Occupational therapy
- Occupational Health
- Radiography
- Out-Patients Department
- CSSD
- Speech and Language Therapy

A.5.3 Management

- Chief Executive or deputy
- Executive Nurse Director
- Executive Medical Director
- Operational Services Manager.

A.5.4 Ambulance and transport services

A.5.5 Operational services

- Housekeeping manager
- –Linen manager
- Catering manager
- Potering manager
- Compliance Manager

A.5.6 Others

- Other Local Health Boards
- Dean of the School of Medicine, Cardiff University
- Dean of the School of Dentistry, Cardiff University

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- Dean of the School of Healthcare Sciences, Cardiff University
- Director of Strategic Planning and Governance, Cardiff University
- Residency manager
- Switchboard
- Communications Team
- Social Services
- General Practitioners

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APPENDIX 6: LIST OF NOTIFIABLE DISEASES

A.6.1 The following diseases (or suspicion of) are notifiable by law to the Consultant in Communicable Disease Control; the clinician who considers or diagnoses the infection is responsible for the notification. Persistent carriers of typhoid bacilli and other *Salmonellae* should also be reported. For optimal in-hospital infection control, the Infection Prevention and Control Department must also be informed.

A.6.2 List of Notifiable Diseases (2010)

Acute Encephalitis - bacterial and viral
 Acute infectious hepatitis
 Acute meningitis
 Acute Poliomyelitis
 Anthrax
 Botulism
 Cholera
 Diphtheria
 Enteric fever (typhoid or paratyphoid)
 Food Poisoning
 Haemolytic uraemic syndrome (HUS)
 Infectious bloody diarrhoea
 Invasive group A streptococcal disease
 Legionnaires' disease
 Leprosy
 Malaria
 Measles
 Meningococcal septicaemia
 Mumps
 Plague
 Rabies
 Rubella
 SARS
 Scarlet Fever
 Smallpox
 Tetanus
 Tuberculosis
 Typhus
 Viral Haemorrhagic Fevers
 Whooping Cough
 Yellow Fever
 Is COVID 19 classed as notifiable????

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A.6.3 Notification should be made by telephone in the first instance followed by notification on the official form to:

The Consultant in Communicable Disease Control
Temple of Peace
Cathays Park
Cardiff
029 20 402478

A.6.4 Notification by phone only must also be made to the Infection Prevention and Control Department (Ext 02920 74 6703 Internal Ext. 46703). Out of hours contact the on-call Medical Microbiologist. The Infection Prevention and Control Department should also be informed of any diseases/pathogens not listed here which present a risk of hospital acquired infection e.g. M.R.S.A., Group A Streptococcus in a wound etc.

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APPENDIX 7: OUTBREAK REPORT FORM TEMPLATE

Date

Type of Outbreak	
Date outbreak commenced	
Number/Name of wards affected	
Number of staff affected	
Number of patients affected	
Number of beds affected	
Ward closure	[YES] [NO]
SUMMARY OF OUTBREAK	
SUMMARY OF ACTIONS TAKEN	
FURTHER ACTIONS OUTSTANDING TO BE TAKEN FORWARD	
LESSONS LEARNED	
PRESS RELEASE	[YES] [NO]
DATE OUTBREAK CLOSED	

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APPENDIX 8: OUTBREAK CONTROL GROUP AGENDA



OUTBREAK CONTROL GROUP (DATE AND TIME) (VENUE)

AGENDA

PART 1 PRELIMINARIES (Chair)		ATTACHMENT
1.1	Welcome and Introductions	
1.2	Apologies for absence	
1.3	Approval of previous meeting	
1.4	Matters arising and action points	
PART 2 SUMMARY OF INCIDENT/OUTBREAK		
2.1	Cases	
2.2	Immediate actions taken	
2.3	Features of infection	
	2.3.1 Transmissibility, Incubation period	
2.4	Consideration of relevant guidance	
PART 3 AGREE CASE DEFINITION		
PART 4 ESTABLISH EXISTENCE OF AN OUTBREAK		
4.1	Time/person/place	
4.2	Observed > expected	
PART 5 INVESTIGATIONS		
5.1	Contact tracing/case ascertainment	
5.2	Staff/Healthcare workers	
5.3	Estates issues	
5.4	Community issues	
PART 6 AGREE FURTHER ACTIONS REQUIRED		
PART 7 COMMUNICATIONS		
7.1	Patients and staff	
7.2	Health Board Executive Team	
7.3	UHB Communications Team	
7.4	Consideration to report as a Serious Incident or No Surprises Incident via Patient Safety Team	
7.5	Press release	
PART 8 AOB		
PART 9 DATE AND TIME OF NEXT MEETING		

