



Operational Local Health Economy Outbreak Plan

Oldham

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Approval

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| Director of Public Health | |
| Health and Wellbeing Board | |

Foreword:

Oldham is seen to be both a safe and greatly improved borough. As a Co-operative Council, we are working with our communities and businesses to keep Oldham a secure, safe, and successful place to live and work.

This plan has been developed to ensure clarity on operational roles and responsibilities for each responding organisation in the event of an outbreak. It is intended to act as a companion to the GM Multi-Agency Outbreak Plan, providing operational detail helping responders quickly provide an effective and coordinated approach to outbreaks of communicable disease. It is important for each organisation, having signed off this plan, to support staff to engage in appropriate exercising to embed the multi-agency response to an outbreak and create familiarity over key tasks.

Signed

.....
[Local DPH]

Signed

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NHS Greater Manchester Integrated Care (Oldham)

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Glossary of Terms

| | |
|--------------------|--|
| CPH | Consultant in Public Health |
| GMIC NHS | Greater Manchester Integrated Care NHS (Oldham) |
| HERG | Health Economy Resilient Group |
| DPH | Director of Public Health |
| NCA NHS | Northern Care Alliance NHS |
| PCFT | Pennine Care Foundation Trust |
| HCAIs | Health Care Associated Infections |
| LA HPT | Local Authority Health Protection Team |
| SIT | Screening & Immunisation Team |
| GMIC NHS MO | GMIC NHS Medicines Optimisation |
| GTD | Go To Doc |
| LRF | Local Resilience Forum |
| OCT | Outbreak Control Team |
| PGD | Patient Group Directive |
| PSD | Patient Specific Directive |
| UKHSA | UK Health Security Agency |
| UKHSA NW Centre | UKHSA North West Centre |
| OMBC | Oldham Metropolitan Borough Council |
| BBV | Blood Borne Virus |
| TB | Tuberculosis |
| ILI | Influenza like Illness |
| MR(S)SA | Methicilin Resistant Staph Aureus (MRSA) Methicilin Sensitive Staph Aureus (MSSA) |
| CDI | Clostridium difficile Infection |
| ESBL | Extended Spectrum Beta Lactamases |
| PVL-MRSA | Panton–Valentine leucocidin- MRSA |

| | |
|-----|---------------------------|
| PCR | Polymerase chain reaction |
|-----|---------------------------|

1: Aim, objectives and scope of the plan

1.1 Aim of the Plan

This document has been developed to supplement the “Greater Manchester Outbreak Plan” at an Oldham level ensuring the right people are contacted at the right time to ensure that the borough is resilient and can respond appropriately to outbreaks. It focuses on the most likely outbreak scenarios and provides the contact details should an outbreak control team need to be called, and an immediate response made by health and social care partners across the borough.

It has been designed to ensure that an appropriate lead from each organisation is contacted as they will know which member of their service will need to be called and is therefore output/effect focused e.g., identifying clinical staff to provide antibiotics to many school children both in and out of normal working hours.

To set out the multi-agency operational arrangements for responding to outbreaks of human infectious diseases within the borough of Oldham

1.2 Objectives of the Plan

- To outline roles and responsibilities at a local operational level
- To outline the key tasks / activities involved in responding to outbreaks
- To give key considerations and outline some specific requirements needed for different outbreaks

Primary Objectives

- The primary objective in the management of an outbreak is to protect public health by identifying the source of an outbreak and implementing necessary control measures to prevent further spread or recurrence of the infection. This should be underpinned by a risk assessment, with regular re-assessment of the risk.
- The protection of public health takes priority over all other considerations, and this must be understood by all members of the Outbreak Control Team (OCT).

Secondary Objectives

- Responsibility for managing outbreaks is shared by all the organisations who are members of the OCT. This responsibility includes the provision of sufficient financial and other resources necessary to bring the outbreak to a successful conclusion.

- The great majority of incidents and outbreaks are dealt with as part of normal service provision and may not impact greatly on routine services or require an OCT to be convened.
- On occasion, outbreaks are of such magnitude that there may be significant implications for routine services and additional resources are required. In this instance the Director of Public Health may declare a major outbreak / incident and therefore the major incident plans of organisations affected will be invoked as appropriate.

1.3 Command & Control

- If UKHSA call an OCT, Oldham's DPH & members of Oldham's LA Health Protection Infection Team (LA HPT) will participate in that group.
- It is likely that the OCT will be supplemented by a Local Co-ordination Team (LCT), established by the HPT; the purpose of this group is to co-ordinate necessary actions and feedback into the OCT.

