Protocol for Infection Outbreak/Incident Management in Secondary & Tertiary Care

('Hospital Outbreak/Incident Plan')

Department of Infection Prevention & Control

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Approved by: *Infection Prevention & Control Committee,*

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Swansea Bay University Health Board Protocol for Infection Outbreak/Incident Management in Secondary Care & Tertiary Care ('Hospital Outbreak/Incident Plan')

Version	Issue Date	Revisions
V1.0	August 2020	Version replaces previous ABMU Infection/Incident Management in Secondary/Tertiary Referral Centre ("Hospital Outbreak/Incident Management Plan") V3

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Swansea Bay University Health Board

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Version 1.0

1. Introduction

1.1 Outbreaks and incidents of infection have serious consequences for service users and NHS organisations including mortality, morbidity, distress, delays in treatment and impact on service provision.

1.2 Early recognition and effective response to a potential or confirmed incident or outbreak is essential so that control measures can be put in place in order to limit further spread.

1.3 Routine surveillance carried out by Infection Prevention & Control Team (IPCT), and vigilance on the part of nursing, medical and other staff, can lead to the early identification of a potential outbreak/incident.

1.4 Certain microorganisms or infections may be readily transmitted from person-to-person, and may spread quickly to patients and staff on a hospital ward or unit.

1.5 Incidents and outbreaks may vary in extent and severity ranging from a small number of cases on a single ward to a hospital-wide outbreak involving patients and staff. Also, a single case of a disease of high consequence (e.g. diphtheria, viral haemorrhagic disease, extensively drug- resistant tuberculosis) would be significant and require management.

1.6 How an outbreak is managed will depend on the type and nature of the microorganisms/infections involved, as well as the number of cases involved. Control measures may be simple or prolonged, depending on the nature and circumstances of the outbreak.

1.7 In the event of a possible outbreak of infection on a ward/unit (e.g. gastro-enteritis, acute diarrhoea and vomiting, Norovirus), or an increased incidence of epidemiologically significant organisms (e.g. *Clostridioides difficile,* MRSA, or other multi-resistant bacteria), it may be necessary to implement control measures that include closure of that ward/unit to new admissions/transfers to prevent further cases and ensure patient safety.

1.8 Consideration of temporary bed closure will be necessary also in the event that one or more patients with certain conditions (e.g. unexplained diarrhoea and/or vomiting, *Clostridioides difficile* infection, etc.) cannot be isolated immediately in a single room. Consideration will be given to delaying the admission of additional patients into the same section of the ward until these patients have been relocated to single rooms and the bay/section has been decontaminated effectively.

2. How to use this protocol

- An outline of key acronyms and terminology can be found below in Section 3
- Section 6 outlines staff responsibilities (**in addition** to those in the NIPCM)
- Sections 7, 8 and 9 provide information on the definitions, recognition, assessment and categorisation of outbreaks/incidents.
- Pages 15-21 protocol provide information on the management of incidents and outbreaks according to category.
- The appendices have other useful, supplementary information including audit tools and templates for meeting agendas/reporting
- **Please read the index page so that you are familiar with the content of the entire protocol.**

3. Acronyms

ADN (IP&C)	Assistant Director of Nursing (Infection Prevention and Control)
CCDC	Consultant in Communicable Disease Control
CDSC	Communicable Disease Surveillance Centre
CE	Chief Executive (Health Board)
CMM	Consultant Medical Microbiologist
CMO	Chief Medical Officer of Wales
COO	Chief Operating Officer (Health Board)
DML	Director of Public Health Wales Microbiology Laboratory
DN&PE	Director of Nursing and Patient Experience
DPP	Director of Public Protection (Director of Environmental Health or nominated Deputy)
DGOOCG	Delivery Group Operational Outbreak Control Group
EDPH	Executive Director of Public Health (Health Board)
EHO	Environmental Health Officer
GP	General Practitioner
HARP	Healthcare Associated Infection, Antimicrobial Resistance & Prescribing Programme (of Public Health Wales)
HB	Health Board
HBOCG	Health Board Outbreak Control Group
HCAI	Healthcare Associated Infection
HCE	Healthcare Epidemiologist
HPT	Health Protection Team
ICD	Infection Control Doctor
IMT	Incident Management Team
IPC	Infection Prevention and Control
IPCT	Infection Prevention & Control Team
IPCN	Infection Prevention and Control Nurse
(M) OCT	(Major) Outbreak Control Team
NIPCM	National Infection Prevention & Control Manual

OCT	Outbreak Control Team
PHW	Public Health Wales
PII	Period of Increased Incidence
PO	Proper Officer
PPE	Personal Protective Equipment
UND	Unit Nurse Director
WG	Welsh Government
WHAIP	Welsh Healthcare Associated Infection Programme

4. Scope of Protocol

4.1 This document supersedes the ABMU Policy for Infection Outbreak/Incident Management in Secondary Care ('Hospital Outbreak/Incident Plan'), Version 3.0

4.2 This protocol is applicable to all healthcare workers employed by Swansea Bay University Health Board, including locum staff, agency staff and external contractors. It is supported by the National Infection Prevention & Control Manual (NIPCM). It should be read in conjunction with the following:

- Standard Infection Control precautions and Transmission based precautions (as outlined in the NIPCM)
- *Clostridioides difficile* infection (CDI) Protocol, CDI Period of Increased Incidence of Infection (PII) Resource pack and CDI Quick Reference Guide (QRG)
- Norovirus Outbreak Toolkit
- Public Health Wales - Healthcare associated COVID-19 infections outbreaks and their management in inpatient settings
- Public Health Wales - COVID-19 Outbreaks Roles and Responsibilities
- PHW - COVID-19 - 16 point plan - to limit minimise and mitigate the risks associated with COVID-19
- COVID-19 Resource Pack v3.
- COVID-19 Quick Reference Guide, v1.
  and
- the Welsh Assembly Government Communicable Disease Outbreak Plan for Wales ('The Wales Outbreak Plan'), April 2014.

4.3 Most hospital outbreaks have minimal, or no public health implications. As such, they will be managed using this Health Board protocol, the 'Hospital Outbreak/Incident Plan'. However, in the event that an infection outbreak which occurs within a hospital that has a potential for serious public health implications, it will be managed using The Communicable Disease Outbreak Plan for Wales. 'The Wales Outbreak Plan'. In these circumstances, 'The Wales Outbreak Plan' will take precedence over, but will be supplemented by, the Health Board's 'Hospital Outbreak/Incident Plan' in the control of the outbreak.

4.4 At any time, the Health Board may ask for advice and support from the local HPT, CCDC and from staff in PHW to manage an outbreak that does not have serious public health implications. PHW may also support by providing further analysis of Health Board data /information.

5. Aims

5.1 This protocol ('Hospital Outbreak/Incident Plan') aims to provide a framework for the recognition, reporting and management of an outbreak/incident of infection in hospital. It defines roles and responsibilities (additional to those outlined in the SBU HB Infection Prevention and Control Policy) and the actions that should take place in the event of an outbreak/incident of infection.

5.2 Its purpose is to ensure:

- Arrangements exist for identifying, reporting and managing an infectious incident or outbreak of infection within the Health Board.
- Quick identification of the nature, source, method of spread and causative organisms responsible for the outbreak.
- Prevention of further spread of the organism through implementation of appropriate control measures and restrictions.
- Clarification of the roles/responsibilities of key individuals, departments and any outside agencies likely to be involved in the event of an outbreak.
- Identification of the lines of communication between relevant individuals and groups within the Health Board and with external agencies, who may be of assistance, or who may need information during the outbreak.

6. Responsibilities (in addition to those outlined in the SBU HB Infection Prevention & Control Policy) for Managing Hospital Outbreaks

6.1 **Health Board:**

- The responsibility for IP&C lies with the CE and is delegated to the DN&PE who has the Executive lead for IP&C.
- Operational support for Outbreak/Incident management is provided by the Infection Prevention and Control Team.
- Health Board Outbreak/incident Control (Silver) Groups (HBOCGs) will be chaired by the DN&PE.

6.2 **Executive Director of Public Health (EDPH):**

- Has responsibility for the overall health of the population of Swansea Bay University Health Board and is included in communications relating to an outbreak;
- Has delegated responsibility from the CE if a major outbreak is declared or the Wales Outbreak Plan is implemented.

- Will be a member of the Health Board Outbreak Control Group (HBOCG) if a major outbreak is identified or if 'The Wales Outbreak Plan' is instituted and will have further specific responsibilities identified in that plan.

6.3 **Delivery Group Directors/Site Managers/Managers/Clinical Directors must:**

- Ensure that adequate resources are in place to allow for the implementation of recommended infection prevention and control measures relating to the management of infection outbreaks/incidents.
- Ensure that clinical teams undertake and document regular clinical assessment of all patients in their care who may be affected in the infection incident/outbreak. This recorded assessment will be critical in ensuring safe and prudent care of patients and to the risk management process that determines whether a ward is closed to admissions which, in turn, has wider implications for maintaining service provision for other patients.
- Undertake and record risk assessments to optimise patient and staff safety, consulting expert specialist guidance if/as required.
- The Unit Nurse Director or Medical Director will chair a Delivery Group Operational Outbreak/Incident Control (Bronze) Group (DGOOCG).
- Report to commissioners of services when there is an incident or outbreak which restricts or has the potential to restrict access to regional or specialist tertiary services.
- Report outbreaks and incidents to WG using a "Serious Incident" form or "No Surprises" form, as appropriate. Where possible, this should be done within 24 hours of outbreak/incident identification.

6.4 **All staff** (who provide direct care and those who may visit wards with outbreaks) must:

- Follow the IPC control measures instigated and other advice given by the IPCT
- Undertake and document regular clinical assessment of all patients in their care who may be affected in the infection incident/outbreak. This recorded assessment will be critical in ensuring safe and prudent care of patients, and will be used as the basis for determining whether bays or the whole ward should be closed to admissions.
- Display information at the ward/unit entrance for visiting staff and other visitors relating to any restrictions in place and advising visitors:
    - that they should contact the person in charge before visiting if they are unsure of the infectious status of the person they are visiting within a hospital setting;
    - of appropriate infection control precautions, including PPE and hand hygiene, to be carried out when visiting;
    - of the requirement to avoid visiting if they are suffering from an infection such as diarrhoea and vomiting, or flu-like symptoms.

