Purpose of the document: Provides a clear and comprehensive policy in order to assure infection control and decontamination arrangements throughout the Trust.

Sponsor Department: Medical Directorate

Author/Reviewer: Medical Director: To be reviewed by November 2020

Document Status: Final

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<td>Minor amendments throughout documents: Typos, references updated, enhanced page13; addition of section 2.9</td>
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<td>1.5</td>
<td>PHE lead</td>
<td>Minor additions, re acronyms and terminology, PHE replacing HPT, distinction between outbreak and incident</td>
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<td>Amendments-changes 4.1 and 7.3. Addition of 4.4, 4.6, 4.7 and 7.8. Updated reference documents Appendix 1 and 2,</td>
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**Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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*Links to Related documents or references providing additional information*

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<td>HS 011</td>
<td>Incident Reporting Procedure</td>
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<td>Management of Sharps and Inoculation Incidents Policy</td>
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<td>TP095</td>
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Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.
1. **Introduction**

1.1 This policy outlines the London Ambulance Service's (LAS) internal management process, which must be implemented to control and manage an infectious disease outbreak.

1.2. Definition: **An infectious disease outbreak** is an occurrence of two or more cases of infection, related by time, person or place, or where the number of infections is more than would normally be expected.

1.3. This policy provides staff within LAS with a clear process for the effective management of an infectious disease outbreak.

2. **Scope**

2.1. This document describes the process to be followed an outbreak of infectious disease. This policy must be used in conjunction with the Business Continuity Plan (TP 028), and local business continuity plans, Infection Prevention and Control Handbook, LAS *Communicable Disease Workplace Contact Tracing Guidelines (2016)* and related guidance.

2.2. This purpose of this policy is to ensure that LAS is able to promptly recognise an infectious disease outbreak; initiate control measures to prevent further spread, prevent recurrence, reduce the impact on operational service delivery, and maintain satisfactory communication with other agencies as necessary.

2.3. This policy applies to all LAS staff and those working across the organisation e.g. contractors, volunteers, students and others.

2.4. All LAS employees and those working on behalf of LAS are responsible for adhering to the policy.

2.5. The management of an outbreak of infection is led locally by the Local Management with the support from the Infection Prevention and Control (IPC) team, in conjunction with the local Public Health England (PHE) Health Protection Team (HPT) as outlined in *LAS/PHE Operational Framework (2015)*.

2.6. To note: Single cases of highly infectious disease e.g. measles, chickenpox or outbreaks of infection of significance e.g. Pandemic Flu within the community are led by PHE and are outside the remit of this policy.

2.7. Information about communicable diseases is available on the PHE website ([https://www.gov.uk/health-protection/infectious-diseases](https://www.gov.uk/health-protection/infectious-diseases)).

2.8. This policy excludes major community-wide infectious disease outbreaks, deliberate release or bio-terrorism incidents. In such an event, advice should be sourced from the LAS Emergency Preparedness, Resilience
and Response (EPRR) Team and the PHE London Health Protection Teams. Additional information regarding EPRR arrangements can be accessed on: [https://www.england.nhs.uk/ourwork/eprr/](https://www.england.nhs.uk/ourwork/eprr/)

3. Objectives

3.1. To assist staff to identify an outbreak of infection in LAS as soon as possible, implement measures to control the outbreak and mitigate any risks of cross-infection, thereby reducing the overall impact to the Trust.

4. Responsibilities

4.1. The Trust Board, via the Chief Executive is responsible for:

Maintaining an adequately resourced infection prevention and control arrangement within LAS to contain and manage the outbreak.

4.2 Director of Infection Prevention and Control (Medical Director)

The DIPC has executive responsibility to the Trust Board for infection prevention and control, including incident and outbreak management and shall:

- Determines whether an Outbreak Control Team (OCT) is required, depending on the number of affected cases, the infectious risk and likelihood of spread
- Chairs the OCT meetings
- Oversees the implementation of the Internal Outbreak Policy
- Inform the CEO about the management and progress of the outbreak and provide assurance that control measures are in place.
- Communicates with external agencies e.g. Public Health England (PHE), Commissioners and provides a final report to relevant parties

Note: The PHE Consultant in Communicable Disease Control (CCDC) will lead where the outbreak occurs in the community.

4.3 Infection Control Doctor

The Infection Control Doctor will attend the OCT meetings, support the DIPC and IPC team by providing microbiological and relevant outbreak management advice to contain the outbreak and liaise with PHE, as appropriate.