1.4 Declaration of an outbreak

- It is usual that locally confined smaller outbreaks (such as Norovirus, HCAs, COVID19 & Influenza) will be recognised and declared by the Oldham LA HPT, with the response being led locally, however, rarely and for some very complex outbreaks the response may be led by UKHSA.
- The LA HPT may be contacted by a variety of sources to report an outbreak, typically these include UKHSA, nursing/care home staff, schools/nurseries, Adult Social Care, Northern Care Alliance NHS Trust Infection Prevention & Control (NCA NHS), Microbiology/virology or Environmental Health Officers.
- Following the recognition and declaration of an outbreak, a decision regarding the need and urgency to convene an OCT is required, this decision should be guided by risk assessment
- There are many minor outbreaks and clusters of disease that occur within Oldham every year that are managed satisfactorily without the need to convene an OCT. For example, an OCT will not normally be necessary to support the management of confirmed or suspected viral gastroenteritis in a nursing home, school, or similar setting. Not convening an OCT does not necessarily mean that there will be no public health actions required.
- The DPH will lead the local response to an outbreak within the Borough of Oldham, this may, however, be delegated to the Consultant in Public Health (CPH) or other appropriate member of the Health Protection Team.
- Terms of reference should be agreed upon at the first meeting of the OCT & should be reviewed at regular intervals.
- When a decision has been made not to declare an outbreak or establish an OCT, the Consultant in Health Protection should be informed at appropriate intervals to determine if the formal declaration of an outbreak or convening of an OCT is subsequently

required¹ This may involve consulting with the other parties to assist with on-going surveillance.

- A suggested list of OCT members can be found in Annex 6: this is not an exhaustive list and depending on the nature of the outbreak representation from additional organisations may be required.

1.5 Investigation and Control of Outbreaks

- Investigation and Control response will depend on the nature of the incident/outbreak and the outcome of the OCT discussion. It is expected that UKHSA will lead or support the provider in undertaking a risk assessment.
- Control measures should be documented with clear timescales for implementation and responsibility.
- A case definition should be agreed and reviewed as required during the investigation.
- Basic descriptive epidemiology is essential and should be reviewed at the OCT.
- Legal powers relating to the investigation of food poisoning outbreaks are vested in Local Authorities. If, during the investigation, it is determined that the outbreak is related to food then the management of this of would be handed over to the Environmental Health Team (EHO) and UKHSA.

1.6 Communications

- The communications response will depend on the nature of the incident/outbreak and the outcome of OCT discussions. It is expected that the OCT will identify & nominate which agency will lead the media response at the outset of the outbreak.
- The Marketing & Communications Team are the lead for communications within Oldham MBC and in the event of an outbreak/incident, it is anticipated that they would produce communications/information for the public in conjunction with UKHSA.
- Social Media will be used in accordance with existing OMBC policies.

1.7 End of the Outbreak

- The Health Protection Team will decide when outbreaks of a smaller, contained nature that are not likely to escalate to significant, major emergency status, are over. The HPT

will make a statement to this effect via email to the 'Outbreak Group' and will be based on an ongoing risk assessment and considered when:

- There is no longer a risk to public health that requires further investigation or management of control measures.
 - The number of cases has declined.
 - The probable source has been identified and withdrawn.
- At the conclusion of the outbreak/s, a written report will be provided to the Health Protection Sub-group. An annual outbreak report will be included in the Director of Public Health Annual Report.
 - Any lessons learnt and recommendations should be disseminated to the Outbreak Group where appropriate and refinements to practice considered and implemented where appropriate.

1.8 Scope / Context of the Plan

- Outbreak and incidents of human infectious diseases which could impact Oldham
- Outbreaks and incidents requiring an OCT: see part 2 and 3
- Outbreaks and incident not requiring an OCT: see part 4

1.9 Complementary Guidance and Documentation

1.9.1 National

- [Covid-19 Supplement to the infection, prevention and control resource for adult social care \(Updated 23rd December 2022\)](#)
- [Infection Prevention and Control Resource for Adult Social Care \(Updated 31st March 2022\)](#)
- [Covid-19 Testing in Adult Social Care \(Updated 15th December 2022\)](#)
- [National Infection Prevention and Control Manual for England \(Updated 6th February 2023\)](#)
- [Communicable Disease Outbreak Management: Operational Guidance 2014](#)
- [Guidelines for UKHSA Health Protection Teams on the management of outbreaks of influenza-like illness \(ILI\) in care homes \(publishing.service.gov.uk\)](#)
- [Infectious Diseases: education and child care settings \(Updated 27th April 2022\)](#)
- [Investigation and Management of Outbreaks of Suspected Acute Viral Respiratory Infection in Schools: Guidance for Health Protection Teams \(Updated September 2022\)](#)
- [The Health and Social Care Act \(2008\) Code of Practice on the Prevention and Control of Infections and Related Guidance](#)
- PHE [national-measles-guidelines](#) 2019

- PHE [meningitis-and-septicaemia-prevention-and-management-in-higher-education-institutions 2017](#)
- [UK Guidelines for the Management of Contacts of Invasive Group A Streptococcus \(IGAS\) Infections in Community Settings \(December 2022\)](#)
- [UKHSA Guidance on the Management of Scabies Cases and Outbreaks in Long Term Care Facilities and Other Closed Settings \(January 2023\)](#)

1.9.2 Greater Manchester

Roles in an outbreak

- Role of DPH
- Role of the CICN
- Role of the ICS
- Role of the Environmental Health Officer
- Role of the NHS Trust/Community Services
- Role of UKHSA
- Role of the Laboratory

