Community Communicable Disease Outbreak Incident Management Policy

# Document Control:

| **Document Control Information** | **Details** |
| --- | --- |
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| Author / Lead | Infection Prevention & Control Nurse (IPCN) Specialist, Mid & South Essex Integrated Care Board (MSE ICB) |
| Responsible Executive Director | Executive Director of Nursing & Quality |
| Responsible Committee | Quality Committee |
| Date Ratified by Responsible Committee | 11 January 2022 |
| Date Approved by Board/Effective Date | 1 July 2022 |
| Next Review Date | December 2024 (review date extended by Quality Committee, 25 October 2024) |
| Target Audience | * MSE ICB staff (including temporary/bank/agency staff).
* Contractors engaged by the Integrated Care System (ICS) Body.
* Staff from other MSE ICS Partnership organisations (including those working within ICS Body facilities).
* Patients and members of the public (visitors, individuals on work experience).
 |
| Stakeholders engaged in development of Policy (internal and external)  | * MSE Infection Prevention & Control (IPC) Team.
 |
| Impact Assessments Undertaken *(Delete if non-applicable)* | * Equality and Health Inequalities Impact Assessment.
 |

# Version History

| Version | Date | Author (Name and Title) | Summary of amendments made |
| --- | --- | --- | --- |
| 0.1 | 11/01/22 | Chris Patridge, Head of Nursing MSE CCGs | Draft ICB Policy |
| 0.2 | 20/06/22 | John Swanson, IPC Nurse Specialist  | Review and agree content, and alignment to ICB |
| 1.0 | 06/07/22 | Charlotte Tannett, Governance Support Officer | Final review of version 1.0. |
| 1.1 | 25/10/24 | Helen Chasney, Corp Svcs & Gov Support Officer | Review date extended to December 2024 by Quality Committee (25 October 2024). |

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## Introduction

Outbreaks of communicable disease involving health and care organisations most commonly occur in hospital or residential settings. Providers of such healthcare to NHS patients will have policies detailing how such incidents are to be managed. For residential social care settings policy and support is provided by the United Kingdom Health Security Agency (UKHSA), (formerly Public Health England (PHE).

This policy offers guidance to MSE ICB in managing outbreaks of communicable disease occurring outside in-patient health and care settings.

## Purpose / Policy Statement

This Policy has been designed to outline the local NHS Mid & South Essex response to incidents in support of management described within the UKHSA – previously PHE - Communicable Disease Outbreak Management Operational Guidance (2014)

This policy will be implemented where UKHSA notify the NHS Commissioners of a community outbreak of communicable disease requiring a co-ordinated response involving the local NHS organisations.

This policy will not apply where an outbreak is contained within a hospital setting in Mid & South Essex where the provider’s own policy will be implemented.

The plan should be considered in conjunction with the following documents:

* PHE – now UKHSA – Memorandum of Understanding (MOU) 2018.
* PHE – now UKHSA – Communicable Disease Plan 2014 (being reviewed).
* MSEICB Emergency Response Plans.
* MSEICB on call policy.
* MESICB Business Continuity Plan.
* NHS England Emergency Preparedness Resilience & Response (EPRR) Framework 2015.

Health Protection Regulations (2010) require notification of specified infectious diseases by registered Medical Practitioners. Notification must be to the Proper Officer at the local authority. Microbiology laboratories are also required to notify UKHSA of specified causative agents of infectious disease identified in testing. See also:

<https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report>

## Scope

This policy applies to all ICB staff (including temporary/bank/agency/work experience staff, students and volunteers), and those providing NHS services.

## Definitions

Outbreak or Communicable Disease Incident (as defined by PHE) – An incident in which:

* Two or more people experiencing a similar illness are linked in time or place.
* A greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred.
* A single case for certain rare diseases such as diphtheria, botulism, rabies, viral haemorrhagic fever or polio.
* A suspected, anticipated or actual event involving microbial or chemical contamination of food or water.

## Roles and Responsibilities

### Integrated Care Board

* + 1. The ICB Board has overall responsibility for ensuring that the organisation has a robust process in place for managing outbreaks of communicable disease occurring outside in-patient health and care settings.

### Quality Committee

* + 1. The Quality Committee is responsible for monitoring the management of outbreaks of communicable disease occurring outside in-patient health and care settings.
		2. The Quality Committee is also responsible for monitoring compliance with this policy

### Chief Executive

* + 1. The Chief Executive of the ICB has overall accountability for implementing this policy.

### Lead Executive

* + 1. The Chief Executive has delegated operational responsibility for implementing this policy to the Executive Director of Nursing & Quality.

### Policy Authors

* + 1. Policy authors are accountable for ongoing and routine review of this policy to ensure it supports national and regional policy. In addition, authors will take a lead role in the implementation of this policy and review of this.

### ICB On call staff

* + 1. ICB On Call staff are required to read and understand this policy and potential impact upon on call situations.