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APPENDIX 9: NOROVIRUS ESCALATION PLAN

Cardiff and Vale University Health Board Escalation Procedure for Management / Communication of suspected Norovirus outbreak/s

ALERT	TRIGGERS	ACTION	BY WHOM	RESPONSE
GREEN	Pre-Season Preparation	If there is no activity noted in the community at 1 st November send out preparatory information anyway.	IP&C team / Local Public Health Team / Health Protection Team (PHW HPT)/ PCIC Clinical Board	Include information in daily bed meetings from 1 st November if not previously informed of community activity. Information to Public on minimising the spread of GI illness to be clearly signposted and made available on the C&V UHB website or via Public Health Wales website.
	Known outbreaks in community.	Information on community cases of <u>norovirus</u> to be communicated to Health Board.	PHW HPT	PHW HPT to inform IP&C team and PAT of the location of <u>norovirus</u> clusters (2 or more cases) in the community.
	No outbreaks within hospital setting.	Raise awareness that <u>norovirus</u> is present in the community to ensure all patients admitted with D&V or who have had contact with anyone with D&V in preceding 48 hours are isolated. Initiate Responsible Visiting (Visitors asked not to visit if have had symptoms or contact with someone with symptoms within last 48 hours)	IP&C team / Local Public Health Team / Health Protection Team (PHW HPT)/ PCIC Clinical Board and Communications Team	Send out Preparatory Information (letters in toolkit). Cascade information to Admission areas. All patients that present a risk of <u>norovirus</u> (e.g. present with symptoms of diarrhoea and/or vomiting or have been in contact with others with D&V within the previous 48 hours) are admitted DIRECTLY TO A SINGLE ROOM and ISOLATED . Inform Communications team. Draft media release in preparation Production and placement of posters at entrances to hospital / wards. All wards informed that Responsible Visiting is in place. (Within 1 working day)
		Keep reviewing surveillance data on <u>norovirus</u> activity, e.g. reports from Public Health Wales / Health Protection Teams	IP&C team.	If patients admitted with symptoms are contained and there is no spread to existing in patients status remains at GREEN .