GM Outbreaks general including Legionnaires

Legionnaires

- GM Outbreak Plan (including Legionnaires Disease and High Consequence Infectious Disease (HCID) annexes)
- GM Multi-Agency Outbreak Plan Legionnaires' draft v0.7 (2).docx

Influenza

- Acute Respiratory Infection Resource Pack for Care Homes (Interim) 15th November 2022

1.9.2 Oldham

- Local Outbreak Forms
- Local: Workflow chart (In and out of hours)

Influenza

- Influenza outbreak - Care Home preparation form
- Record keeping templates for care homes
- Oldham Swabbing and Antiviral procedure for FLU /ILI

- **Generic Documentation**

- Call Log for Outbreaks GENERIC
- Management of outbreaks in CH flowchart 2017
- Deep Cleaning Guidance 2017
- Outbreak Procedure November 2015

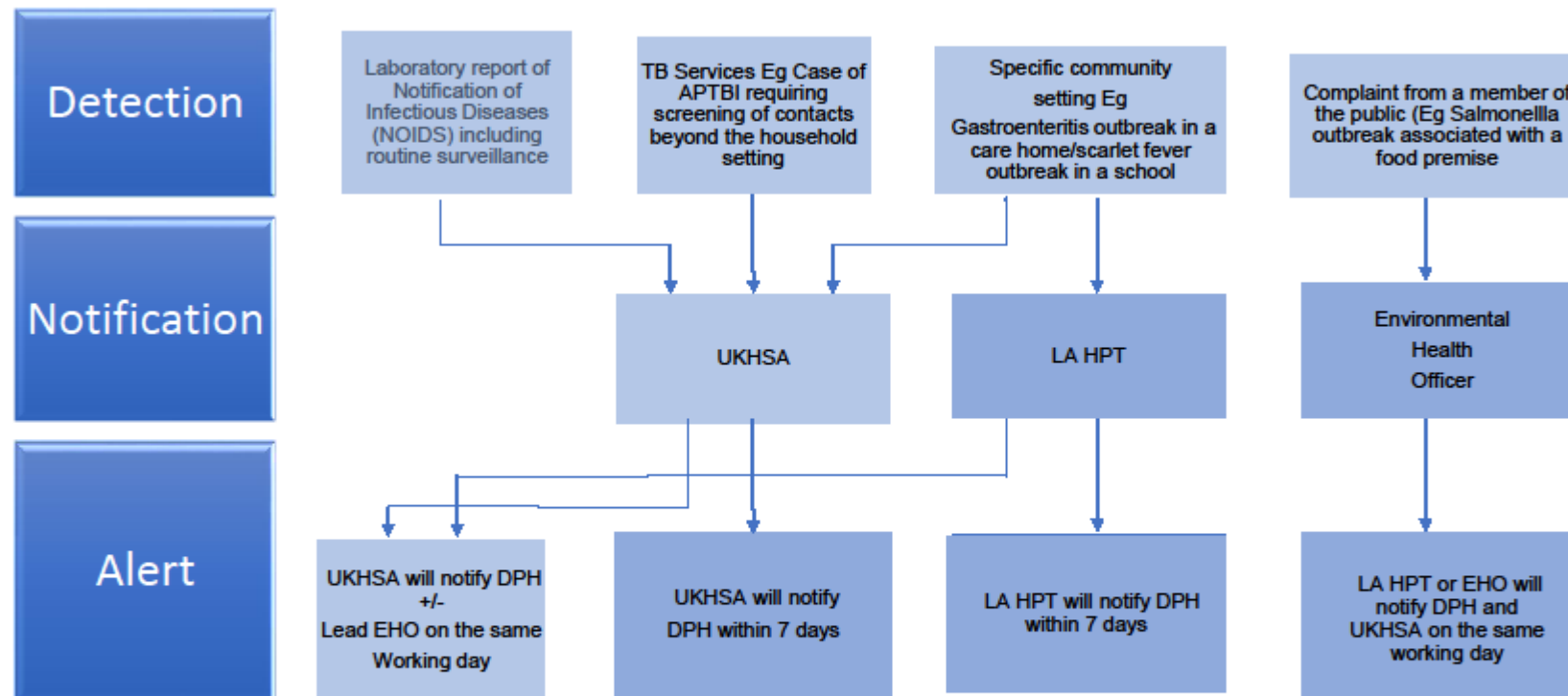
- **Role Cards**

- DPH
- HP Nurse (Community Infection Prevention & Control)
- Environmental Health Officer

