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Cumberland Council

Community Infection Prevention and Control Policy for Care Home settings

Outbreaks of communicable disease

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OUTBREAKS OF COMMUNICABLE DISEASE

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

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OUTBREAKS OF COMMUNICABLE DISEASE

1. Introduction

This guidance is designed to support and promote good practice in the investigation, management and control of infectious disease outbreaks or incidents, which may have significant public health implications. Examples include outbreaks of food poisoning, such as Salmonella, *E. Coli* O157. Each control problem will be unique, requiring specific measures to deal with individual circumstances. For these reasons, the following guidance should be regarded as a template for action, describing key principles and good practice in the management and control of communicable disease.

When caring for residents in relation to any new or emerging infections, staff should refer to national infection prevention and control guidance.

2. Key personnel

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

Local Community Infection Prevention and Control (IPC) Teams deal with day-to-day advice and support, to a wide range of community settings where infection control is important and, on occasions, support the local UKHSA Team in responding to outbreaks.

3. Recognising the problem

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

- Cough and/or fever may indicate influenza
- Diarrhoea and/or vomiting may indicate norovirus or food poisoning
- Skin lesions/rash may indicate scabies

If there is cause to suspect a problem, contact your local Community IPC or UKHSA Team.

Other infections which need to be recognised and reported to your CCDC include:

- Notifiable diseases (these are reported by General Practitioners)
- Episodes of possible transmission of infection (contact your local Community IPC or

UKHSA Team if in doubt)

- Infections with a significant risk of transmission of infection (contact your local Community IPC or UKHSA Team if in doubt)
- Serious and unusual infections, e.g. a single case of Diphtheria, Polio, etc

Definition of an outbreak

- Two or more cases of residents or staff with the same infection or symptoms linked in time, place or common exposure.
- A greater than expected rate of infection compared with usual background levels for the place and time where the outbreak has occurred.
- A suspected, anticipated or actual event involving microbial or chemical contamination of food or water.

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

4. Declaration of an outbreak

Locally confined outbreaks will usually be recognised and declared by the CCDC. Where appropriate, this will be following consultation with a Consultant Microbiologist or senior Environmental Health Officer.

5. Preliminary investigation

Upon notification, the CCDC will commence an initial investigation. The purpose of this is to determine:

- Whether a problem/outbreak exists
- Nature and extent of the incident/outbreak
- Immediate control measures
- Identify those who are ill
- Ensure those affected receive appropriate care
- Control the source of infection
- Contain the infection

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

6. Objectives of the Incident Management Team

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

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

7. Incident Management Team membership

Core members of the Incident Management Team will be:

- CCDC
- Community IPC Team
- Consultant Microbiologist
- Environmental Health Officer
- Care Home Manager

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

- UKHSA Consultant Epidemiologist
- Public Health Director
- Representative from the Integrated Care Board (ICB)
- Press/Public Relations Agency
- Infectious Diseases Physician
- General Practitioner from affected resident's GP practice
- Community Pharmacist
- Water Company representative
- State Veterinary Service
- Social Services Manager
- Care Home staff
- Emergency Planning Officer

- Care Quality Commission
- Health and Safety Executive
- Environment Agency

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

8. Initial meeting

The first meeting will usually address the following:

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

9. Subsequent meetings

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

10. Communications

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

- Local UKHSA Team
- Appropriate managers of relevant Community Services
- Social Services

The CCDC will co-ordinate the release of information to the public and the media in liaison

and agreement with any other agency which may be involved.

The CCDC will, where appropriate because of possible wider implications of the incident, inform the following of developments in the absence of direct representation on the Incident Management Team:

- UKHSA
- Local UKHSA colleagues in neighbouring areas where the incident may have an impact

Reporting should include information on outbreaks in residents who are detained under the Mental Health Act 1983, if advised to do so by suitably informed practitioners.

11. Conclusion of outbreak

The investigations may end inconclusively. The Chair of the Incident Management Team will make the decision on closure of the incident. A debriefing meeting should be held to:

- Review management of the incident
- Identify problems or shortcomings
- Revise the incident plan as required
- Make recommendations to reduce the chance of recurrence
- Agree the final report

The Chair will provide a report for the ICB and UKHSA.

12. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related resources* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 30 IPC Policy documents for Care Home settings
- Preventing Infection Workbook: Guidance for Care Homes
- IPC CQC inspection preparation Pack for Care Homes
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for Care Homes

In addition, we hold IPC educational training events in North Yorkshire.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

13. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

Department of Health and Health Protection Agency (2013) *Prevention and control of infection in care homes – an information resource*

Hawker et al (2019) *Communicable Disease Control and Health Protection Handbook 4th Edition*

UK Health Security Agency (January 2025) *Communicable Disease Outbreak Management guidance: principles to support local health protection systems*

UK Health Security Agency (Updated September 2024) *Notifiable organisms: how to report*