- to contact their General Practitioner if they are concerned for their wellbeing.

6.5 **Lead Infection Control Doctor (ICD) must:**

- Support and provide expert advice on the Health Board's management of hospital outbreaks as appropriate, ensuring suspected outbreaks are reported and managed promptly;
- Liaise with the HPT, CCDC, the laboratory and PHW;
- Discuss suspected/confirmed outbreaks of infection with the EDPH, AND (IP&C), the DN&PE and the CE, as appropriate.
- Report directly to the CE, the EDPH and the DN&PE on matters relating to suspected or confirmed outbreaks/incidents of infection.

6.6 **Infection Prevention and Control Team (IPCT) must:**

- Provide expert advice and operational support for staff in the management of incidents/outbreaks;
- Act as a resource for expert guidance and support when advice is required on the management of infection outbreaks/incidents, including the provision of advice regarding bed/ward closures;
- Provide education, where appropriate, for staff on the causative microorganism, potential reservoirs, mode of transmission and relevant IPC measures, and the information in this protocol;
- Provide advice/support on individual risk assessments for patients/clients with known or suspected infections.
- Investigate all incidents and outbreaks of infection, and escalate findings and outcomes appropriately.
- Initiate incident reporting, via DATIX, for all infection-related incidents, outbreaks and PIIs.

6.7 **Role of Healthcare Epidemiologist**

- Support the investigation of incidents and outbreaks.
- Collate and analyse data/information in relation to incidents and outbreaks to determine causative organisms, source of infection and mode/patterns of spread.
- Collate typing results and produce timelines and other relevant epidemiological charts demonstrating patient movement, etc.
- Identify key risk factors in relation to the outbreak so that lessons can be identified and shared.
- Report information at DGOOCG and HBOOCG meetings.
- Prepare an epidemiology report as appropriate to be included within an outbreak report if required.

6.8 **Role of Consultant in Communicable Disease Control (CCDC):**

- Assess the public health risks to the wider community and, if required, institute The Wales Outbreak Plan;
- Facilitate cooperation and communication between agencies and across the health and social care system;
- 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 HBOCG and may, in certain circumstances, use their statutory powers.
- The CCDC and the IPCT will liaise regularly - sharing of information regarding cases, clusters and potential outbreaks/incidents of infection.

6.9 **Consultant and other medical staff must:**

- Notify the CCDC of patients with Notifiable Diseases.

6.10 **Assistant Director of Operations, Estates and Site Estates Managers**

- Provide support and advice to the Outbreak/Incident Control groups and take remedial action on any estate-related issues identified during the outbreak investigation and management to mitigate infection risks.

6.11 For outbreaks involving COVID-19, see Public Health Wales: *COVID-19 Outbreaks Roles and Responsibilities*

7. Definition of an outbreak or incident

7.1 A hospital **outbreak or incident** is said to occur when:

- there is an increase in the number of cases of an organism/disease identified (compared to the usual background rate for the area) over a period of time, or
- there are two or more cases linked by epidemiological, clinical or microbiological features.

7.2 One case of a serious, unusual illness (e.g. Hepatitis B, legionella, diphtheria, inhalation anthrax) in a hospital is of concern for public health; this is termed an **incident** but may be need to be managed by an "outbreak" control group. Also, a patient with an organism of critical priority, e.g. a patient with a Carbapenemase Producing Organisms (CPO) may be managed in this way.

7.3 Definitions for COVID-19 cases and for COVID-19 0utbreaks can be found in Public Health Wales - *Healthcare associated COVID-19 infections outbreaks and their management in inpatient settings*. An outbreak is defined as: "Two or more confirmed **or** clinically suspected cases of COVID-19 among individuals (e.g. patients, healthcare workers (HCW), other hospital staff and regular visitors e.g. volunteers, chaplains) associated with a specific setting (e.g. bay, ward or shared space), where at least one case (if a patient or resident carer of

a patient) may have been acquired after admission to hospital / or for staff acquisition linked to the healthcare setting".

8. Recognition of a hospital incident/outbreak

8.1 Early recognition and effective response to a potential or confirmed incident or outbreak is essential so that control measures can be put in place, and in order to limit further spread.

8.2 Some outbreaks can take weeks or months to develop before they become apparent (e.g. hepatitis, pulmonary tuberculosis, infections identified in Out-patients' departments). These types of outbreaks are frequently detected by laboratory surveillance.

8.3 An outbreak may be suspected/identified by a number of routes:

- by laboratory staff
- by Ward staff – staff must be vigilant and must promptly report any concerns or a perceived increase in patients with infection. It does not matter if the investigation subsequently shows no incident or outbreak. Staff should always seek advice if they have concerns.
- by the IPCT through routine surveillance

8.4 Once an incident or outbreak is suspected, assessment and verification is required by a member of the IPCT.

8.5 Covid-19

8.6 Covid-19

9. Verification, Categorisation and Communication of Incidents/Outbreaks: Incident/Outbreak Under Investigation

9.1 A member of the IPCT will carry out an initial assessment of a suspected incident/outbreak as soon as possible.

9.2 Information will be gathered on clinical information and epidemiological information including:

- the number of people affected
- the development of symptoms
- the speed and extent of spread
- likely mode of spread
- the causative organism/s (if known)
- possible source of infection

9.3 The information gathered will be assessed and the outcome will be categorised as:

- No evidence of an incident or an outbreak exists at the time of the initial assessment. The IPCT and ward staff will remain vigilant and further assessment may be undertaken. The Lead ICD and ADN for IP&C will be informed by email to include a brief summary of the assessment.

- An incident or outbreak exists. The incident/outbreak will be assessed according to the Healthcare Infection Incident/Outbreak assessment tool (adapted from the NIPCM and “Wales Outbreak Plan” – Section 6.2) on page 11. This will determine the actions required and the management of the incident/outbreak. The tool should be used to assess every potential healthcare incident/outbreak (including decontamination incidents or near misses).

9.4 Healthcare Infection Incident/outbreak categorisation tool

	Patients	Services	Public Health	Public Anxiety [1]
Minor	Only minor interventional support needed as a consequence of the incident. No mortality.	No, or only very short term closure of clinical area(s) with minor impact on any other service.	No, or only minor implications for public health. Minor risk or no evidence of cross transmission or on-going exposure	No significant increased anxiety or concern anticipated. No, or minimal media interest; no press statement.
Moderate	Patients require moderate interventional support, but no mortality as a consequence of the incident. Patient/s with disease of critical importance or high consequence infections e.g. XDR-TB, CPO/CPE and/or evidence of spread with microorganisms of epidemiological significance e.g. CPO/CPE	Short term closures (related or unrelated) having moderate impact on some services, e.g. multiple wards closed, ITU or NICU closed or Regional Services closed as a consequence of control measures.	Moderate implications. There is a moderate risk of, or evidence of, cross transmission or on-going exposure only moderate impact infections to other persons.	Increased concern and / or anxiety anticipated. Media interested expected; prepare press statement.
Major	Patients require major clinical interventions/support. Life threatening illness or death as a consequence of the incident in one or more patient/s.	Significant disruption and impact on services, e.g. hospital closures for any period of time as a consequence of the control measures.	Significant implications for public health, i.e. there is a moderate or major risk of major infection to someone else.	Alarm within at least some areas of the community anticipated. Significant media interest; prepare press statement

[1] Public Anxiety: **If** a press statement was released today summarising the situation what would be the likely impact on public anxiety.

Outcome of Assessment:

All minor	Outbreak of limited extent. Requires DGOOCG. Delivery Group, clinical staff and IPCT to manage the incident/outbreak as internal hospital incident/outbreak – Bronze level group. Consider formal HBOCG.
3 minor and 1 moderate	Manage as internal hospital incident/outbreak. Operational management by Bronze DGOOCG and escalation to formal Silver **HBOCG**.
No major and 2-4 moderate	Operational management by Bronze DGOOCG and rapid escalation to **formal Silver HBOCG** for consideration of declaring a Major OCT.
Any major [2]	**Declare Major OCT** and discuss/ agree with CCDC/DPH whether to invoke 'The Wales Outbreak Plan'.

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

9.5 Where an incident/outbreak is identified, the senior members of the IPCT will discuss with the AND (IP&C) to determine whether the incident/outbreak will be categorised/managed as a:

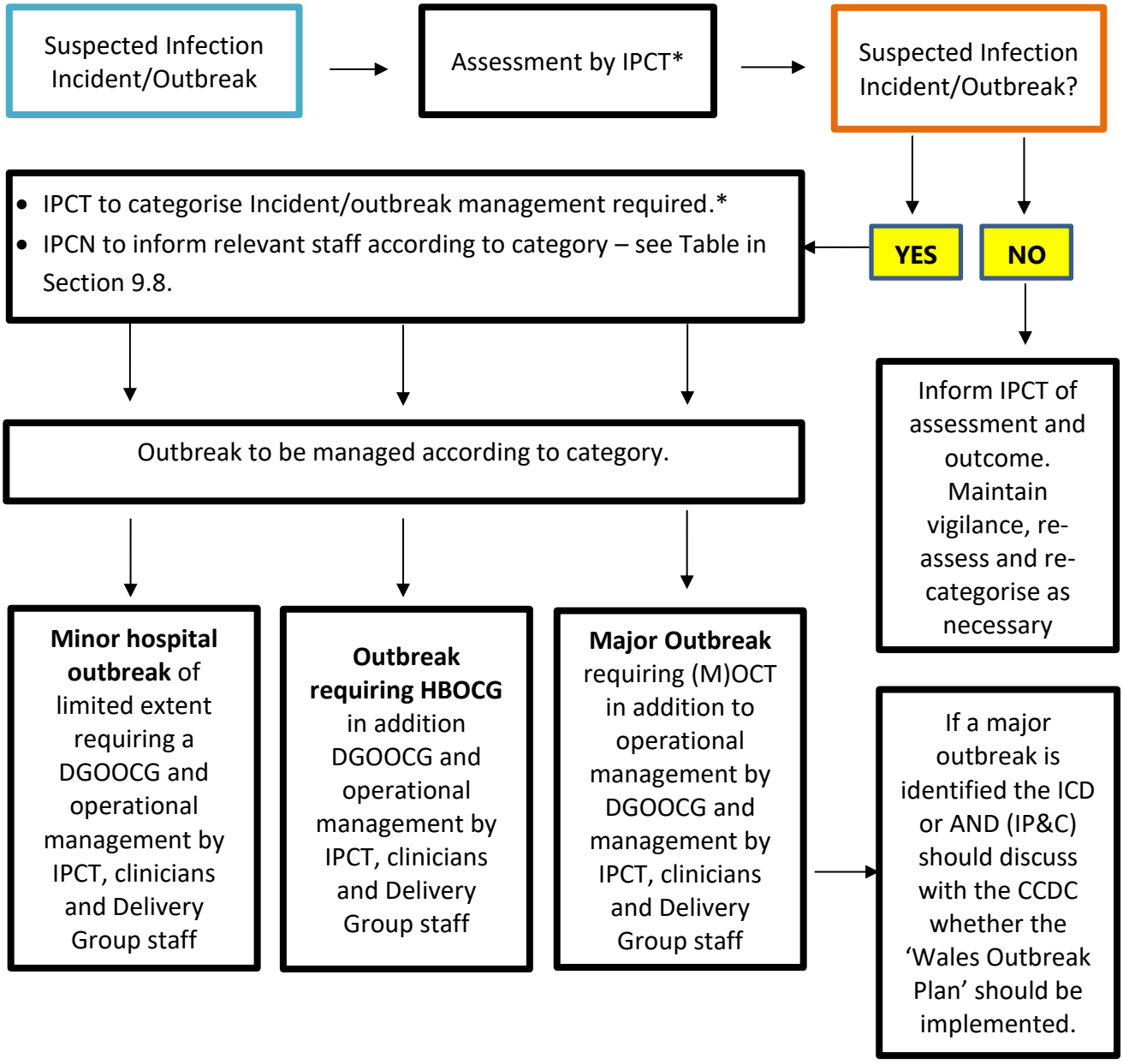
- **Minor outbreak** (outbreak of limited extent) within the Health Board – a hospital outbreak (where there is minor impact, minimal or no loss of bed capacity/service impact) requiring a DGOOCG (Bronze level group) without the need for a Health Board Outbreak Control Group (HBOCG at Silver level); outbreaks can be managed by the Delivery Group and clinical colleagues with support of the IPCT. Status and progress will be reported by conference call and "Sitrep". The DGOOCG and IPCT will maintain a low threshold for escalation to a formal Health Board Outbreak Control Group (HBOCG, Silver level). Examples of outbreaks that can be managed by the DGOOCG are:
  - Cases of Norovirus limited to individual wards.
  - Limited cases of influenza.
  - Some periods of increased incidence (PII) of infection
- **Hospital outbreak or incident requiring a formal HBOCG** – hospital outbreaks of organisms of critical priority/high consequence infectious diseases (see below) or outbreaks that have a significant impact on service provision. The day-to-day operational management of the outbreak will be undertaken by the DGOOCG (as above). The HBOOCG will oversee the operational management of the outbreak to ensure that all measures and management are appropriate. Examples of outbreaks requiring a HBOOCG are:
  - Evidence of spread of infection despite the implementation of control measures.
  - In the case of Norovirus, a HBOCG may be convened where there is evidence of a confirmed epidemiological link between multiple wards, i.e. evidence confirming that the infection has spread from one ward to another.
  - More than one ward involved in an outbreak.
  - Patients with organisms of critical priority or high consequence infectious diseases, e.g. patients with CPO, extensively-resistant organisms, Novel Coronavirus.
  - All incidents/outbreaks involving loss of capacity to tertiary services (e.g. Renal, Burns, Cardiothoracic, Oncology) or critical care areas (e.g. ITU, NICU, etc.).
  - When the number of wards that have outbreaks (related or unrelated) adversely impacts on the Health Board's ability to maintain service provision.
- **Major outbreak or incident requiring a MOCT.** A major outbreak or incident is an actual or potential incident/outbreak that may have:
  - significant public health implications (see 9.6 below)
  - significant impact on services

- life threatening illness or death from the infection
- cause significant public alarm

9.6 **Major outbreaks or incidents requiring a MOCT require immediate discussion with the CCDC to determine whether to instigate the "Wales Outbreak Plan".** See Appendix 3 for Decision Tree on implementing the "Wales Outbreak Plan". The CCDC, Lead ICD, CMM or DPP can invoke the "Wales Outbreak Plan" if they consider that an outbreak has serious public health implications. An outbreak with potentially serious public health implications may have the following features:

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

9.7 Flow chart for process and communication in relation to Incidents/Outbreaks of infection



The Group Nurse Director for the Delivery Group concerned (or nominated representative) must report to WG:

- Outbreaks resulting in significant disruption including the closure of a bay or ward to admissions using a "**Serious Incident**" reporting form.
- Outbreaks not resulting in significant disruption/closure of a bay to admissions using a "No Surprises" from.
- Any other incidents/outbreaks as agreed at an OCG meeting.

***** Initial assessments are usually undertaken by an ICN; assessments and/or categorisation may be discussed with the ICD, CMM, Senior IPNs, IPC Matron, IPC Head of Nursing or ADN (IP&C) as necessary.

9.8 Communication Requirements (verbal/email)

Staff group	Minor outbreak (DGOOCG, Bronze level)	Outbreak (requiring HBOCG, Silver level)	Major outbreak (requiring HBOCG and consideration of using "Wales Outbreak Plan")
Relevant wards	Yes	Yes	Yes
DN&PC	Yes	Yes	Yes
EDPH	Yes	Yes	Yes
CCDC	Yes	Yes	Yes
CE		Yes	Yes
COO	Yes	Yes	Yes
Relevant Consultants	Yes	Yes	Yes
Relevant Delivery Groups /Delivery Group Teams	Yes	Yes	Yes
Bed Managers	Yes	Yes	Yes
Facilities Staff/Housekeeping	Yes	Yes	Yes
IPCT	Yes	Yes	Yes
CMMs	Yes	Yes	Yes
HPT		Yes	Yes
PHW Laboratory Staff	Yes	Yes	Yes
PHW (HARP)		Yes	Yes
Nurse Bank	Yes – if viral gastroenteritis suspected	Yes	Yes
Occupational Health	Yes if staff are/may be affected	Yes if staff are/may be affected	Yes
Communications Department	Yes – if ward closed.	Yes	Yes

This list is not exhaustive and other staff groups may need to be informed.

9.9 Communication by the IPCT in relation to outbreaks may be verbal, documented, or by email as appropriate.

9.10 Information on closed wards and bays will be available on the IPC SharePoint site

9.11 Staff from the affected area will be responsible for ensuring that information relating to the outbreak is communicated effectively to all staff who work in the area and staff who visit the area; also that staff are aware on the IPC precautions necessary and are also aware of the need for confidentiality in respect of the information shared.

9.12 The Delivery Group Nurse Director (or nominated representative), will report to Welsh Government using a:

- "Serious Incident" form
  - if an infection outbreak/incident, results in closure of a bay or ward to admissions
  - is determined to be a Serious Incident (SI) by the DGOOCG or HBOCG
- "No Surprises" form if closure of a bay does not result in significant disruption.

10 **Management & Investigation of a hospital outbreak:** Objectives & Key Points for Management of **ALL** Outbreaks and Incidents

10.1 The **primary** objective in the management of a hospital outbreak is to protect patients, staff and visitors by identifying the source and implementing appropriate control measures to prevent further spread or recurrence of the infection.

10.2 **On suspicion of an infection incident, ward staff should immediately take precautions to prevent further spread by instigating appropriate isolation and Standard Infection Control Precautions, and informing the IPCT.**

10.3 The IPCT will investigate and communicate the results of their investigation Section 9 above

10.4 The lead role in a hospital outbreak will usually be taken by the Health Board. However, depending on the circumstances it may more appropriate for the lead to be taken by another agency e.g. the CCDC. This arrangement will be agreed at the HBOCG.

10.5 The IPCT will, in most cases, lead the investigation and management of outbreaks.

10.6 The **secondary** objective in the management of a hospital outbreak is to improve surveillance, refine outbreak management, add to the evidence collection and learn lessons to improve infection prevention and control measures for the future.

10.7 Wherever possible, samples should be collected immediately. The Public Health Wales laboratory should be contacted to provide notice that there will be a likely increase in the number of specimens to be processed as a result of the outbreak.

10.8 Typing of any isolates is often an essential part of tracing sources and routes of transmission of infection. Therefore, it is important to ensure that requests for typing are made to the laboratory through the Lead ICD or CMM.

10.9 It is very important to consider the means of spread of infection in the light of the infecting organism and the distribution of cases.

10.10 Epidemiological investigation is an essential part of many outbreak investigations, and the Healthcare Epidemiologist (HCE) and CCDC may contribute valuable expertise. Dependent on the organism involved in the outbreak, as cases are identified and analysed by time, place and person, the population at risk will be defined.

10.11 Clinical teams on affected wards are responsible for maintaining a list of affected individuals (patients and/or staff), their contacts, and others at risk; this must be kept up to date. Staff on the affected wards will be responsible for providing and

maintaining this list (see **Appendices 4 & 5)** and providing that information to matrons/senior matrons

10.12 Matrons/senior matrons will provide information including that collated by wards staff (Point 10.11) at safety huddle and other meetings.

10.13 The HCE, where appropriate, will maintain timelines and information on typing etc.

10.14 Members of staff who develop symptoms must report them to the nurse in charge of the shift/department manager, and to the Occupational Health Department during normal working hours.

10.15 The Occupational Health Department must pass on evidence of outbreaks of infection amongst staff to the IPCT promptly. The IPCT must inform Occupational Health of outbreaks amongst patients, so that appropriate staff safety measures are instituted for staff.

11 Management of an infection incident

11.1 A case of serious or unusual illness e.g. Hepatitis B, Diphtheria will require management and investigation by the DGOOCG, HBOCG and possibly a (M) OCT (see section 13 & 14).