2: KEY ASPECTS OF OUTBREAK MANAGEMENT

2.1 Detection and Coordination: Roles and Responsibilities

Outbreaks are usually detected in the following ways



2.2 Investigations Roles and Responsibilities

| | Response activity | Potential responder(s) | | Considerations, comments or potential issues |
|--|--------------------------------------|--|------------------------|---|
| | | In hours (9-5) | Out of hours | |
| Investigation (NB. Any setting where staff affected have access to Occupational Health, the investigation will be delivered through them) | Questionnaires / Interviews/Consent | UKHSA | UKHSA | If notifiable (except sexual health clinics). Support from Oldham Royal Hospital) |
| | | Hospital IPC team | Hospital IPC team | For Acute Trust incidents |
| | | UKHSA (Oldham EHO – Legionella only) | UKHSA | UKHSA undertake the patient questionnaires and sampling for Oldham (except in the case of Legionnaires Disease, where Oldham officers do undertake the questionnaire). |
| | | LCO Children’s Services | UKHSA | Consent to immunisation forms: Schools/Children: Contact: LCO School Immunisation Leads Contact details in contact list. |
| | Respiratory samples (e.g., swabbing) | NHS Provider/Nursing Home Staff/GP/School Immunisation Team Go To Doc | UKHSA Go to Doc | Clinical sampling will be undertaken by: Care staff in care setting. Additional support with swabbing can be arranged with Local Swabbing Team in Central Coordination Hub eg: Extra Care setting Uni/over 18 referral to GP |

| | | | | | |
|--|----------------------|--|-------------------------------------|------------------------|--|
| | | | | | <p>Nursery/Under 5 years – referral to GP Those not registered with GP e.g., Homeless/Rough sleepers Option 1: GP option 2: GTD (dependant on outbreak)</p> <p>Flu: Flu Swab Kits arrangements yet to be agreed/confirmed and circulated by UKHSA for 2022/2023 season. Proposed arrangements may involve OMBC HPT undertake risk assessment</p> <p>Out of hours SPOC for UKHSA to access GMIC NHS Oldham Locality is via NWS ROCC. Ask for the locality GMIC NHS Oldham Director On Call.</p> <p>Out of hours SPOC for UKHSA Northwest.</p> |
| | Faecal (GI outbreak) | | Care home staff GP Adult Care | UKHSA Go to Doc | UKHSA undertake the patient sampling for OMBC for environmental health related outbreaks UKHSA may notify EHO and CHPT of outbreak, Samples posted back to UKHSA labs |

| | | | | | |
|--|-------------------------------------|--|---------------------------|------------------------|---|
| | | | | | If more than 2 cases unconnected – to see GP GP may be asked to obtain samples depending on organism. E.g., Clostridium difficile |
| | Faecal (GI outbreak in a care home) | | Care /Care Home Staff/ GP | UKHSA Go to Doc | Initial sampling taken by care home on GP instructions or with advice from OMBC HPT. OMBC HPT coordinate outbreak response and advise the home. OMBC HPT may contact UKHSA or EHO for advice. Care home staff take samples. |
| | Oral fluid (e.g. Hep A outbreak) | | GP/NHS Provider/LCO/GTD | N/A | Risk assessment and contact tracing undertaken by UKHSA Self-administered arranged by UKHSA. If wider community outbreak: e.g., School/nursery: option 1: School nursing team option 2: GTD Care Home: Care home nurses/NH team/GP University: Go to Doc Commercial Premises: UKHSA/CHPT may support staff self-sampling GP- for rough sleepers |
| | Urine Test | | GP/Care Home | N/A | If legionella: |

| | | | | | |
|--|--|--|-------------------------------------|-------|---|
| | | | | | Care Home – Care Home Staff on request by UKHSA Primary care: GP |
| | Environmental (e.g., food / water) | | Environmental Health Officers / HSE | UKHSA | e.g., Legionella/cryptosporidium? Where EH are the enforcing authority then EHO should be able to undertake sampling For certain premises or complex sampling eg legionella linked to cooling towers EHO may need to discuss with HSE |
| | Blood test | | NHS provider/GP | | e.g. Phlebotomy services for adults and children |
| | TB skin test | | TB Nurses | N/A | e.g. Mantoux/IGRA testing |
| | Scabies (clinical assessment) | | GP/Dermatologist | N/A | Most cases treated based on clinical assessment by GP or referral to dermatologist without testing. Advice from OMBC HPT for single cases and outbreaks. Follow NICE Scabies Guidance |
| | Mass blood tests (e.g., IGRA testing) for TB | | TB Nurses | N/A | |
| | Mass X-Ray (incl. mobile x-ray) | | TB nurses | N/A | When/if required coordinated by MFT TB team as above |

| | | | | | | |
|--|---------------------------------|----------------------------|-----------------------------------|--------------|---|--|
| | Sexually Transmitted Infections | | NHS Trust Sexual Health Clinic/GP | N/A | Sexual Health Services would respond to the outbreak. Public Health Commissioning manager-sexual Health OMBC would be contacted in regard to response & communicate with partner services. | |
| | Transport to lab | Local lab transport system | EHO | UKHSA | GP routine samples in-hours. EHO would liaise with Oldham Lab for posting of samples. | |
| | | | | UKHSA Postal | N/A | e.g., measles on individual cases, Flu packs, UKHSA packs have paid return envelope. |
| | | | | Hand deliver | | Care home flu swab samples Flu swabs – via UKHSA MRI lab process courier |

Prior to an OCT being set up, UKHSA will liaise directly with relevant partners to recommend and coordinate investigations. Once an OCT is set up, the OCT will agree on coordination of investigations.