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YELLOW	<p>Suspected cases on 1 or 2 wards.</p> <p>Cases confined to bays on the wards.</p>	<p>Follow actions / response in GREEN and IN ADDITION:</p> <p>Affected bay restricted admissions. Can still admit to rest of ward. Individual risk assessment by ward staff and the IP&C team is required prior to arranging transfer of patients from non-closed areas to other clinical or care areas. Transfer of patients to Nursing Homes to be discussed with IP&C team</p> <p>Escalation of Community Messages to prevent unnecessary admissions</p> <p>Enhanced Cleaning in affected bay as per Norovirus Outbreak Policy</p> <p>IP&C nursing and Operational Services representation at bed management meetings.</p> <p>Report outbreaks to Public Health Wales HCAI surveillance team and to Welsh Government via “no surprises” reports</p>	<p>IP&C team</p> <p>IP&C team / Ward Managers</p> <p>PCIC Clinical Board / PHW HPT / Communications team</p> <p>Operational Services / Housekeeping</p> <p>IP&C team / Operational Services</p> <p>IP&C team / DIPC / Exec Nurse</p>	<p>Inform relevant operational staff (Bed Managers, Microbiology team, Sister / Charge nurse, Clinical Board Management Team/s, Communications manager, DIPC, Operational Services /Housekeeping Team Managers). Inform local health protection team (PHW HPT).</p> <p>Liaison between UHB Communications Team, PCIC clinical board and PHW HPT to escalate community messages to prevent admissions with <u>norovirus</u> unless clinically necessary and minimise imports via visitors / relatives.</p> <p>Instigate enhanced <u>cleaning</u>, consider need for agency staff if insufficient staff to carry out required additional cleaning.</p> <p>If cases contained and resolve without spread return to GREEN</p> <p>If cases spread out of bays to the rest of the ward move to AMBER</p>
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AMBER	Suspected cases on 2 wards.	<p>Follow actions / response in GREEN & YELLOW, IN ADDITION: Restrict admissions to affected ward (s) and instigate Norovirus Outbreak Policy.</p>	IP&C Team /Ward staff	Liaise with PHW HPT/CCDC and Directorate Managers Assess ward (s) affected and likely duration of outbreak
	Not confined to one bay area on the wards.	<p>Convene Outbreak meetings and establish actions to reduce impact on bed capacity:</p> <p>Provide information on current situation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> IP&C details of ward restrictions <input type="checkbox"/> Health Board wide Bed state <input type="checkbox"/> If bed capacity is at Amber or Red initiate appropriate section of the Health Board Bed management escalation plan <p>Information on ward closures cascaded to wider Health community</p> <p>Raise public awareness of outbreak to reduce unnecessary visitors to the HB on next working day.</p> <p>Information on ward restrictions closures cascaded across the HB.</p> <p>Admissions to the HB retained for patients who need acute care for whom use of other healthcare facilities or admission avoidance is clinically inappropriate</p>	<p>IPC Team / Patient Access team (PAT)</p> <p>IP&C team / PAT</p> <p><u>PAT</u></p> <p>Communications Team</p> <p><u>Comms/PHW HPT / Local Public Health Teams</u></p> <p><u>Comms / IPC Team</u></p> <p>PAT</p> <p>PCIC Clinical Board</p>	<p>Assess current Health Board-wide bed state.</p> <p>All relevant personnel to provide feedback to PAT with outcomes of identified actions as per Health Board Bed Management escalation plan</p> <p>Instigate Alert Email to group members: All Clinical Board management teams of Health Board, PHW HPT and Local Public Health Team. Escalate to Chief Operating Officer / Clinical Board Leads</p> <p>Include information on HB public website regarding wards affected by <u>norovirus</u></p> <p>Daily update on ward restrictions on intranet and IP&C webpage</p> <p>Use of escalation letters to be sent out to key stakeholders.</p> <p>Send e mail to peripatetic clinical staff regarding precautions needed at beginning of outbreak and as restrictions change</p> <p>Inform Switchboard, Primary Link, <u>Ambulance service</u>, ward co-ordinators on and MAU which wards are closed with <u>norovirus</u>. Daily updates on handover to hospital at night and on-call staff</p> <p>Inform Acute Care GPs which wards are affected by <u>norovirus</u>.</p> <p>Cascade letters to GPs to facilitate admission avoidance where clinically appropriate</p> <p>If wards are resolved without further spread return to GREEN. If spread to further wards move to RED.</p>

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RED	3 to 5 wards closed	<p>Follow GREEN, YELLOW & AMBER and IN ADDITION:</p> <p>Convene Daily Outbreak Meetings and establish actions to address reduced bed capacity.</p> <p>Draw up plans for patient management in context of ongoing outbreak.</p> <p>Daily assessment of wards with restrictions in place.</p> <p>Initiate Bed escalation plan according to shortfall</p> <p>Restricted Visiting to be initiated on next working day:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No visitors on wards with restrictions in place without prior agreement with nurse in charge <input type="checkbox"/> Visiting to all wards restricted to immediate family or close friends <p>Report as Serious Incident to Welsh Government</p>	<p>IP&C Team</p> <p>IP&C team / Ward Managers / Clinical Teams</p> <p>IP&C Team</p> <p>PAT / Chief Operating Officer</p> <p>Comms / IPC Teams / Ward Managers</p> <p>Executive Nurse Director</p>	<p>Invite Chief Operating Officer, Clinical Directors, Lead Nurses, Directorate Managers, local public health team, PHW HPT.</p> <p>Categorise patients on closed wards into:</p> <ol style="list-style-type: none"> 1. Confirmed norovirus & resolved 2. Currently symptomatic 3. Never had symptoms & incubating <p>Categorise patients on closed wards into:</p> <ol style="list-style-type: none"> 1. Those who must remain within the specialty 2. Those who may move to another specialty <p>IPC Team to review ward restrictions daily including weekends.</p> <p>All relevant personnel to provide feedback to PAT with outcomes of identified actions as per HB Bed Management escalation plan</p> <p>Production and placement of Restricted Visiting posters at entrances to hospital and wards</p> <p>Public announcement via local radio / and possibly social media</p> <p>Update public website with information</p> <p>Complete Serious Incident form and initiate accompanying investigation</p> <p>If wards resolved without spread to any further wards return to GREEN. If spread continues to further wards move to initiating MAJOR INCIDENT PLAN.</p>
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