11.2 See Objectives and Key Points in Section 10

11.3 Communication and Reporting will be required as in Sections 9 & 17

11.4 Operational management will be by a DGOOCG.

11.5 The IPCT will be part of the DGOOCG and will:

- Liaise with the relevant clinical staff and Ward Manager of the affected area regarding collection of appropriate specimens
- Give advice on the precautions necessary to prevent any further spread of infection.
- Monitor compliance with advice given.
- Note and escalate concerns.
- Incident report via DATIX

11.6 The Delivery Group will be required to submit an outline report (see Appendices 11, 12 & 13) of the incident/outbreak to the ICC.

12 Management of a minor hospital outbreak (outbreak of limited extent) requiring a DGOOCG, Bronze Level (and not requiring a HBOCG, Silver Level)

Where there is a minor hospital outbreak of limited extent, this may be managed by a DGOOCG without a formal HBOCG being convened. The DGOOCG will be responsible for the operational management of the incident/outbreak on a day to day basis.

12.1 The DGOOCG will meet within 48 hours of the outbreak being identified

12.2 The DGOOCG will meet at least weekly or more frequently as required.

12.3 Membership of the DGOOCG is shown in Section 13.

12.4 The functions of the DGOOCG are shown in Section 14.

12.5 The IPCT will be part of the DGOOCG and will liaise closely with medical and nursing staff from the affected area to monitor patients, symptoms and evidence of spread of infection.

12.6 A review will be undertaken at least daily.

12.7 The IPCT will advise if sections of the ward/ward needs to be closed.

12.8 The IPCT will advise on the actions and precautions necessary to prevent transmission.

12.9 The IPCT will monitor the situation to ensure that actions and precautions are in place

12.10 The IPCT will ensure that the relevant staff (see Table in Point 9.7) are kept informed on a daily basis (or more frequently if necessary)

12.11 The IPCT will attend bed management meetings as necessary.

12.12 The IPCT will maintain information on the status of the outbreak on the HB's SharePoint site.

12.13 The IPCT will advise when sections/the ward can be re-opened and any measures that need to be undertaken (e.g. room decontamination) before this should occur.

12.14 Staff from the affected area will communicate with managers in their Delivery Group.

12.15 Staff from the affected area will be responsible for ensuring that information relating to the outbreak is communicated effectively to all staff who work in the area and staff who visit the area; also that staff are aware on the IPC precautions necessary and are also aware of the need for confidentiality in respect of the information shared.

12.16 The Executive Team will be updated by Delivery Group staff via conference calls and daily "Sitrep".

12.17 Delivery Group staff must inform WG – see Section 9.7

12.18 The IPCT will initiate an incident report via DATIX.

12.19 At any point, it may become necessary to convene the HBOCG (see Section 13). The need to do so will be discussed with the DN&PE and will be informed by the extent of the outbreak and/or whether existing control measures are succeeding in controlling the outbreak. This escalation must be communicated to relevant senior staff in accordance with the table in Section 9.8. Escalation to HBOCG, Silver level may be necessary, for example:

- if there is evidence of spread despite control measures being in place e.g. spread of Norovirus from one ward to another
- if control measures are impacting significantly on patient flow.
- when the outbreak has the potential to restrict access to tertiary services.
- When the outbreak involves a high consequence infectious disease or organism of critical priority

13 Membership of DGOOCG

13.1 Chair

- Group Nurse Director (or Deputy) of Delivery Group

13.2 Other staff required

- Head of Nursing
- Senior Matrons/Matron of affected clinical area
- Clinical Teams from affected areas
- Site Infection Prevention and Control Nurse
- Site Domestic Services Manager (or deputy)
- Site Estates representative
- Administrative support (provided by Delivery Group)

13.3 Staff to be informed

- Communications Team
- Health Protection Team
- HCE

14 Functions of a DGOOCG

All DGOOCG meetings will have

- An agenda (see Model agenda for DGOOCG meetings in Appendix 2 (for COVID-19 outbreaks, see **Appendix 17** and Appendix 18).
- A documented record (to be held with the Delivery Group) of the meeting to include outcome of discussions, agreed decisions and actions in accordance with the agenda for review at future meetings
- Communication of the agreed decisions and actions to be communicated to Delivery Group staff to relevant groups.

14.1 The DGOOCG will meet, at least weekly and will

- Provide operational management of the outbreak.
- Agree a case definition
- Monitor new cases of infection
- Review clinical status and patient progress.
- Review evidence of spread of infection
- Confirm suspected spread of infection between sections of a ward and to other wards and departments.
- Assess impact and severity using the tool in section 9.4 and, where necessary, agree escalating the situation to the DN&PE for discussion in relation to implementing a HBOCG.
- Investigate the source/cause of the outbreak
- Collate and discuss patient results
- Agree outbreak control measures and review compliance with those measures.

- Take measures to ensure optimal continuing care for patients.
- Undertake risk assessment and agree bay/ward closures, as appropriate and advised by the IPCT.
- Review impact of bay/ward closures on service delivery.
- Ensure a SI or no surprises report has been submitted to WG.
- Agree additional resources required to limit the spread of infection including enhanced cleaning of the environment, as advised by the IPCT.
- Agree the provision of additional bank staff to support cohort nursing of affected patients if required.
- Agree additional staff to ensure that staff caring for patients with infectious gastroenteritis (or for cleaning areas affected by infectious gastroenteritis) are not responsible for serving food.
- Define and agree the end of the outbreak.
- To complete a report at the end of the outbreak using a Debrief tool or SBAR Report Template (see Appendices 12 & 13) to be submitted to the ICC and to be discussed at SDU Governance meeting so that lessons can be learned and shared.
- Document discussion and agreed actions from the outbreak meeting.
- Communicate progress and meeting outcomes to the Executive team via conference calls and “Sitrep” reports.

15 Management of a hospital outbreak requiring a HBOCG.

Where there is a hospital outbreak (not of limited extent), this will be managed operationally by a DGOOCG. The HBOCG will monitor the outbreak and ensure that the outbreak is being managed effectively and safely by the DGOOCG.

15.1 Where required, and after discussion/ agreeing the requirement for a HBOCG with the DN&PE, the HBOCG should meet within one week of determining the need for a HBOCG

15.2 The HBOCG group will be arranged by Delivery Group Nurse Director or nominated delegate.

15.3 The operational day-to-day management will be by a DGOOCG, supported by the IPCT, as outlined in Sections 10, 12 & 14.

15.4 Staff who are required to be members of the HBOCG are shown in Section 14.

15.5 **The Function of the HBOCG are shown in** Section 15 and the outbreak will be monitored, directed and regulated accordingly.

16 Membership of the Health Board Outbreak Control Group (HBOCG)

16.1 **Chair**

- DN&PE, Executive Lead for IP&C or delegated to ADN (IP&C)
- COO
- EDPH
- When an outbreak involves the wider community, the CCDC may chair.

16.2 **Other staff required are:**

- Other relevant representation from the Executive Team as determined by the incident (e.g. Medical Director)
- Infection Control Doctor
- Healthcare Epidemiologist
- Head of Nursing and/or Matron for Infection Prevention & Control for relevant services
- Administrative support (provided by SDU)
- Consultant Medical Microbiologist (if ICD not available)
- Healthcare Epidemiologist
- Infection Prevention and Control Nurse
- Delivery Group Management Triumvirate
- Specialty Delivery Group management representatives
- Site/Bed Manager
- Consultant, or senior medical representative, from the affected ward/area
- Ward Manager (or deputy)
- Site Domestic Services Manager (or deputy)
- Site Estates representative
- Consultant in Communicable Disease Control (where appropriate)
- Occupational Health Consultant or nominated representative (where appropriate)
- Representatives from other departments/professional groups may be invited depending on the nature of the outbreak/incident e.g. engineering/estates, sterile services, allied health professionals.
- Health Protection Team
- Communications Officer
- Commissioners of specialist tertiary services or Regional/National Network representatives, where appropriate

16.3 This list is not exhaustive and other members may be co-opted onto the HBOCG as necessary

16.4 See **Appendix 6** for the responsibilities assigned to members of the Health Board Outbreak Control Group.

17 Functions of the Health Board Outbreak Control Group (HBOCG)

17.1 Delivery Group staff will ensure that all necessary HBOCG members are invited

17.2 All meetings of the HBOCG will have:

- clear agendas (see Model Agenda in Appendix 2); for COVID-19, see

Appendices 17 and 18)

- minutes /action notes will be produced (see Model Outbreak Checklist - Appendix 7).
- Delivery Group staff will communicate agreed decisions and actions to relevant staff.

17.3 The Chair will ensure that:

- meetings are held as required
- that the meetings are conducted in accordance with the agenda
- proceedings are recorded and communicated to the membership.

17.4 **Functions**

- To review evidence and confirm that the outbreak requires a HBOCG.
- To determine whether the outbreak is a "major outbreak" as outlined in Section 9.4, requiring a (M)OCT.
- If the outbreak is determined to be a Major outbreak requiring a (M)OCT, to assess whether there is a requirement to instigate the "Wales Outbreak Plan" – see Section 18 below.
- If the outbreak is considered to have serious public health implications, to agree to convene an **Outbreak Control Team** (**OCT**) and, if necessary, implement '**The Wales Outbreak Plan'**;
- if the outbreak does not have serious public health implications, to agree to continue with this '**Hospital Outbreak/Incident Plan'**;
- To receive information on progress of the outbreak including information on new cases, containment/spread of infection, source of infection/cause of outbreak.
- To receive information on the management of the outbreak
- To receive and discuss a summary of results of investigations, samples, typing, source of infection and timelines.
- To receive assurance that IPC precautions are in place and are being followed e.g. audit results.
- To agree the case definition for outbreak management as stated by the DGOOCG;
- to identify the population at risk;
- to agree or amend DGOOCG decisions on the investigation and control of the outbreak, and ensure they are being implemented;
- to review DGOOCG information on the optimal continuing clinical care of all patients during the outbreak;
- to ensure that the necessary steps are being taken to ensure the well-being and safety of staff involved;
- to decide whether outside help and expertise is required;
- 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 facilitate arrangements for providing clear information and guidance to patients, staff, relatives, and the general public;
- to assess the resource implications of outbreak management, and how these are being/will be met;
- to ensure that, when necessary, additional cleaning measures are in place;
- to ensure that, when necessary, additional bank staff are used to allow patients in cohort isolation to be cared for by separate staff to patients who are unaffected;
- to ensure that, when necessary, additional staff are in place to ensure that staff caring for patients with infectious gastroenteritis (or for cleaning areas affected by infectious gastroenteritis) are not responsible also for food handling duties;
- to agree the requirement for, and to authorise, additional equipment;
- to agree the requirement for, and to authorise, specialist decontamination procedures (e.g. HPV) where necessary;
- to agree the requirement for remedial work to be undertaken by Estates or contractors prior to decontamination and agreeing the area can return to normal function, e.g. replacement of sink traps or shower traps, replacement of water outlets; replacement or repair of floors, etc.;
- to meet on a regular basis to review progress on outbreak investigation and monitor the effectiveness of infection prevention & control measures;
- to agree/amend the DGOOCGs definition and determination of the end of the outbreak;
- to ensure that the outbreak has been reported as a Serious Incident (SI) and to ensure that WG have been kept informed of any significant escalation in the outbreak;
- to evaluate the investigation and management of the outbreak and lessons learned;
- to ensure that the outbreak is reported (see Model report templates in Appendices 12-14) to the Health Board's Infection Control Committee.