The types of investigation involved usually include:

- Epidemiological investigation: establishing links between cases/sources based on questioning of cases/NOK and information on settings.
- Microbiological investigations: where a sample is taken and sent for analysis to a laboratory. There are 2 types:
- Clinical sampling: from human tissue (blood, respiratory secretions, salivary, faeces etc)
- Environmental sampling: e.g. water, work surfaces etc.

2.3 Control Measures

| | Response Activity | Potential Responder (S) | | Considerations, comments or potential issues |
|---------|--|--|---|---|
| | | In Hours 9-5 | Out of Hours | |
| Control | Advice on infection, prevention & control measures | Oldham Health Protection Team EHO | UKHSA | 9am-5pm The OMBCHPT have a central email UKHSA may also provide some infection control information and advice if related to a specific notifiable disease not routinely dealt with by LA HPT or if unusual situation EHO for commercial food premises/preparation |
| | Exclusion Advice | OMBC /UKHSA | UKHSA | Using national UKHSA guidelines and advice. Would depend on the outbreak |
| | Enforcement of control measures | Local Authority with UKHSA support | Local Authority with UKHSA support | Proper Office EH for Part 2a Order (EHO team) |
| | Treatment and Prophylaxis (Including immunoglobulin, vaccines, antivirals, antibiotics and anti-toxins) | GMIC NHS Oldham Medicines Optimisation – order vaccines/coordinate delivery. Identify local of antiviral stockpile in key pharmacies. Antivirals available from general community pharmacies on prescription May use Immform or order direct from manufacturer for non- immunisation programme vaccines UKHSA may order direct in some circumstances/use own stocks- antivirals/vaccines at UKHSA discretion PGDs to be available from Trust for Immunisation Team/DNs | UKHSA to order vaccines in specific cases Trust pharmacy/GMIC NHS Oldham Out of hours arrangements also to be confirmed by UKHSA. Other out of hour's work will be via Director on call and meds optimisation response use Go to doc etc for | There may be vaccine manufacturing shortages or ordering issues, ordering at short notice in some unusual outbreaks. – UKHSA to advise/support if vaccination recommended by them |

| | | | | |
|--|--|--------------------------------------|--|--|
| | | From SIT for primary care/Use of PSD | antivirals – assessment of patients/contacts | |
|--|--|--------------------------------------|--|--|

Prior to an OCT being set up, UKHSA will liaise directly with relevant partners to recommend and coordinate control measures. Once an OCT is set up, the OCT will agree on coordination of control measures.

Control measures usually include:

- Identifying and controlling on-going sources. e.g., A cooling tower suspected of aerosolising Legionella, or a food premise with unsafe food preparation practice
- Preventing/limiting onwards spread
- Reducing likelihood of severe illness in specific vulnerable groups: usually by prompt post-exposure prophylaxis (PEP)
- Where compliance with recommendations around control measures is an issue, enforcement powers may be used. For the purposes of outbreaks and health protection incidents, the bulk of enforcement powers lie with LA. Further info here: Chartered Institute of Environmental Health Toolkit / DoH guidance on Health Protection regulations

The key partners usually involved depend on which control measures are recommended, but most commonly, they are:

- EHOs: IPC advice for cases/contacts of GI illness + enforcement powers
- LA HPT: IPC advice and monitoring for community settings
- GPs: prescribing of Rx and PEP
- School nurses: delivery of PEP (e.g., vaccination) in a school setting
- NHS community providers (e.g., DNs): delivery of PEP in community settings (excluding schools) e.g. traveller site, university, care home...

2.4 Communications: Roles and Responsibilities

| | Response Activity | | Potential Responders | | Considerations, Comments or Potential Issues |
|-----------------------|-------------------|---|---|--------------|--|
| | | | In Hours | Out of Hours | |
| Communications | To public | Setting specific advice letters (e.g., businesses, care | OCT: OMBC/GM NHS Oldham/EHO/UKHSA | UKHSA | Dependent on topic and setting. Template letter |

| | | | | | |
|--|--------------------|---|--|-------------------------------|--|
| | | homes) | | | provided by UKHSA for Infectious Diseases Template letter provided by UKHSA/EHO for food related or Environmental |
| | | Update NHS 111 | UKHSA | UKHSA | Script and algorithm provided by UKHSA for any LA comms via the Contact Centre. This would need to be pre-agreed. |
| | | Helpline | OMBC/GMIC NHS Oldham | OMBC/GMIC NHS Oldham | Script and algorithm provided by UKHSA for any LA comms via the Contact Centre. This would need to be pre-agreed. |
| | | Websites / social media | UKHSA/OMBC/GMIC NHS Oldham | UKHSA/OMBC/GMIC NHS Oldham | Comms Lead for UKHSA/OMBC/GMIC NHS Oldham |
| | | Door to door | UKHSA/OMBC/GMIC NHS Oldham | UKHSA/OMBC/GMIC NHS Oldham | Need would have to be clearly identified and resourced. |
| | To health partners | Briefings / sitreps from OCT | UKHSA/OMBC/GMIC NHS Oldham Comms & PCC | UKHSA/MHCC – Comms & PCC | see list of contacts for community cases in appendix |
| | | Other relevant groups | Responsibility of each agency | Responsibility of each agency | |
| | To the Media | Coordinated by UKHSA/OMBC/GMIC NHS Oldham via OCT | UKHSA/OMBC/GM NHS Oldham via OCT | | Include all partner agencies in discussion of key comms messages |
| | To Elected | DPH | DPH | | Director of Public |



| | | | | |
|--|---|----------------------|----------------------------------|--|
| | Members / Committees e.g. Health and Wellbeing Boards | | GMIC NHS Oldham on call director | Health |
| | Internal briefs | OMBC/GMIC NHS Oldham | OMBC/GMIC NHS Oldham | <p>Oldham Communications</p> <p>All media queries within office hours (9am to 5pm) should be sent to press office.</p> <p>Out of Hours queries</p> |


