



London Ambulance Service   
NHS Trust

**Internal Outbreak Policy**

## **DOCUMENT PROFILE and CONTROL.**

**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

<b>Amendment History</b>			
<b>Date</b>	<b>*Version</b>	<b>Author/Contributor</b>	<b>Amendment Details</b>
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14/11/17	1.10	Head of IPC	Amendment recommended by PMAG.
19/05/17	1.9	Head of IPC	Minor amendments throughout documents: Typos, references updated, enhanced page13; addition of section 2.9
01/02/17	1.8	IG Manager	Document Profile and Control update and formatting changes
31/01/17	1.7	PHE HPT Lead  HIPC	Additional comments for Communicable Disease  Additional references and EQIA as requested by PMAG
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July 2015	1.3	HIPC	Reviewed – no further progress as lack of clarity of OH role and exposure process
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17/06/10	0.2	AOM Infection Prevention & Control	Second draft
08/06/10	0.1	AOM Infection Prevention & Control	First draft

**\*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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The Pulse (v2.1)	01/12/17	Digital Media Officer	Comms
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31/01/17	Infection Prevention & Control Team
Staffside reviewed on	By

Links to Related documents or references providing additional information		
Ref. No.	Title	Version
	Infection Prevention and Control Handbook	2017
	Health and Social Care Act 2008: Code of Practice for the Prevention and Control of Infections and related guidance, revised 2015	2015
TP027	Infection Prevention and Control Policy	2016

TP 006	Policy and Procedures for Serious Incidents	2016
HS 011	Incident Reporting Procedure	2016
	LAS Communicable Disease Workplace Tracing Guidelines	2016
HS 022	Management of Sharps and Inoculation Incidents Policy	2017
TP 028	Business Continuity Policy Local Business Continuity Plans	2015
TP095	Policy for Legionella Prevention and Control	2016
	LAS Pandemic Flu Strategy 2016	2016
	Operation Framework between Public Health England London Health Protection Teams and London Ambulance NHS Trust	2015
	Pandemic (H1N1) 2009 Influenza: Summary of Infection Control Guidance for Ambulance Services during an influenza pandemic And associated guidance: <a href="https://www.gov.uk/government/collections/pandemic-flu-public-health-response">https://www.gov.uk/government/collections/pandemic-flu-public-health-response</a>	2009
	Public Health England <a href="https://www.gov.uk/health-protection/infectious-diseases">https://www.gov.uk/health-protection/infectious-diseases</a>	2013
	NHS England. Emergency Preparedness, Resilience and Response (EPRR) <a href="https://www.england.nhs.uk/ourwork/epr/">https://www.england.nhs.uk/ourwork/epr/</a>	2017
	Guidance for public health management of meningococcal disease in the UK: <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322008/Guidance_for_management_of_meningococcal_disease_pdf.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322008/Guidance_for_management_of_meningococcal_disease_pdf.pdf</a>	2012
	Health Protection Agency: Guidelines for public health management of meningococcal disease in the UK	2012
	The Infection Prevention Society: <a href="http://www.ips.uk.net/">http://www.ips.uk.net/</a>	
	World Health Organisation: <a href="http://www.who.int/">http://www.who.int/</a>	
	<a href="http://www.england.nhs.uk/wp-content/uploads/2013/03/sif-guide.doc">http://www.england.nhs.uk/wp-content/uploads/2013/03/sif-guide.doc</a>	

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## 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>).