18 Management of an Actual or Potential outbreak with potentially serious public health implications and requiring a Major Outbreak Control Team (MOCT).

18.1 A Major Outbreak Control Team (see membership in Section 18.5) may need to be convened when an outbreak leads to

- significant impact on services
- life threatening illness or death from the infection
- potential for significant public alarm

18.2 If there is an indication that an outbreak has **potentially serious public health implications, such as implications for the wider community (or if it is**

defined as food or water borne) the HBOCG or MOCT in collaboration with the CCDC will declare this to be the case and will agree to invoke '**The Wales Outbreak Plan**', which will be supplemented by this Health Board '**Hospital Outbreak/Incident Plan**'.

18.3 At any point, the CCDC, the Director of Microbiology, ICD, Consultant Medical Microbiologist, EDPH or Director of Public Protection may declare an outbreak of potentially serious public health implications and invoke the "Wales Outbreak Plan".

18.4 Any outbreak with potentially serious public health implications will be reported to WG as a Serious Incident.

18.5 **Members of the Major Outbreak Control Team (**when the "Wales Outbreak Plan" is not invoked)

- In addition to members of the HBOCG the following are required:
  - EDPH for the Health Board (delegated responsibility from the CE)
  - CCDC
  - Medical Director for the Health Board
  - DN&PE or ADN (IP&C) for the Health Board
  - Lead ICD
  - Representatives from other agencies including:
    - Public Health Wales
    - Local Authority (as appropriate)
    - NHS Shared Services Wales
    - This list is not exhaustive

18.6 **Members, Duties, Roles and Responsibilities of the Outbreak Control Team (when the "Wales Outbreak Plan" is invoked)**

- Health Board staff will be required to attend as outlined in Section 20.5.
- Duties, Roles, Responsibilities and further information can be found in detail (Part 2 "Outbreak Plan Organisation") of the Welsh Government's Communicable Disease Outbreak Plan for Wales **('The Wales Outbreak Plan')**.

19 Communications

19.1 Clear communication channels are to be in place throughout all outbreak, both within the Health Board and with external agencies.

19.2 The serious incident procedure is to be invoked when an outbreak is identified. Welsh Government is to be notified via the DN&PE, or deputy, and a Serious Incident notification form is to be completed by the appointed responsible person within the relevant Delivery Group.

19.3 The Communications Team is be involved at an early stage to ensure effective communication strategies with patients, contacts, media and public.

19.4 Wards with outbreaks/incidents must ensure effective communication during staff handover regarding the management of the incident/outbreak (an **In**fection

Incident / Outbreak SBAR Communication Tool has been developed to facilitate this communication and can be found in **Appendix 16**).

20 Standards for outbreak investigation and management/control and audit

20.1 The table in Section 20.5 details expected standards relating to the investigation and management of an outbreak.

20.2 An audit against these standards should be undertaken by using the ***Outbreak Management Audit*** tool at the end of the outbreak process (see **Appendix 8).**

20.3 The effectiveness of isolation practices implemented during an outbreak of infective gastroenteritis, i.e. Norovirus or *Clostridioides difficile,* can be audited by the Delivery Group: Delivery Group Team's governance staff, or others, using the ***Audit of Isolation Practice during an Outbreak*** tool (see **Appendix 9**).

20.4 A generic tool for auditing compliance with Transmission-based Precautions, Information and Treatment for Outbreak Management can be found in (see **Appendix 10).**

20.5 **Table showing Expected Standards relating to the Investigation and Management of an Outbreak**

Outbreak Recognition	Initial investigation to clarify the nature of the outbreak begun within 24 hours.
	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 Health Board Outbreak Control Group (HBOCG).
Health Board Outbreak Control Group (HBOCG)	HBOCG held within 48 hours of decision to convene.
	All departments/disciplines involved in investigation and control represented at HBOCG meeting.
	Roles and responsibilities of HBOCG 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 HBOCG 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 HBOCG audits their response to the outbreak/incidence against this guidance.
	Outbreak report and audit to be forwarded to Welsh Government.

21 Outbreak Report

21.1 In the event of a significant outbreak with serious public health implications, a report containing details of the investigation, compilation of results, and conclusions, will be circulated to Communicable Disease Surveillance Centre, to the Welsh Assembly Government, the Health Board, all local authorities involved, and any parties deemed appropriate by the OCT. The full report template should be used (see Appendix 14).

21.2 Summary reports on hospital outbreaks/incidents will be submitted, by Delivery Group staff, to the Health Board's Infection Control Committee. Where required by the HBOCG, these summary reports will be supplemented by a more detailed Outbreak Report prepared by Delivery Group staff.

21.3 Templates for reports can be found in Appendices 12, 13 and 14. The report required will be determined by the nature and extent of the report. The IPCT will advise

21.4 All reports should 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 will be numerical and alphabetical, respectively.

22 Useful Contacts

A list of Useful Contacts may be found in **Appendix 15.**

23 Out of Hours and Emergency Arrangements

Access to services out of hours and in emergencies is available through the hospital switchboards who hold details of the on-call rotas and on-call numbers for the following:

- First on call Manager
- Executive on call
- Consultant Medical Microbiologist on call
- CCDC/Health Protection Team on call
- Laboratory services on call
- Facilities Manager on call

24 References and Further Reading

- Department of Health/Health Protection Agency (2008, updated 2019) *Clostridium difficile* infection: How to deal with the problem. Accessed on 19.02.20
- Public Health England (2013) Updated guidance on management and treatment of *Clostridium difficile infection* accessed on 19.02.20
- Public Health England (2012). Guidelines for the management of norovirus outbreaks in acute and community health and social care settings. Accessed on 19.02.20

- Health Protection Agency (2010). Initial investigation and management of outbreaks and incidents of unusual illness. A Guide for Health Professionals. Accessed on 19.02.20
- Welsh Assembly Government/public Health Wales (2014) Communicable Disease Outbreak Plan for Wales (**'The Wales Outbreak Plan'**). Accessed on 19.02.20
- Public Health Wales COVID-19 - Healthcare associated COVID-19 infections outbreaks and their management in inpatient settings Draft 05.11.2020 v0c
- Public Health Wales COVID-19 Outbreaks Roles and Responsibilities
- Public Health Wales COVID-19 - 16 point plan - to limit minimise and mitigate the risks associated with COVID-19

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
Novel Coronavirus – COVID-19	*Mycobacterium tuberculosis complex*	*Neisseria meningitidis*
Plague		
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 lyssaviruses
Rubella	*Rickettsia spp*	Rift Valley fever virus
SARS	Rubella virus	Sabia virus
Smallpox	*Salmonella spp*	SARS coronavirus
Tetanus	*Shigella spp*	*Streptococcus pneumoniae (invasive)*
Tuberculosis	*Streptococcus pyogenes (invasive)*	Varicella zoster virus
Typhus	Variola virus	Verocytotoxigenic *Escherichia coli* (including *E.coli* 0157*)*
Viral haemorrhagic fever (VHF)	*Vibrio cholerae*	West Nile Virus
	Yellow fever virus	
Whooping cough		*Yersinia pestis*
Yellow fever		

The initial agenda for the first outbreak meeting will include:

1. Agree assessment that outbreak can be managed by DGOOCG
2. Agree individual actions/responsibilities.
3. Overview and initial assessment of the outbreak
4. Patient and staff status/well-being
5. Case definition(s).
6. Define and agree end of outbreak.
7. Agree reporting mechanisms and communication.
8. Investigation of outbreak.
9. Management/control measures.
10. Agree any additional resources required e.g. cleaning, additional staff etc.
11. Agree bay/ward closure.
12. Patient flow issues; bay/ward closures.
13. Frequency of Outbreak Meetings.
14. Date and time of next meeting?

Subsequent agendas will include:

1. Minutes of previous meeting.
2. Update on actions and matters arising.
3. Situation report including patient and staff status/well-being.
4. New cases
5. Review evidence of spread
6. Re-assess (using tool in section 9.4) and consider whether the outbreak needs to be escalated (requiring HBOCG).
7. Investigation progress reports (including review of available microbiological data).
8. Review of control measures and effectiveness.
9. Review of case definition(s).
10. Agreement of actions.
11. Patient flow issues; bay/ward closures
12. Communications.
13. Date and time of next meeting.