3: LOCAL OPERATIONAL ARRANGEMENTS FOR SPECIFIC TYPES OF OUTBREAKS REQUIRING AN OCT

- 3a Arrangements for an outbreak of Influenza like illness/ARI including C19 in a care home
- 3b Arrangements for investigating complex TB incidents
- 3c Arrangements for investigating and controlling a BBV outbreak/incident
- 3d Arrangements for meningococcal disease in a nursery/school/college
- 3e Arrangements Hepatitis A in a school or childcare setting
- 3f Arrangements for outbreaks in hard to reach populations
- 3g Arrangements for outbreaks of IGAS in a care home
- 3h Arrangements for a GI outbreak linked to a food premise, swimming pool or petting farm
- 3i Arrangements for a Hepatitis A outbreak in a care home

NB: In the event of a BBV incident/outbreak occurring in Oldham, OMBC Health Protection Team will act as a facilitator, providing the link between UKHSA and various parts of Oldham MBC (these will vary according to location of outbreak and who is involved). The Health Protection Team will also act as a point of contact for individuals seeking advice.

3a. Arrangements for an outbreak of Influenza like illness (ILI)/ARI (including Covid19) in a care home

| | Response Activity | | Responders | | Considerations /Documents |
|-----------------------|---------------------------|--|--|--|--|
| | | | In hours | Out of hours | |
| Investigations | Detection/Alerting | <ul style="list-style-type: none"> • Two or more residents or staff suffering from ILI • OMBC/UKHSA alerted by home • Exclude Covid19 • Information for affected staff/ residents taken • Outbreak email sent to relevant groups • Outbreak form sent daily to home to fill out and return to OMBC | <ul style="list-style-type: none"> • OMBC HPT • GM UKHSA • GP/GtD • MRI virology | <ul style="list-style-type: none"> • PM UKHSA • GTD • CCG on call |  UKHSA NW ARI CARE HOME RESOU  Testing and Antiviral Procedure_ |
| | Sampling | <ul style="list-style-type: none"> • Swabs to be obtained from symptomatic people (Max 5) on a wait and return • Swabs delivered to MRI Public health Laboratory for PCR • Results to Oldham LA HPT in hours and GM UKHSA out of hours | | | |
| Control | Advice IPC | <ul style="list-style-type: none"> • Increased hand and respiratory hygiene measures advised • PPE including FRSM/visors • Home closed to admissions (and possibly also visitors except essential carers) • Affected residents isolated until 5 days post symptoms • Affected staff excluded for 5 days | <ul style="list-style-type: none"> • OMBC HPT • GP/GtD | <ul style="list-style-type: none"> • UKHSA • GtD | <ul style="list-style-type: none"> • Cohort residents is key where residents may have dementia |

| | | | | | |
|--------------|------------------------------|---|--|------------------------------|---|
| | | <ul style="list-style-type: none"> • Deep clean before reopening | | |  Oldham Locality Out of Season Antiv |
| | Treatment/Prophylaxis | <ul style="list-style-type: none"> • OCT called to discuss management • Antiviral treatment/PEP prescribed and administered dependant on lab results • GP/GtD to use FP10 in season and PSD Out of Season. | | | |
| Comms | To care home | <ul style="list-style-type: none"> • Advice letters/emails/outbreak info pack | <ul style="list-style-type: none"> • UKHSA • OMBC Comms • GMIC NHS Oldham • LA HPT | No out of hours Comms needed | |
| | To health partners | <ul style="list-style-type: none"> • Outbreak email* • OCT minutes circulated | | | |
| | To media | <ul style="list-style-type: none"> • Coordinate by UKHSA via OCT | | | |

3b. Arrangements for investigating complex TB incidents

| | Response Activity | | Responders | | Considerations |
|-----------------------|---------------------------|---|---|--------------|----------------|
| | | | In hours | Out of hours | |
| Investigations | Detection/Alerting | <ul style="list-style-type: none"> • Notifiable disease • UKHSA/OMBC Health Protection Team alerted about greater than usual cases/linked cases • Alert TB services • Identify contacts of infected | <ul style="list-style-type: none"> • UKHSA • TB services Oldham • LA HPT • GMIC | UKHSA | |