4.4 Infection Prevention and Control (IPC) Team
The IPC team will provide IPC specialist advice, support local management and co-ordinate the OCT, ensure that all parties are involved in managing the outbreak and that all actions agreed, are delivered. The Head of IPC will formulate the outbreak report for the Trust. The IPC team will support local management, provide specialist advice, and reassurance as appropriate, alongside the Wellbeing Team.

4.5 Director of Operations

The Director of Operations will support the OCT and ensure the continued delivery of the operational services of LAS to the public and staff. They will liaise with the Board and the local management teams to ensure business continuity.

4.6 Outbreak Control Team (OCT)

4.6.1 The OCT will strategically manage the outbreak, directing resources and staff to control and prevent recurrence of an outbreak within the organisation, as well as identifying lessons learnt to be shared across the Trust.

4.6.2 The OCT will be chaired by the DIPC. For membership see Appendix 4.

4.7 Local Management:

Local managers are responsible for managing the local outbreaks, and undertake surveillance in order to promptly identify and report any additional new infectious case, guided by the IPC team.

4.8 Staff / Contractors

All staff contractors, volunteers and visitors have a responsibility to ensure that they do not put others at risk by their actions or omissions, that any risks are identified and that an infectious outbreak is recognised quickly and reported to the local management team and adhere to IPC containment procedures.

4.9. Occupational Health (OH) and Workforce Planning will provide OHS support, contact tracing, and management of cases in conjunction with the IPC team and PHE and Environment Health when appropriate.

4.10. Communications Team will support the Trust with an appropriate communication strategy and provide reassurance.

4.11. External Organisations: Public Health England (PHE) will attend the OCT meetings and provide public health protection guidance. Environmental
Health Officers will be co-opted in the event of significant gastro-intestinal outbreak, Legionella outbreak.

4.11.1. To note: The PHE Health Protection Team does not provide specialist IPC advice or internal outbreak contact tracing for LAS, but will undertake contact tracing in the wider community, if an outbreak has wider public health implications.

5.0 Recognition of an outbreak of infection

5.1. Any member of staff suspecting an outbreak of infectious disease, (including gastro-intestinal illness) must report this to their line manager immediately, without waiting for laboratory confirmation.

5.2. Any of the following may cause a potential outbreak:

- Any staff member diagnosed as having an infectious disease with high transmissibility e.g. measles, viral gastroenteritis
- Two or more staff with similar diagnosis of infection within the same area, service, and time frame.

5.3. Local management should be vigilant and be alert to reports of increase in numbers of cases of infectious disease and seek appropriate advice from the IPC team and/or report promptly.

6. Declaration of an Outbreak

6.1. Following a risk assessment an outbreak will be declared by the DIPC.

6.2. If an outbreak is declared, an Outbreak Control Team (OCT) will be convened, chaired by the DIPC, with membership identified in Appendix 4.

6.3. Control measures for implementation will be agreed by the OCT.

6.4. The IPC team will inform the local management about implementing the control measures and will monitor its adherence.

6.5. Report the declaration of an outbreak to the Board, and on the LAS risk management system (Datix).

6.6. Once a significant outbreak has been declared it should be escalated to the Serious Incident Group in accordance with TP006: Policy and procedure for serious incidents. (Significant outbreaks must be notified to the Lead Clinical Commissioning Group (CCG), as a Serious Incident within 2 days of declaring an outbreak.)
6.7. Communication with other external NHS and Social Care Providers, PHE HPT, and Commissioners is essential, if the outbreak is of significance, has cross-boundary issues or significant impact on wider service delivery.

7. **The Outbreak Control Team (OCT)**

The purpose of the OCT is to coordinate the management, investigation and control of the outbreak of infection. For membership refer to Appendix 4.

- Collate relevant information on the outbreak of infection.
- To ensure appropriate infection prevention and control measures, including decontamination, are instituted with clear responsibilities and timescales, and managed accordingly.
- To advise about the supply of consumables, cleaning materials and equipment.
- Provide clear communication to staff, contractors, visitors, Commissioners, partner agencies and, where necessary, to ensure communication with the public and media.
- To learn from lessons, and make recommendations to prevent a recurrence of the outbreak of infection.
- To liaise with the PHE as per the *LAS/PHE Working Framework 2015*.
- To liaise with Occupational Health and external partners as appropriate.
- The DIPC will assist the Communications officer to develop appropriate media information.
- To receive regular situation reports (SITREPS) at outbreak meetings from local management.