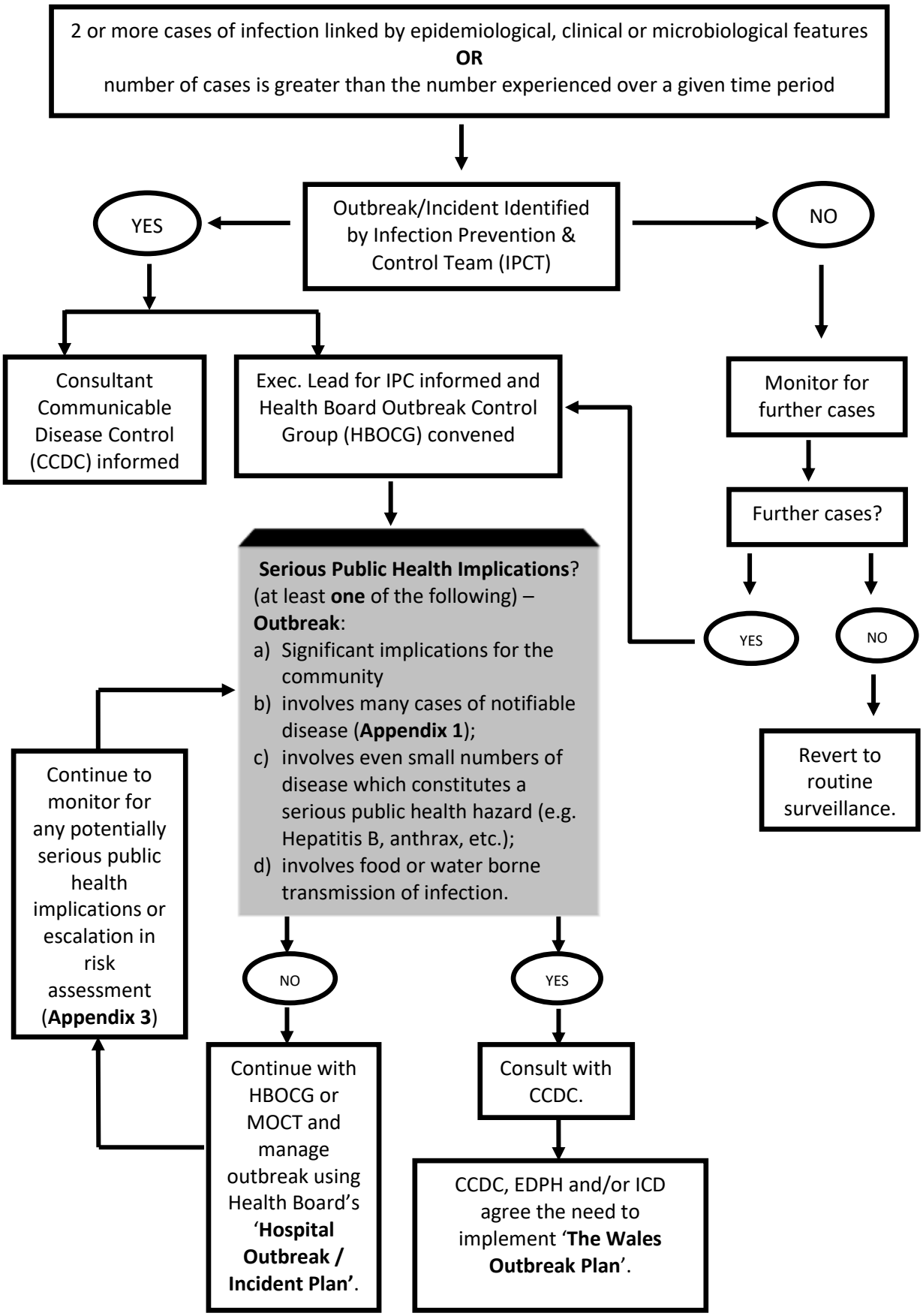
The initial agenda for the first outbreak meeting will include:

Agree membership and chairperson.
Outbreak protocol and individual actions/responsibilities.
Declarations of conflict of interest and duty of candour
Overview and initial assessment of the outbreak
Patient and staff status/well-being
Case definition(s).
Reporting mechanisms.
Investigation of outbreak.
Management/control measures.
Patient flow issues; bay/ward closures
Communication (including discussion on need for Press Statement).
Submission of SI or No Surprises report to WG
Frequency of Outbreak Meetings.
Date and time of next meeting?

Subsequent agendas will include:

Minutes of previous meeting.
Update on actions and matters arising.
Situation report including patient and staff status/well-being.
Investigation progress reports (including review of available microbiological data).
Review of control measures and effectiveness.
Review of case definition(s).
Review of membership/extend if required.
Agreement of actions.
Patient flow issues; bay/ward closures
Communications.
Date and time of next meeting.

Decision Tree for determining whether to implement the Health Board 'Hospital Outbreak/Incident Plan' or 'The Wales Outbreak Plan'



Outbreak of Infection Record (Patients)

Ward/Department: ..... Manager: ..... Contact Number: .....

Total No. Beds on Ward: ..... Total. No. Patients on Ward: .....

Date outbreak reported to IPCT/Site Manager/Occupational Health: ..... Time: ..... Notified by:

Date of onset	Patient Name	NHS Number	Symptoms	Date Specimen Sent	Specimen Result	Date Symptoms Stopped

Patients Record

Photocopy this form as required and keep available for review by IPCT. **Also available as Excel Version**

Appendix 5b - Infection Outbreak – Record of Affected Patients (D&V)

Ward/Department				Outbreak No.				Please record stool form using Bristol Stool Scale Chart										Date Spec. Sent	Result	Comments on Patients (include current medication, antibiotics, laxatives, etc.)	Section/Bed	Move To
Name & File Number	Date			Date			Date			Date			Date			Date			Date								
	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N						
Total No. Empty Beds																											

Outbreak of infection Record (Staff)

Ward/Department: ..... Manager: ..... Contact Number: .....

Total No. Beds on Ward: ..... Total. No. Staff on Ward: .....

Date outbreak reported to IPCT/Site Manager/Occupational Health: ..... Time: ..... Notified by:

Date of onset	Name of affected Staff member	NHS Number (if available) & ESR Number	Symptoms	Date Last Worked	Date Specimen Sent	Specimen Result	Date Symptoms Stopped	Date Returned to Work

Photocopy this form as required and keep available for review by IPCT and Occupational Health

Staff Records

Also available as Excel Version

DN&PE, Director of Public Health, Chief Operating Officer or ADN (IP&C)	Lead Infection Control Doctor or CMM	Infection Prevention and Control Nurse	Service Delivery Group Management Team (Unit Nurse Director, Clinical Director, General Manager)	Site/Bed Managers, Ward Manager, Clinical Teams	Facilities Managers	Occupational Health Consultant (where appropriate)
- May act as Chair of HBOCG - Attend all HBOCG meetings or ensure attendance by a nominated deputy.	- May act as Chair of HBOCG - Direct and co-ordinate the management of the outbreak. - Consider the most appropriate method of investigation of the outbreak.	- Attend all HBOCG Meetings.	- Responsible for organising HBOCG meeting and inviting members. - Responsible for notifying Regional & Tertiary services specialist groups.	- Attend all HBOCG Meetings.	- Attend all HBOCG Meetings.	- Attend all HBOCG Meetings, as appropriate.
- Ensure members of the control group understand their role and responsibilities.	- Attend all HBOCG meetings.	- Monitor implementation of control measures; provide support & advice for staff.	- Attend all HBOCG meetings.	- Ensure good documentation standards by staff; give daily updates on the outbreak in their department/s.	- Organise staff & equipment for increased and deep cleaning as necessary.	- Check fitness to work of staff dealing with incident/ outbreak.
- Ensure relevant staff informed of the resources required by ward/unit.	- Liaise with Clinical consultants and advise on the taking of the relevant diagnostic specimens.	- Responsible for communicating Infection Control issues to members of the HBOCG.	- Provide adequate accommodation and clerical support to the HBOCG.	- Ward & Clinical Teams responsible for daily clinical review of patients affected by outbreak.	- Ensure cleaning and disinfection procedures carried out according to guidelines.	- Monitor staff members affected and give OH guidance.

Appendix 7 – Health Board Outbreak Control Group Members' Responsibilities

DN&PE, Director of Public Health, Chief Operating Officer or ADN (IP&C)	Lead Infection Control Doctor or CMM	Infection Prevention and Control Nurse	Service Delivery Group Management Team (Unit Nurse Director, Clinical Director, General Manager)	Site/Bed Managers, Ward Manager, Clinical Teams	Facilities Managers	Occupational Health Consultant (where appropriate)
- Communicate with the Chief Executive and Communications Manager.	- Liaise with CCDC as necessary.	- Support and work with Delivery Group staff to ensure full report is written for ICC.	- Responsible for completing Serious Incident form and forwarding it the DN.	- Implement the recommended control procedures. - Accurate symptoms documentation	- Ensure extra supply of linen is available.	- Liaise closely with IPCT.
- Responsible to ensure outbreak is reported as a Serious Incident.	- Consider whether the local laboratory resources are adequate to cope with the situation.	- Liaise with laboratory staff and, through the Consultant Microbiologist, request appropriate typing of isolates.	- Ensure a full record of the meetings and incident/ outbreak is maintained and, with support from IPCT, ensure that a full report is written at the end of the outbreak for submission to ICC.	- Ward & Clinical teams to undertake full risk assessment in relation to incident/outbreak. - Liaise with, and where relevant, supervise the cleaning team.	- Update their staff daily. - Provide enhanced cleaning as required by the HBOCG	- Initiate necessary OH control measures to protect staff working with the outbreak.
- Determine the frequency of subsequent meetings.	- Responsible for epidemiological investigations (data collation daily).	- Any other duties deemed necessary by the HBOCG.	-	- Ensure all specimens are collected as necessary.	- Any other actions recommended by HBOCG.	- Report to IPCD regarding staff status.

DN&PE, Director of Public Health, Chief Operating Officer or ADN (IP&C)	Lead Infection Control Doctor or CMM	Infection Prevention and Control Nurse	Service Delivery Group Management Team (Unit Nurse Director, Clinical Director, General Manager)	Site/Bed Managers, Ward Manager	Facilities Managers	Occupational Health Consultant (where appropriate)
- Responsible with other senior members of the HBOCG for declaring conclusion of the outbreak. - Any other duties deemed necessary by the HBOCG.	- Initiate the necessary control measures pending laboratory investigation. - Responsible with other senior members of the HBOCG for declaring conclusion of the outbreak. - Any other duties deemed necessary by the HBOCG.		- Assess adequacy of resources to effectively implement control measures. - Any other duties deemed necessary by the HBOCG.	- Communicate daily and offer support to relevant staff, patients and relatives. - Responsible for implementing ward closures or visitor restrictions as recommended by HBOCG. - Any other duties deemed necessary by the HBOCG.		- Any other actions recommended by HBOCG.