### All Staff

* + 1. All staff are required to be aware of this policy and to escalate any potential communicable disease outbreaks that come their attention to the Nursing and Quality team.

## Policy Detail

### Identification of Outbreak or Incident

* + 1. The UKHSA undertake continuous alert organism surveillance which allows early identification of possible outbreak or incident.
		2. The Field Epidemiology Service of UKHAS will investigate such instances to determine whether further work is needed to investigate and/or to control.

### Risk Assessment

* + 1. UKHSA, sometimes in conjunction with NHS partners, will conduct risk assessments to inform further action. Risk assessments will consider the impact of the incident or outbreak, including:
* Level of severity.
* Level in confidence in knowledge.
* Actual and potential affected population.
* Appropriate interventions.
* Contextual matters for example media and public concern.
* Such risk assessments must be reviewed regularly throughout the duration of the incident or outbreak.

### Incident Notification and Initial Actions

* + 1. UKHSA will notify MSE ICB on first suspicion of an outbreak or incident.
		2. In hours this will be via the ICB IPC Team and/or Emergency Planning and Resilience leads.
		3. Out of hours this will be via ICB Executive on call.
		4. UKHSA will establish an Outbreak Control Team (OCT) and invite relevant parties. This may include but is not limited to:
* ICB Executive leads.
* ICB EPRR leads.
* ICB IPC Team.
* ICB Communication leads.
* Executive and IPC representation of providers of NHS care involved in the incident or outbreak.
* Local Authority Directors of Public Health.
	+ 1. Under the terms of the MOU between ICB and PHE (being transferred to UKHSA), the ICB will work in partnership with UKHSA and other agencies and providers as required to assist with the management of community outbreak or incident.
		2. Disease specific response as advised by UKHSA which may include:
* Resource for swabbing of patients and staff.
* Provision of required Personal Protective Equipment (PPE).
* Provision of required prophylactic treatment e.g. antibiotics, or post exposure vaccination.
	+ 1. The MSE ICB hold a contract with Commisceo for provision of swabbing and prophylaxis services as directed by UKHSA. This contract is held by MSE ICB on behalf of several ICBs across the East of England.
		2. If early investigation highlights a healthcare link in the outbreak or incident UKHSA may request the ICB take over leadership of the control group. This would be either by continuing the same OCT arrangements with change of Chair or by the ICB implanting their own Incident Management Team (IMT).

### Incident Level

* + 1. The ICB Incident Management Team (IMT), or ICB members of UKHSA outbreak control team (OCT), will determine the level appropriate for the incident under EPRR guidance. That decision will determine further actions needed by the ICB.

### ICB Responsibilities

* + 1. The broad responsibility of the ICB is to:
* Participate as required in UKHSA OCT to inform decisions about required level of NHS response.
* NHS response to include participation of providers and decisions about release of ICB resources.
* Coordinate the response of any community, acute or primary care providers.
* To maintain a log of decisions and actions.
* If appropriate to convene IMT with Terms of Reference (see Appendix B) for Draft Terms of Reference).
* Liaison with cross border ICBs as required.
* Ensuring ICB Communications Team are fully apprised and kept updated.
* Ensure compliance with NHS England Incident Management principles.
* Advising appropriate financial management for the incident or outbreak.
* Clarify the role of Commisceo in line with contractual terms and incident or outbreak management need.

### Post Outbreak or Incident Actions

* + 1. There must always be an investigation of the incident to determine lessons learned and action to mitigate risk of further occurrence. In some cases, this will be led by UKHSA with NHS involvement. In other cases, it will be led by the ICB IMT.
		2. Debrief meetings with all agencies involved must be planned to assure all relevant opinions are sought clarified and fed into the report.

## Monitoring Compliance

Every community communicable disease outbreak or incident will be reviewed post event against the requirements of this policy with report produced and any recommendations for the policy

Such reports as above will be shared with the Quality Committee with recommendations

## Staff Training

There is no anticipated training need, however this will be reviewed at the declaration of the outbreak.

## Arrangements For Review

This policy will be reviewed no less frequently than every three years in line with regulator expectation of NHS Provider IPC Policies. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.

If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the Integrated Care Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the Integrated Care Board.

## Associated Policies, Guidance and Documents

This policy should be considered in conjunction with the following documents:

* UKHSA – MOU 2018.
* UKHSA – Communicable Disease Plan 2014 (being reviewed).