8. **Documentation of outbreak of infection by local management**

8.1. Everyone involved in the outbreak must keep clear accurate records (log sheet).
8.2. The log sheet must be completed by the local manager and updated to include:
- Details of the cases(s):
  - Date of onset
  - Symptoms
  - Duration of illness
- Clinical management of the cases(s) - e.g. admission to hospital, treatment received.
- Details of any contact tracing
- Results of any samples taken or lab results with the date

8.3. The completed log sheet must be available for the IPC team to review and for discussion at the OCT meetings.

8.3. Risk reporting of an outbreak of infection must be reported on the Datix website.

9. **Containment measures**

9.1 In the event of an outbreak, containment measures need to be implemented as soon as possible, so that the spread of infection is prevented.

9.2 Containment measures will depend on the nature of the infectious organism. Infection prevention and control procedures can be found on the IPC page on the Pulse (intranet) and disease-specific measures are available; advice is also provided by the OCT and IPC team. Additional information about infectious disease management can be found on the PHE website [https://www.gov.uk/health-protection/infectious-diseases](https://www.gov.uk/health-protection/infectious-diseases) and will be directed by the OCT.

10. **Conclusion of the Outbreak of infection**

10.1. The DIPC/OCT will make the decision as to whether the outbreak is over.

10.2. The DIPC/Chair of the OCT will review the management of the outbreak, identify best practice and lessons to be learned and make recommendations.

10.3. The HIPC will compile an outbreak report; shared at the Infection Control and Decontamination Group, the Infection Prevention and Control Committee, and through the LAS governance process, to the Board.

10.4. If there is a significant disruption to services, the assigned Lead Investigator designated by Serious Incident Group (SIG), will submit a Serious Incident Report for Commissioners.

10.5. The final meeting of the OCT will:
- Review the management of the outbreak.
- Identify lessons learned and recommendations for the future.
- Revise the Outbreak Policy as appropriate
- Recommend, if necessary, structural or procedural improvements which would reduce the likelihood of recurrence of the outbreak of infection.
- Provide feedback to all those who were involved /informed throughout the outbreak.
## IMPLEMENTATION PLAN

### Intended Audience
All LAS Staff, contractors, volunteers and visitors

### Dissemination
Available to all staff on the Pulse and to the public on the LAS website, via contract managers to other staff. Via Clinical Education to staff Via Local IPC Champions Via ICDG and IPCC representatives

### Communications
Revised Policy and Procedure to be announced in the RIB and a link provided to the document.

### Training
Generic IPC training package

### Monitoring:

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<th>Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported</th>
<th>Committee/ group responsible for monitoring outcomes/ recommendations</th>
<th>How learning will take place</th>
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<td>IPC Team ICDG</td>
<td>ICDG and IPCC</td>
<td>Dissemination of guidance and advice to local stations via Operational leads; Clinical Education, IPC Champions for onward information cascade, using existing media channels</td>
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<td>Report by IPC Team OCT ICDG</td>
<td>Infection Prevention and Control Committee lessons shared widely</td>
<td>RIB, IPC Champion Network, Reports at meetings</td>
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Management process - Outbreak of Infection

Appendix 1

Area/Station/Department/Service
Suspects an outbreak has occurred

Infection Prevention and Control Team
Alerted

DIPCC
Outbreak Control Team
Activated

Investigated

Outbreak confirmed

Local Management
leads Outbreak Management,
assisted by IPC Team

Activate Outbreak Policy

Major Incident
activated

Business Continuity Plan
activated

Outbreak not confirmed

Surveillance by Local Management

Cases identified
No further cases identified; No action

Infection Prevention and Control procedures,
Disease-Specific Guidance
e.g. Pandemic flu
activated
### Key Contacts for PHE and LAS