Outbreak Checklist

		YES	No (or mark N/A)
	INITIAL ASSESSMENT		
1.	Has CEO or designate been informed		
2.	Is a Health Board Outbreak Control Group necessary or outbreak declared		
3.	Is there community involvement		
4.	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.	Regional Service Commissioners and Regional/UK Networks informed (as appropriate)		
8.	SI form completed and submitted		
9.	Appropriate Senior Estates manager informed (as appropriate)		
10.	Public Relations Officer identified and press statement prepared		
11.	Appropriate information provided to staff		
12.	Appropriate information provided to patients		
13.	Appropriate information provided to relatives and visitors		
14.	Communication with relevant personnel and departments considered		
15.	Microbiology department informed and outbreak number assigned		
16.	CDSC/WHAIP contacted (as appropriate and directed by CCDC or ICD)		
17.	Other Healthcare facilities informed as appropriate		
18.	Other relevant bodies contacted if so which?		

	MANAGEMENT/ORGANISATIONAL ASPECTS	YES	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, CSSD, ancillary staff 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 para-medical staff informed of these procedures		

9.	Domestic/housekeeping procedures defined	
10.	Availability of supplies assessed	

Outbreak Checklist (continued)

		YES	No (or mark N/A)
	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		

		YES	No (or mark N/A)
	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.	Protocol on patient transfer, discharge and admissions defined		
6.	Protocol on the movement of patient and staff within the hospital defined		
7.	Visiting arrangements defined		

		YES	No (or mark N/A)
	END OF OUTBREAK		
1.	Preliminary report compiled		
2.	Meeting of Outbreak Group held to consider long term implications		
3.	Final report/lessons learned compiled and circulated		

		Yes	No	N/A	Comments
Outbreak Recognition	Initial investigation to clarify the nature of the outbreak was commenced within 24 hours of notification?				
	Immediate risk assessment was undertaken and recorded following receipt of initial information?				
Outbreak Declaration	Decision was made and recorded regarding outbreak declaration and convening of the Health Board Outbreak Control Group?				
Health Board Outbreak Control Group (HBOCG)	HBOCG was held within 48 hours of decision to convene?				
	All departments/disciplines involved in investigation and control were represented at HBOCG meeting?				
	Roles and responsibilities of HBOCG members were agreed and recorded?				
	Chair of HBOCG agreed and recorded?				
Outbreak Investigation and Control	Control measures documented with clear timescales for implementation and responsibility, and this is monitored and reviewed at each meeting?				
	Case definition agreed and recorded?				
	Description was made of cases – time, place, person (from notes, charts, admission history)?				
	Any changes in the system that could have resulted in the outbreak (changes in people, equipment, procedures or the environment) were identified and recorded?				
	All outbreak data was kept up to date?				
	Rationale for decisions was recorded?				
	Investigation protocol was prepared if an analytical study was undertaken?				
Communications	Communications strategy agreed at first HBOCG meeting ?				
	Welsh Government informed (SI or no surprises reporting)?				
End of Outbreak	Final outbreak report was completed within 4 weeks of the formal closure of the outbreak?				
	Report recommendations and lessons learnt were reviewed within 3 months of formal closure of the outbreak?				
	Outbreak report and audit to be forwarded to office of CMO, Welsh Government?				

To be completed daily and reported at the next available site/bed management/bed status meetings.

Audit carried out by (name and designation): ..... Date: ..... Time: .....

Ward: ..... Date of onset of outbreak: ..... Date outbreak reported to IPCT: .....

No. Patients Isolated: ..... No. Isolation (closed) bays: ..... No. Closed (empty) beds: .....

Total No. Beds on Ward: ..... Total. No. Patients on Ward: .....

Staffing

Shift	Trained	HCSW	Bank/Agency (specify Trained and/or HCSW)
Early			
Late			
Night			

	Standard	Yes	No	N/A	Comments
1	Special infection prevention & control precautions poster displayed at entrance to the ward?				
2	Isolation bay clearly identified (doors closed and posters in place)?				
3	Sufficient staff are available for the patients in isolation (cohort) areas only?				
4	Dedicated toilet facilities available and identified (WC or Commode)?				

	Standard	Yes	No	N/A	Comments
5	Appropriate hand washing notices are on display (alcohol hand rub removed from isolation bed areas, but available immediately outside the isolation room/area)?				
6	Sufficient and appropriately located hand washing facilities are available?				
7	Patient care associated equipment (BP cuffs, hoists, blood glucose monitors, etc.) is dedicated to the isolation area or decontaminated thoroughly prior to removal (visually check for cleanliness)?				
8	Commodes and WCs are cleaned after each use (ask and visually inspect)?				
9	PPE (gloves and aprons) are available and used appropriately?				
10	Stool and fluid balance charts are maintained and are up-to-date?				
	Compliance % = No. Yes responses / 10 (minus any N/A) x 100 Compliance Score = %				
Additional comments:					

Infection Prevention and Control Generic Outbreak Checklist Refer to NIPCM

Standard Infection Control Precautions (SICPs) apply to all staff, in all settings, at all times for all patients.					
(Audit tool for Transmission Based Precautions (to be used in addition to SICPs) for Outbreak Management					
Patient Placement/Assessment of risk	**Date**				
Patient placement is prioritised in a suitable area pending investigation i.e. single room with clinical wash hand basin and en-suite facilities.					
Cohort areas are established if multiple cases of the same infection are confirmed or if single rooms are unavailable. (Patients should be separated by at least 3 feet (1m) if cohorted).					
Doors to isolation/cohort rooms/areas are closed and signage is clear (undertake a patient safety risk assessment for door closure).					
If failure to isolate, inform IPCT. **Ensure all patient placement decisions and assessment of infection risk (including isolation requirements) is clearly documented in the patient notes and reviewed throughout patient stay.**					
Patient placement has been reviewed.					
Personal Protective Clothing (PPE)					
Staff are wearing disposable aprons and gloves for direct care contact or when in the patients immediate care environment and changed between patients and/or following completion of a procedure or task. If the infectious agent/disease is spread by droplet or airborne (aerosol) transmission and during AGPs ensure correct use of RPE. Sufficient stocks of PPE including RPE are available.					
Safe Management of Care Equipment					
Single-use items are in use where possible.					
Dedicated reusable non-invasive care equipment is in use and decontaminated between use and prior to use on another patient.					
Safe Management of the care environment					
All areas are free from non-essential items and equipment.					
At least daily decontamination of the patient isolation room/cohort rooms/areas is in place using a combined detergent/disinfectant solution at a dilution of 1,000 parts per million (ppm) available chlorine (av.cl.).					
Increased frequency of decontamination is incorporated into the environmental decontamination schedules for areas where there may be higher environmental contamination rates e.g. “frequently touched" surfaces (e.g. door/toilet handles, locker tops, over bed tables, bed rails).					
Terminal decontamination is undertaken following patient transfer, discharge, or once the patient is no longer considered infectious.					
Information and Treatment					
Patient informed of all screening/investigation result(s).					
Patient Information Leaflet provided and explained. (document in notes. Include family, if patient consents)					
Education given at ward level by a member of the IPCT.					
Ward staff provided with information sheet.					
Any antimicrobial therapy reviewed by patient’s medical team.					

Debriefing document for the purposes of recording the outbreak where a full report is not required and for sharing lessons learned with Delivery Groups and Health Board staff. It should be completed by the DGOOCG (at the end of the incident/outbreak)

1.Incident reference

Reference/title for this incident.

2. Details of incident

Brief summary of incident: Include details of the following where relevant:

- dates when incident started/ended;
- case definition;
- description,
- number and features of cases;
- care areas/locations affected;
- source and modes of cross-transmission/exposure;
- diagnosis and treatment
- any enhanced surveillance of interventions
- any hypotheses.

3. What went well?

Please list aspects of the incident considered to have been managed well:

4. What did not go well?	
Please list aspects of the incident considered not to have been managed well:	
5.Lessons Learned	
Please provide details of any learning points or recommendations:	
6. DGOOCG lead details	
Name:	Email:
Job Title:	Address:
Contact number:	Contact number (mobile):
Date:	Signed:

SBAR Report

A tool to assist health Board staff report incidents and outbreaks that do not require a Full Report

Situation
Please provide details of the incident including where relevant: the organisation reporting, where and when the incident started/ended, the alert organism/condition, number of persons involved, the impact on health.
Background
Please provide background details to the incident this may include: current guidance available, any relevant preceding factors, recognition of the incident.
Assessment
Please provide details of: exposures and sources actual or potential, descriptive epidemiology, public health/transmission risks, control measures, communications
Recommendations
Please consider aspects of the incident that was: managed well, could be managed better. Also specify how to prevent or minimise the risk of similar events occurring

Name:	**Designation:**
Email:	**Tel:**

Full Incident/Outbreak Management Team Report

All reports should 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 will be numerical and alphabetical, respectively.