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/epr/>

### **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> 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.

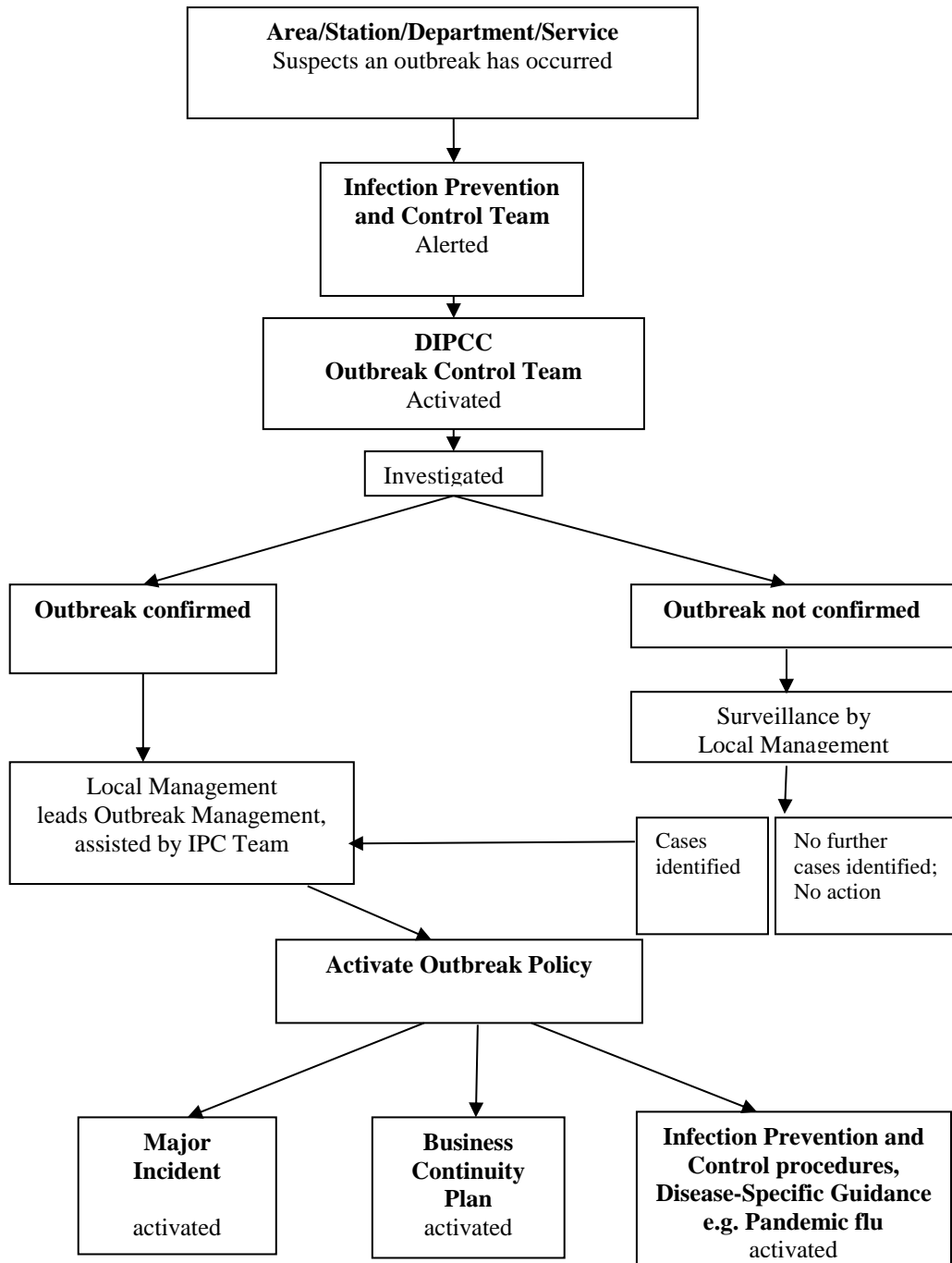
10.4. If there is a significant disruption to services, the assigned Lead Investigator designated by Serious Incident Group (SIG), will submit a Serious Incident Report for Commissioners.