| | | | | | |
|----------------|------------------------------|---|---|---|---|
| | | individuals | NHS Oldham • Microbiology laboratory | | |
| | Sampling | <ul style="list-style-type: none"> • Screen contacts/people in affected area (Oldham FT chest clinic) • Large scale screening if needed • Mantoux testing • Interferon testing • Mass x-ray (including mobile x-ray) | | | |
| Control | Advice IPC | <ul style="list-style-type: none"> • Isolation • Hygiene measures • Provide advice/reassurance to worried individuals | <ul style="list-style-type: none"> • UKHSA • LA HPT • TB services | UKHSA (if necessary) | <ul style="list-style-type: none"> • Prescribing • Sourcing • Individuals not complying with treatment due to complex social needs (e.g. homeless) |
| | Treatment/Prophylaxis | <ul style="list-style-type: none"> • Mass vaccinations – BCG • TB antimicrobial therapy – individual prescriptions from Consultant • Latent infections? | <ul style="list-style-type: none"> • GMIC NHS Oldham • District nursing • General Practice | | |
| Comms | To public | <ul style="list-style-type: none"> • Advice letters • Update NHS 111, helpline, social media | UKHS GMIC NHS Oldham Comms LA HPT | There is no out of hours Comms support. Silver Control will decide when Comms need to be involved | |
| | To health partners | <ul style="list-style-type: none"> • Outbreak email* • OCT minutes circulated | | | |
| | To media | Coordinate by UKHSA via OCT | | | |

3c. Arrangements for investigating and controlling blood-borne viruses (BBV)

| | Response Activity | | Responders | | Considerations |
|-----------------------|------------------------------|---|--|--------------|---|
| | | | In hours | Out of hours | |
| Investigations | Detection/Alerting | <ul style="list-style-type: none"> UKHSA/OMBC Health Protection Team notified when unusual numbers or cluster of cases | <ul style="list-style-type: none"> UKHSA OMBC HP/IPC Team Turning Point Oldham MRI Virology laboratory GPs | UKHSA | |
| | Sampling | <ul style="list-style-type: none"> Blood samples for virology Screening of contacts Screen for multiple BBVs | | | |
| Control | Advice IPC | <ul style="list-style-type: none"> Explain routes of transmission Hygiene measures | <ul style="list-style-type: none"> UKHSA OMBC HP/IPC Team General Practice Consultant Microbiology | UKHSA | <ul style="list-style-type: none"> Prescribing Sourcing |
| | Treatment/Prophylaxis | <ul style="list-style-type: none"> PEP treatment for close contacts Vaccinations for close contacts and other contacts (dependant on virus) | | | |
| Comms | To public | <ul style="list-style-type: none"> Advice letters Update NHS 111, helpline, social media | <ul style="list-style-type: none"> UKHS GMIC NHS Oldham Comms LA HPT | | |
| | To health partners | <ul style="list-style-type: none"> Outbreak email* OCT minutes circulated | | | |
| | To media | Coordinate by UKHSA via OCT | | | |

3d. Investigating meningococcal disease in a nursery, school or college

| | Response Activity | | Responders | | Considerations |
|-----------------------|------------------------------|---|--|--------------|---|
| | | | In hours | Out of hours | |
| Investigations | Detection/Alerting | <ul style="list-style-type: none"> • Meningococcal case notified to UKHSA (also OMBC HP/IPC team via email to DPH) • Identify close contacts - UKHSA | <ul style="list-style-type: none"> • UKHSA • Oldham HPT Team • NCA school nurses • Consultant Microbiology | UKHSA | |
| | Sampling | <ul style="list-style-type: none"> • No screening needed, but highlight symptoms and importance of urgent medical attention • Hospitalisation of anyone displaying symptoms | | | |
| Control | Advice IPC | <ul style="list-style-type: none"> • Highlight symptoms and importance of urgent medical attention | <ul style="list-style-type: none"> • UKHSA • LA HPT • GPs • NCA school nurses 0-5 yrs | UKHSA | <ul style="list-style-type: none"> • Prescribing • Sourcing |
| | Treatment/Prophylaxis | <ul style="list-style-type: none"> • Prophylactic antibiotics for close contacts • Check vaccination status of rest of school/college – offer vaccination for unimmunised | | | |
| Comms | To public | <ul style="list-style-type: none"> • Advice letters • Update NHS 111, helpline, social media | <ul style="list-style-type: none"> • UKHSA • LA HPT | | |
| | To health partners | <ul style="list-style-type: none"> • Outbreak email* • OCT minutes circulated | | | |
| | To media | Coordinate and led by UKHSA via OCT | | | |

