



## Community Infection Prevention and Control Guidance for Health and Social Care

# Outbreak Management

# OUTBREAK MANAGEMENT

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## This guidance document has been adopted as a policy document by:

Organisation:	Cumbria County Council
Signed:	
Name:	Pam Duke
Job Title:	Assistant Director Provider Services
Directorate:	People
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## For further information and advice regarding infection prevention and control please contact:

<p>Fiona McCredie Head of Health Protection Public Health People Directorate Cumbria County Council Penrith Community Fire Station Carleton Avenue Penrith Cumbria CA10 2FA</p> <p>Tel: 01768 812539 Mob: 07900 668648 Email: <a href="mailto:Fiona.McCredie@cumbria.gov.uk">Fiona.McCredie@cumbria.gov.uk</a></p>	<p>Debbie McKenna Health Protection Specialist Public Health People Directorate Cumbria County Council Cumbria House 107-117 Botchergate Carlisle Cumbria CA1 1RZ</p> <p>Mob: 07769 301904 Email: <a href="mailto:Deborah.McKenna@cumbria.gov.uk">Deborah.McKenna@cumbria.gov.uk</a></p>
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### This document has been written and produced by:

Community Infection Prevention and Control  
Harrogate and District NHS Foundation Trust  
Gibraltar House, Thurston Road  
Northallerton, North Yorkshire. DL6 2NA  
Tel: 01423 557340  
Email: [ipccommunity@hdfnhs.uk](mailto:ipccommunity@hdfnhs.uk)  
[www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk)

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# OUTBREAK MANAGEMENT

## OUTBREAK MANAGEMENT

### FOR THE INVESTIGATION AND CONTROL OF COMMUNICABLE INFECTION OUTBREAKS IN THE COMMUNITY

#### 1. Introduction

This guidance is designed to support and make explicit good practice in the investigation, management and control of infectious disease outbreaks or incidents, which may have significant public health implications. Examples include outbreaks of PVL-SA, food poisoning such as Salmonella, E Coli 0157 infection, or a single case of a rare or serious disease, e.g., smallpox, Ebola. Each control problem will be unique, requiring specific measures to deal with individual circumstances. For these reasons, the enclosed guidance should be regarded as a template for action, describing key principles and good practice in the management and control of communicable disease.

#### 2. Key personnel

Responsibility for responding to outbreaks of communicable infection occurring in the community lies with the Consultants in Communicable Disease Control (CCDC). The CCDCs are based at regional offices of Public Health England (PHE).

Community Infection Prevention and Control (IPC) teams deal with day to day advice and support, to a wide range of community settings where infection control is important and, on occasions, support the PHE team in responding to outbreaks.

#### 3. Recognising the problem

Effective control depends on early recognition and timely intervention. Staff should be aware of symptoms which may indicate a possible outbreak, for example:

- cough and/or fever may represent influenza
- diarrhoea and/or vomiting may indicate norovirus or food poisoning. Diarrhoea may indicate *Clostridium difficile*
- skin lesions/rash may indicate scabies.

Other infections which need to be recognised and reported include:

- notifiable diseases
- episodes of possible transmission of infection, or infections with a significant risk of transmission of infection (contact your local Community IPC or PHE team if in doubt)
- serious and unusual infections, e.g., a single case of Diphtheria, Polio, etc.

Such infections should be notified to your local Community IPC team or CCDC.

In addition, the clinician should notify the CCDC of all notifiable diseases.

Health and social care workers should contact the local Community IPC or PHE team if he/she suspects a problem.

#### Definition of an outbreak

- Two or more cases of service users or staff with the same infection or symptoms.
- A greater than expected rate of infection compared with usual background levels.
- A single case of a rare or serious disease, e.g., smallpox, Ebola.

Suspected outbreaks must be notified to the local Community IPC or CCDC at the earliest opportunity.

## 4. Preliminary investigation

The purpose of the initial phase of investigation is to determine:

- whether a problem/outbreak exists
- nature and extent of the incident/outbreak
- immediate control measures
- identify those who are ill
- ensure service users receive appropriate care
- control the source of infection
- contain the infection.

It is the responsibility of the CCDC or deputy to decide if the episode is of sufficient significance to require special arrangements for investigation and management, e.g., an outbreak control team or triggering of the major incident plan. It is, therefore, crucial that the CCDC is informed at the earliest stage that a significant outbreak is suspected.