#### Appendix 2

**PHE London Health Protection Teams**

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<th>Team Name and Location</th>
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<tr>
<td>London Health Protection Team&lt;br_ZONE C, 3rd Floor Skipton House, 80 London Road, London SE1 6LH</td>
<td>0344 326 2052 (daytime and out of hours)&lt;<a href="mailto:br_SLHPT.OnCall@phe.gov.uk">br_SLHPT.OnCall@phe.gov.uk</a>&lt;br&gt;Secure NHS e-mail: <a href="mailto:phe.slhpt@nhs.net">phe.slhpt@nhs.net</a></td>
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<tr>
<td>North East &amp; North Central Health Protection Team&lt;br_Ground Floor, South Wing, Fleetbank House 2-6 Salisbury Square, London EC4Y 8JX</td>
<td>020 3837 7084 (9am-5pm, Mon-Fri)&lt;br&gt;Out of hours: 020 7191 1860&lt;<a href="mailto:br_necl.team@phe.gov.uk">br_necl.team@phe.gov.uk</a>&lt;br&gt;Secure NHS email: <a href="mailto:nencl.hpu@nhs.net">nencl.hpu@nhs.net</a></td>
</tr>
<tr>
<td>North West London Health Protection Team&lt;br_61 Colindale Avenue, London NW9 5EQ</td>
<td>020 8327 7181 (9am-5pm, Mon-Fri)&lt;br&gt;Out of hours: 01895 238282&lt;<a href="mailto:br_nwlhpt.oncall@phe.gov.uk">br_nwlhpt.oncall@phe.gov.uk</a>&lt;br&gt;Secure NHS email: <a href="mailto:phe.nwl@nhs.net">phe.nwl@nhs.net</a></td>
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**PHE Environmental Hazards and Emergencies (EHE) Centre for Radiation, Chemicals and Environmental Hazards (CRCE)**

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<tr>
<td>EHE London CRCE&lt;br_Chemicals advice (9am – 5pm Mon to Fri)</td>
<td>020 7811 7140&lt;br&gt;If leaving a message, please include:&lt;br&gt;- call back number for EOC / TSO&lt;br&gt;- CAD number&lt;br&gt;- short message&lt;br&gt;- location of incident</td>
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<tr>
<td>EHE CRCE national on-call out of hours&lt;br_Chemicals advice (24 hr)</td>
<td>0844 892 0555</td>
</tr>
<tr>
<td>National Poisons Information Service&lt;br_Clinical advice (24 hr)</td>
<td>0844 892 0111</td>
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**London Ambulance Service**

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<tr>
<td>Duty Incident Delivery Manager (IDM)</td>
<td>0207 783 2329 (24 hours)&lt;br_DutyIDM <a href="mailto:DutyIDM@lond-amb.nhs.uk">DutyIDM@lond-amb.nhs.uk</a>&lt;br&gt;First point of contact for notification of infectious cases from external partners</td>
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<tr>
<td>LAS Occupational Health Service – PAM Ltd</td>
<td>0330 6600 365 (24 Hours)</td>
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**London Ambulance Service Infection Prevention & Control**

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<tr>
<td>LAS Head of Infection Prevention &amp; Control&lt;br_Pocock Street HQ Annex 8 - 20 Pocock Street, London, SE1 0BW</td>
<td>T: 020 3069 0214&lt;br&gt;M: 07901602978 (office hours only)&lt;<a href="mailto:br_Eng-choo.hitchcock@lond-amb.nhs.uk">br_Eng-choo.hitchcock@lond-amb.nhs.uk</a>&lt;br&gt;Secure NHS e-mail: <a href="mailto:las.infectioncontrol@nhs.net">las.infectioncontrol@nhs.net</a></td>
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<tr>
<td>LAS Director of Infection Prevention and Control&lt;br_LAS HQ 220 Waterloo Road, London SE1 8SD</td>
<td><a href="mailto:Fenella.wrigley@lond-amb.nhs.uk">Fenella.wrigley@lond-amb.nhs.uk</a></td>
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List of notifiable diseases

Diseases notifiable under the Health Protection (Notification) Regulations 2010 (source: http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/NotificationsOfInfectiousDiseases/ListOfNotifiableDiseases/):

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires’ Disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever
Outbreak Control Team (OCT) membership

One representative of each of the following departments may be required to attend by the Chair of the OCT:

- Chair - Director for Infection Prevention and Control (DIPC)
- Head of Infection Prevention and Control (Deputy)
- Infection Control Doctor
- Health and Safety Officer
- Occupational Health Representative
- Human Resources
- Communications
- Logistics
- Estates
- Medical Directorate representative
- Local Manager(s) of affected area, station, service, directorate
- Co-opted members:
  - PHE HPT representative
  - LAS EPRR
  - Environmental Health Representative*

NB. *Environmental Health normally provides a supportive role. However, in the event of a food-related outbreak or legionella outbreak in a healthcare premise, they have an enforcement role.