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

<b>IMPLEMENTATION PLAN</b>				
<b>Intended Audience</b>	All LAS Staff, contractors, volunteers and visitors			
<b>Dissemination</b>	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			
<b>Communications</b>	Revised Policy and Procedure to be announced in the RIB and a link provided to the document.			
<b>Training</b>	Generic IPC training package			
<b>Monitoring:</b>				
<b>Aspect to be monitored</b>	<b>Frequency of monitoring AND Tool used</b>	<b>Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported</b>	<b>Committee/ group responsible for monitoring outcomes/ recommendations</b>	<b>How learning will take place</b>
Infectious incidents reported on Datix	Daily reports monitoring by IPC team	IPC Team  ICDG	ICDG and IPCC	Dissemination of guidance and advice to local stations via Operational leads; Clinical Education, IPC Champions for onward information cascade, using existing media channels
During outbreak situation	As advised by Outbreak Control Team	Report by IPC Team → OCT → ICDG	Infection Prevention and Control Committee → lessons shared widely	RIB, IPC Champion Network, Reports at meetings



## Key Contacts for PHE and LAS

## Appendix 2

<b>PHE London Health Protection Teams</b>			
London Health Protection Team	Zone C, 3rd Floor Skipton House 80 London Road London SE1 6LH	0344 326 2052 (daytime and out of hours)	<a href="mailto:SLHPT.OnCall@phe.gov.uk">SLHPT.OnCall@phe.gov.uk</a> Secure NHS e-mail: <a href="mailto:phe.slhpt@nhs.net">phe.slhpt@nhs.net</a>
North East & North Central Health Protection Team	Ground Floor, South Wing Fleetbank House 2-6 Salisbury Square London EC4Y 8JX	020 3837 7084 (9am-5pm, Mon-Fri) Out of hours: 020 7191 1860	<a href="mailto:necl.team@phe.gov.uk">necl.team@phe.gov.uk</a> Secure NHS email: <a href="mailto:nencl.hpu@nhs.net">nencl.hpu@nhs.net</a>
North West London Health Protection Team	61 Colindale Avenue London NW9 5EQ	020 8327 7181 (9am-5pm, Mon-Fri) Out of hours: 01895 238282	<a href="mailto:nwlhpt.oncall@phe.gov.uk">nwlhpt.oncall@phe.gov.uk</a> Secure NHS email: <a href="mailto:phe.nwl@nhs.net">phe.nwl@nhs.net</a>

<b>PHE Environmental Hazards and Emergencies (EHE) Centre for Radiation, Chemicals and Environmental Hazards (CRCE)</b>			
EHE London CRCE	Chemicals advice (9am – 5pm Mon to Fri)	020 7811 7140	If leaving a message, please include: - call back number for EOC / TSO - CAD number - short message - location of incident
EHE CRCE national on-call out of hours	Chemicals advice (24 hr)	0844 892 0555	
National Poisons Information Service	Clinical advice (24 hr)	0844 892 0111	

<b>London Ambulance Service</b>			
Duty Incident Delivery Manager (IDM)		0207 783 2329 (24 hours)	<a href="mailto:DutyIDM@lond-amb.nhs.uk">DutyIDM@lond-amb.nhs.uk</a> First point of contact for notification of infectious cases from external partners
LAS Occupational Health Service – PAM Ltd		0330 6600 365 (24 Hours)	
<b>London Ambulance Service Infection Prevention &amp; Control</b>			
LAS Head of Infection Prevention & Control	Pocock Street HQ Annex 8 - 20 Pocock Street, London, SE1 0BW	T: 020 3069 0214 M: 07901602978 (office hours only)	<a href="mailto:Eng-choo.hitchcock@lond-amb.nhs.uk">Eng-choo.hitchcock@lond-amb.nhs.uk</a> Secure NHS e-mail: <a href="mailto:las.infectioncontrol@nhs.net">las.infectioncontrol@nhs.net</a>
LAS Director of Infection Prevention and Control	LAS HQ 220 Waterloo Road London SE1 8SD		<a href="mailto:Fenella.wrigley@lond-amb.nhs.uk">Fenella.wrigley@lond-amb.nhs.uk</a>

## List of notifiable diseases

## Appendix 3

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**

## **Appendix 4**

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.