## 5. Objectives of the outbreak control team

To bring together relevant people with appropriate skills to manage the problem:

- to ensure appropriate arrangements are in place to care for the ill
- to investigate and control source or possible source of infection
- to limit further cases
- to communicate with the public and the media
- to monitor effectiveness of measures taken
- to review the effectiveness of the control of the incident and develop systems and procedures to prevent further occurrence of similar episodes
- provide clear communication with service users, the general public, other professionals and the media.

## 6. Outbreak control team membership

Core members of the outbreak control group will be:

- Consultant in Communicable Disease Control
- Infection Prevention and Control Team
- Consultant Microbiologist
- Management of the affected unit
- Clinical staff from affected unit
- Environmental Health Officer.

Other members may be co-opted as required and these may include any of the following:

- PHE Consultant Epidemiologist
- Public Health Director or representative from the Clinical Commissioning Group (CCG)
- Press/Public Relations Agency
- Infectious Diseases Physician
- General Practitioners
- Community Pharmacist
- Community Paediatrician
- Water Company Representative
- State Veterinary Service

- Social Services Manager
- Residential Home Staff
- Emergency Planning Officer
- Care Quality Commission
- Health and Safety Executive
- Environment Agency.

This list is not exhaustive. In determining which managers are appropriate members of the Outbreak Control Team, it should be remembered that they must be of sufficient seniority to make decisions and implement actions on behalf of the department or organisation they represent.

## 7. Initial meeting

The first meeting will usually address the following:

- agree lead investigating authority and chair of the group (unless the major incident plan has been triggered this will be the CCDC on behalf of PHE)
- examine available evidence
- ensure appropriate and satisfactory care of those individuals affected
- define measures necessary to identify and control the source of infection
- define measures necessary to contain the spread of the outbreak
- identify the measures necessary to monitor the effectiveness of containment and control procedures adopted
- identify any additional expert assistance which might be required
- identify personnel and other resources necessary to manage the outbreak
- define responsibilities for communications to the public, press and other organisations and individuals.

## 8. Subsequent meetings

The Outbreak Control Team will continue to meet as appropriate. The CCDC will be responsible for supplying interim information to the local CCG. The Environmental Health Officers (EHOs) will be responsible for supplying interim information to the local authority.

## 9. Communications

The CCDC will liaise with other agencies as necessary. These may include:

- General Practitioners and their Nurses
- Public Health Team
- Community Paediatricians
- Appropriate managers of relevant Community Services
- Social Services
- Department of Education.

The CCDC will co-ordinate the release of information to the public and the media in liaison and agreement with any other agency which may be involved. The CCDC will, where appropriate because of possible wider implications of the incident, inform the following of developments in the absence of direct representation on the Outbreak Control Team:

- Communicable Disease Surveillance Centre of PHE
- PHE Centre Director
- PHE colleagues in neighbouring areas where the incident may have an impact.

## 10. Conclusion of outbreak

The investigations may end inconclusively. The chair of the Outbreak Control Team will make the decision on closure of the incident. A debriefing meeting should be held to:

- review management of the incident
- identify problems or shortcomings
- revise the incident plan as required
- make recommendations to reduce the chance of recurrence
- agree the final report.

The chair will provide a report for the CCG and PHE.

## 11. Additional IPC resources

The North Yorkshire and York Community Infection Prevention and Control (IPC) team have produced a wide range of innovative educational and other IPC resources, including support for outbreak management, e.g., Viral

Gastroenteritis Outbreak Management Pack, Isolation Guidance. These resources are designed to assist your organisation in achieving compliance with the Health and Social Care Act 2008 and CQC requirements. Further information on these high quality evidence-based resources is available at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk)

## 12. References

- Begg et al, 3rd edition (2012) *Communicable Disease Control Handbook*  
Department of Health and Health Protection Agency (February 2013)  
*Prevention and control of infection in care homes – an information resource*
- Foods Standards Agency (2008) *Management of Outbreaks of Foodborne Illness in England and Wales*
- North Yorkshire and York District Infection Control Committee (2013)  
*Communicable Disease Outbreak Plan, The: North Yorkshire and York. Operational Guidance* Adapted from the Health Protection Agency  
Communicable Disease Outbreak Plan (July 2012)