Incident Management	
Incident /Outbreak Management Team lead:	Name and job title, Board:
Agencies represented on HBOCG:	
Date of first HBOCG meeting:	
Date of last HBOCG meeting:	
Number of HBOCG meetings held:	
Guidance used by HBOCG:	
Please record any other points on HBOCG:	
Incident Detection and Initial Response	
Date of first notification of case(s):	
Date incident detected:	
Description of how the incident was detected:	
Description of the initial risk assessment response and communications:	
Please note any other points on incident detection and initial response:	
Type of Incident/Outbreak	
Causative Organism :	
Main presenting illness:	
Main Primary Exposure(s):	Food Water Air General Environment Person to Person (type e.g. sexual, respiratory, contact) Other (please describe)

Source(s) of Exposure:			
Duration of Incident:	From: To:		
Please Note any Other Points on the Type of Incident/Outbreak:			
Investigation			
Epidemiological Investigation			
Type(s) of Epidemiological Investigation:			
Case definition:			
Final Case Definitions:	Confirmed Probable Possible		
Number of Cases by Definition and Sex:			
Number of Cases by Definition and Age:			
Clinical Status	Admitted:	ITU:	Deaths:
First and Last Date of Onset by Definition:			
Epidemic Curve Appended?:	Yes/No		
Areas of Incident Occurrence:			
Mapping of Cases Appended?	Yes/No		
Primary Exposures Investigated:	Food Water Air General Environment Person to Person (type) Zoonotic Other (please describe)		
Source(s) of Exposures:			
Secondary Exposures Investigated:			
Other Risk Factors for Illness:			
Underlying Medical Conditions:			
Further Epidemiological Investigations Report Appended?:	Yes/No		
Key Findings:			
Main Conclusions:			
Please Note Any Further Points on the Epidemiological Investigations:			

Laboratory Investigations	
Diagnostic Laboratories Involved:	
Reference Laboratory Involved:	
Causative Agent:	
Strain/genotype of Micro-Organism:	
Dates of First and Last Positive Results in Confirmed Cases by Laboratory:	
Key Findings:	
Main Conclusions:	
Please Note any Further Points on the Laboratory Investigation:	
Summary Environmental Investigations	
Overall Summary from Investigation	
Key Findings:	
Main Conclusions:	

Control Measures			
Objectives:			
Prevention of Primary Exposure			
Exposure	**Measure**	**Onset and Duration**	**Agency Responsible**
Prevention of Secondary and Further Exposure(s)			
Exposure	**Measure**	**Onset and Duration**	**Agency Responsible**

Prevention of Ill Health in Those Exposed			
Exposure	**Measure**	**Onset and Duration**	**Agency Responsible**
Treatment and Care of Cases			
Services	**Measure**	**Onset and Duration**	**Agency Responsible**
Primary Care			
Secondary Care			
Other			
Criteria for Cessation of Main Control Measures			
Summary			
Compliance Issues			
Evaluation of Impact and Achievement of Objectives			
Main Conclusions			

Communications	
Strategy	
Objectives:	
Audience(s):	
Key Content: Assessed Risk to Health:	
Key Content: Advice on Risk Reduction:	
Main Spokesperson(s):	
Method of assessing impact:	
Communications Made: Service	
Public Health (Wales):	
Public Health (UK & Europe):	
Welsh Government :	
General Practice:	

NHS 24:	
Out of Hours & A&E:	
Local Authorities:	
Secondary Care:	
Others:	
Communications Made: Public	
Cases and Contacts:	
Affected Communities:	
Local Media:	
National Media:	
Helpline:	
Publicity and Specific Health Information:	
Others:	
Summary	
Evaluation of Impact and Achievement of Objectives:	
Main Conclusions:	

Antecedents of Outbreak	
What occurred to Precipitate the Outbreak? :	
Were there any System Failures which Contributed to this? :	
Were there any Organisational or Cultural Issues Contributing to these? :	
What is the Likelihood of a Similar Event Occurring?	
What Needs to be Done to Prevent this?	

Learning from Experience	
Organisational Arrangements	*What worked well? :*
	What could be improved?:
Investigation	*What worked well? :*

	What could be improved?:
Control Measures	*What worked well? :*
	What could be improved?:
Communications	*What worked well? :*
	What could be improved?:
Please Identity any Updates to Guidance that Should be Considered as a Result of the Incident:	
Please Identify any Research that Should be Considered as a Result of the Incident:	
Please Identify any Workforce/ Education/ Development Priorities to Arise as a Result of the Incident:	

Summary of Conclusions:
Include • a statement on the causes of the outbreak, including any failures of procedures or breaches of legislation • comments on the conduct of the investigation and lessons learnt • comments on any training needs identified by the investigation and • performance against agreed standards

Recommended Actions Arising from the Incident/Outbreak Recommended Action Should be set out as Objectives Using the 'SMART Approach' i.e. Specific, Measurable, Achievable, Realistic, Timed: • **Specific –** Be Precise about the objective to be achieved. • **Measurable –** Quantify the extent of the action. • **Achievable –** Actions should not be an excessive burden on the owners. • **Timed –** State the expected completion date.

Action No.	Description of Action	Action Owner	Complete by Date

Include Appendices:
Minutes of HBOCG/MOCT meetings (and DGOOCG where the outbreak has been escalated
Results of statistical analyses
Epidemiological report

Report Approval

For Completion by the Chair of the Incident/Outbreak Control Group	
Name:	**Designation:**
Signature:	**Date:**
Email:	**Tel.:**

Swansea Bay University Health Board
Department of Infection Prevention and Control

Useful Contact Numbers

Title	Contact Number
DN&PE, Executive Lead for IP&C	• SBUHB Headquarters Ext. 43308
EDPH	• SBUHB Headquarters Ext. 43386 or Ext. 43362
ADN, IP&C	• SBUHB Headquarters Ext. 42217
Infection Control Doctor Consultant Microbiologists	• 01792 285052 Ext. 35052
IP&CNs	• Clinical Triage Nurse Ext. 33690
Site/Bed Managers	• Morriston - Ext. 33269/33778 • Neath Port Talbot – Ext. 42613/42014 • Singleton – Ext. 37691
Facilities Manager	• Morriston - Ext. 33721 • Neath Port Talbot – Ext. 42486/47789 • Singleton – Ext. 35566
Occupational Health	• Morriston - Ext. 33610 • Neath Port Talbot – Ext. 43197 • Singleton – Ext. 35393
Consultant for Communicable Disease Control (CCDC)	• WHTN 1809 3974 01792 940974
Health Protection Team	• 0300 0030032 (in hours) • Via ambulance control (out of hours)

Infection Incident / Outbreak SBAR Communication Tool

Instructions: Every morning, ward/unit staff must complete the relevant sections for Situation, Background & Assessment so that this may be reviewed with the Infection Prevention & Control Team, to inform the risk assessment and agree actions and recommendations. The completed SBAR must be kept on the ward and be discussed at staff handover meetings. These records should be kept by the ward and can be used at Incident/Outbreak Control meetings and be available if an Outbreak Report is required.

Hospital Site: (Delete as appropriate)	Morriston/ Singleton / Neath Port Talbot / Gorseinon / Tonna/ Cefn Coed
Ward:	
Date:	
Ward Staff completing SBAR:	
IPCN Reviewing SBAR:	

S	**Situation today:** • Total Number of confirmed positive cases on the ward to • Number of patients with ongoing symptoms on the ward today: • Number of new symptomatic patients in last 24 hours: • Number of new confirmed patient cases in the 20last 24 hours: • Number of new symptomatic staff in last 24 hours: • Number of new confirmed staff in the last 24 hours: • Bays with new symptomatic or confirmed positives cases in last 24 hours:
B	**Background:** • Incident / outbreak first identified: • Type of Suspected / confirmed infection: • Total number of patients confirmed positive to date: • Total number of staff confirmed positive to date • Date of last confirmed positive case:
A	**Assessment today: Please indicate if bay is symptomatic (S), exposed (E), asymptomatic (AS), or recovering @ 24/48/72 hrs post symptoms.** **Please indicate if there are any empty beds within the bay.** • Bay 1 – • Bay 2 • Bay 3 – • Bay 4 – Cubicle 1 Cubicle 2 Cub 20

	Assessment continued: tick as appropriate	Yes	No
	Signs displayed at entrance to ward doors to indicate infection on ward?	☐	☐
	Ward & Bay doors closed (if safe to do so)?	☐	☐
	Restricted visiting?	☐	☐
	Restriction on visiting staff and numbers of staff on ward rounds?	☐	☐
	Appropriate Isolation Precautions signs on single room doors?	☐	☐
	Adequate supplies of appropriate PPE?	☐	☐
	Staff compliant with wearing PPE?	☐	☐
	Adequate supplies of hand hygiene products (soap, sanitiser, paper towels)?	☐	☐
	Staff compliant with Hand Hygiene?	☐	☐
	Appropriate disinfectant solution/wipes available and in use?	☐	☐
	Domestic cleaning undertaken appropriately?	☐	☐
	Any other issues:		
R	**Recommendation/Action taken at the time:**		
	Infection Prevention & Control Recommendation: 1. 2. 3. 4. Bay/Bays closed? NO ☐ YES ☐ If yes, which Bay/Bays? …… Ward closure Fully closed ☐ Closed to transfers out and discharges, other than to home? ☐ **Additional comments:**		

Signature of Ward Staff	
Signature of IPC Staff & Matron	

First Meeting of Delivery Group Operational Outbreak Control Group (DGOOCG):

COVID-19 in …… Hospital, SBUHB

Meeting to be held on ……..at ……..

AGENDA

Item		Lead
1.	Welcome and apologies	
2.	Agree assessment that management of incident/outbreak is by DGOOCG.	
3.	Initial assessment of incident /outbreak, by patient/staff cluster	
4.	Outbreak/Incident Update by clinical area concerned, to include a brief outline of: • Patients & Staff - Total positive cases by ward/unit – patients and staff - Total contacts, including symptomatic and asymptomatic - Total confirmed new cases today - Patient & staff status/wellbeing - Staffing implications • Progress on screening • Actions taken and outstanding • Overall impact on services	
5.	Agree individual actions and responsibilities.	
6.	Agree reporting mechanisms and communication.	
7.	Investigation of outbreak, including agreeing case definitions.	
8.	Agree No Surprises Report/Serious Incident Report.	
9.	Management/control measures, including agreement regarding restrictions.	
9.	Agree and record actions.	
10.	Frequency of Outbreak Meetings	
11.	Date of next meeting:	

Follow on Meeting of Delivery Group Operational Outbreak Control Group (DGOOCG):

COVID-19 in …… Hospital, SBUHB

Meeting to be held on ……..at ……..

AGENDA

Item		Lead
1.	Welcome and apologies	
2.	Review of notes/action log of previous meeting.	
4.	Outbreak/Incident Update by clinical area concerned, to include a brief outline of: • Patients & Staff - Total positive cases by ward/unit – patients and staff - Total contacts, including symptomatic and asymptomatic - Total confirmed new cases today - Patient & staff status/wellbeing - Staffing implications • Progress on screening • Actions taken and outstanding • Overall impact on services	
5.	Review management/control measures, including agreement regarding restrictions.	
6.	Learning identified and agreed approach for Health Board wide sharing.	
7.	Agree communications update.	
8.	Agree and record actions.	
9.	Date of next meeting:	