ICB Emergency Response Plans

* ICB On Call Director Policy.
* ICB Business Continuity Policy.
* NHS England EPRR Framework 2015.
	1. Health Protection Regulations (2010) require notification of specified infectious diseases by registered Medical Practitioners. Notification must be to the Proper Officer at the local authority. Microbiology laboratories are also required to notify UKHSA of specified causative agents of infectious disease identified in testing. See also: [Notifiable diseases and causative organisms: how to report - GOV.UK (www.gov.uk)](https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report)

## References

UKHSA – Communicable Disease Plan 2014 (being reviewed)

Communicable disease outbreak management: operational guidance - GOV.UK (www.gov.uk)

NHS England EPRR Framework updated September 2020

[NHS England » Guidance and framework](https://www.england.nhs.uk/ourwork/eprr/gf/)

## Equality Impact Assessment

The EIA has identified no equality issues with this policy.

The EIA has been included as Appendix A.

## Appendix A - Equality Impact Assessment

**INITIAL INFORMATION**

|  |  |
| --- | --- |
| **Name of policy:** Community Communicable Disease Outbreak and Incident Management Policy **Version number (if relevant): 1.0** | **Directorate/Service**: Nursing and Quality/Infection prevention and control |
| **Assessor’s Name and Job Title:** John Swanson Infection Prevention and Control Nurse Specialist | **Date:** 20/06/2022 |

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| **OUTCOMES** |
| *Briefly describe the aim of the policy and state the intended outcomes for staff*  |
| The policy outlines ICB actions in response to notification of communicable disease outbreak by UKHSA.Through reading this policy staff affected will be able to implement required actions |
| **EVIDENCE** |
| *What data / information have you used to assess how this policy might impact on protected groups?* |
| Knowledge and understanding, with experience, of the process outlined in this policy  |
| *Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?*  |
| This policy is not considered to have impact on any protected groups |

**ANALYSIS OF IMPACT ON EQUALITY**

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

* ***Positive outcome*** *– the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups.*
* ***Negative outcome*** *–**protected group(s) could be disadvantaged or discriminated against.*
* ***Neutral outcome***  *–**there is no effect currently on protected groups.*

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

| ProtectedGroup | Positiveoutcome | Negativeoutcome | Neutraloutcome | Reason(s) for outcome |
| --- | --- | --- | --- | --- |
| Age |  |  | ✓ | No impact identified |
| Disability(Physical and Mental/Learning) |  |  | ✓ | No impact identified |
| Religion or belief |  |  | ✓ | No impact identified |
| Sex (Gender) |  |  | ✓ | No impact identified |
| Sexual Orientation |  |  | ✓ | No impact identified |
| Transgender / Gender Reassignment |  |  | ✓ | No impact identified |
| Race and ethnicity |  |  | ✓ | No impact identified |
| Pregnancy and maternity (including breastfeeding mothers) |  |  | ✓ | No impact identified |
| Marriage or Civil Partnership |  |  | ✓ | No impact identified |

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| **MONITORING OUTCOMES** |
| Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals. |
| *What methods will you use to monitor outcomes on protected groups?* |
| It is anticipated that any issues in respect of the implementation of the policy will be identified as a result of staff exercising their right of appeal or via the ICB’sGrievance Procedure.  |

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| **REVIEW** |
| *How often will you review this policy / service?*  |
| Every 3 years as a minimum and earlier if there are any significant changes in legislation, policy or good practice. |
| *If a review process is not in place, what plans do you have to establish one?* |
| N/A |

## Appendix B – Template for ICB Incident Management Team (IMT)

**Introduction:**

Background to calling an IMT

**Purpose of the Incident Management Team (IMT):**

The IMT is responsible for the coordination and leadership of the activities and actions to ensure that there is robust, timely interventions of all agencies involved in the investigation and control of the incident/outbreak in order that the aetiology, vehicle and source of the outbreak are identified, and control measures implemented as soon as practicable, stakeholder communications are in place and, if required, legal advice sought.

The IMT is responsible for:

* Ensuring oversight of the outbreak and ownership of the data for required for the purpose of the incident management.
* Identify and administer the IMT and any associated incident room set up.
* Establish relevant governance structure, including sub-groups and experts as required to effectively manage/identify actions required to control the incident.
* Establish relevant reporting frameworks.
* To define the Terms of Reference for the comprehensive outbreak management report at the end of the incident.
* Understanding the Situation Report (SITREP) directing and challenging the sub- groups, ensuring actions or mitigations are taken to control and manage the incident.
* Identify areas for escalation and update to report through identified channels for intervention where they cannot be managed or mitigated within the IMT.

**Membership of the IMT:**

* MSEICB Accountable Officer or nominated deputy.
* MSEICB Executive Director of Nursing.
* MSEICB Head of service for Infection Prevention and Control or Senior Infection Prevention & Control Nurse.
* MSEICB EPRR Lead.
* Regional Deputy Director UKHSA.
* Director(s) of Public Health.
* Sun Group Chairs.
* Executive level representation from relevant providers.
* Administrator.

Other members will be invited as required in line with detail of incident or outbreak Reporting Frameworks within MSE ICB to be agreed at first meetings.

The expectation on partner agencies is that they will be adequately briefed to support the IMT

**Frequency of Meetings:**

To be agreed.