3e. Investigating Hepatitis A in a school or childcare setting

| | Response Activity | | Responders | | Considerations |
|-----------------------|------------------------------|---|---|--------------|--|
| | | | In hours | Out of hours | |
| Investigations | Detection/Alerting | <ul style="list-style-type: none"> • Notifiable disease • UKHSA/OMBC Health protection Team notified of case(s) • Identify close contacts • Identify source | <ul style="list-style-type: none"> • UKHSA • LA HPT • NCA school Nursing | UKHSA | |
| | Sampling | <ul style="list-style-type: none"> • Blood samples from all contacts for Hep A testing – students/staff/household | | | |
| Control | Advice IPC | <ul style="list-style-type: none"> • Increased hand hygiene, extra measures for close contacts • Environmental Assessment of toilets and hand washing facilities | <ul style="list-style-type: none"> • UKHSA SIT & LA HPT • NCA NHS school nurses • GPs • GMIC NHS Oldham | | <ul style="list-style-type: none"> • Availability of sufficient vaccine • Ensure vaccinations are given in a timely manner |
| | Treatment/Prophylaxis | <ul style="list-style-type: none"> • Immunoglobulin therapy for household contacts • Vaccinate contacts • Mass vaccination of childcare setting | | | |
| Comms | To public | <ul style="list-style-type: none"> • Advice letters to schools/households | <ul style="list-style-type: none"> • UKHSA • GMIC NHS Oldham | | |

| | | | | | |
|--|---------------------------|---|---|--|--|
| | To health partners | <ul style="list-style-type: none"> • Outbreak email* • OCT minutes circulated | <ul style="list-style-type: none"> • OMBC Comms LA HPT | | |
| | To media | Coordinate and led by UKHSA via OCT | | | |

3f. Investigating outbreaks in a hard to reach population (e.g measles at a traveller's site)

| | Response Activity | | Responders | | Considerations |
|-----------------------|------------------------------|---|---|--------------|----------------|
| | | | In hours | Out of hours | |
| Investigations | Detection/Alerting | <ul style="list-style-type: none"> • Notifiable disease • UKHSA/OMBC Health protection Team notified of case(s) • Identify close contacts • Identify source | <ul style="list-style-type: none"> • UKHSA • LA HPT • District Partnership | GTD | |
| | Sampling | UKHSA to provide kits if required | | | |
| Control | Advice IPC | | <ul style="list-style-type: none"> • UKHSA • LA HPT • District partnership • GPs • NCA NHS School nurses | | |
| | Treatment/Prophylaxis | Advice from UKHSA Mass vaccination onsite | | | |
| Comms | To public | <ul style="list-style-type: none"> • Advice letters to remaining traveller | <ul style="list-style-type: none"> • UKHSA • LA HPT | | |

| | | | | | |
|--|---------------------------|--|--|--|--|
| | To health partners | <ul style="list-style-type: none"> • Outbreak email* • OCT minutes circulated • Messages to GPs re increasing vaccine uptake / bringing forward routine vaccinations • Targeting schools with low uptake | <ul style="list-style-type: none"> • OMBC Comms | | |
| | To media | Coordinate by UKHSA via OCT | | | |

3g Investigating outbreaks of IGAS in a care home

| | Response Activity | | Responders | | Considerations |
|-----------------------|---|---|---|--------------|------------------------------------|
| | | | In hours | Out of hours | |
| Investigations | Detection and Alert OCT with UKHSA Communication with care home information gathering Communication with outside professionals Communication with outside professionals | <ul style="list-style-type: none"> • Notifiable disease • UKHSA/OMBC Health protection Team notified of case(s) • Identify close contacts • Identify source | <ul style="list-style-type: none"> • UKHSA • LA HPT | GTD | |
| | Sampling | UKHSA to provide kits if required | | | |
| Control | Advice IPC | Audit Hand Hygiene Isolation Advice | <ul style="list-style-type: none"> • UKHSA • LA HPT | UKHSA | Long term follow -up for staff and |

| | | | | | |
|--------------|------------------------------|---|--|-------|--|
| | Treatment/Prophylaxis | Advice from UKHSA | <ul style="list-style-type: none"> • Adult Community Services • GPs | | <p>residents who have tested positive</p> <p>Using one pharmacy to dispense preventative treatment for staff and residents</p> |
| Comms | To public | Communication to relatives | <ul style="list-style-type: none"> • UKHSA • GMIC Oldham Comms • LA HPT | UKHSA | |
| | To health partners | <ul style="list-style-type: none"> • Outbreak email* • OCT minutes circulated | | | |
| | To media | Coordinate by UKHSA via OCT | | | |

3h. Arrangements for a GI outbreak linked to a food premise, swimming pool or petting farm

| | Response Activity | | Responders | | Considerations |
|-----------------------|--|---|--|----------------------|----------------|
| | | | In hours | Out of hours | |
| Investigations | Detection and Alert OCT with UKHSA, EHO Rapid Investigation of potential source in the setting | <ul style="list-style-type: none"> • UKHSA/OMBC Health protection Team notified of case(s) • Identify close contacts • Identify source | <ul style="list-style-type: none"> • UKHSA • OMBC • LA HPT • EHO | UKHSA EHO OMBC | |

| | | | | | |
|----------------|--|---|--|-------------------------------|--|
| | Sampling Environmental Faecal Sampling | UKHSA to provide kits if required | | | |
| Control | Advice IPC/EHO | Hand Hygiene Isolation Advice Recommended/enforcement case-based control measures | <ul style="list-style-type: none"> • UKHSA • LA HPT • Adult Community Services • GPs | UKHSA EHO OMBC | |
| | Treatment/Prophylaxis | Advice from UKHSA | | | |
| Comms | To public | Communications as required as a result of the OCT | <ul style="list-style-type: none"> • UKHSA • LA HPT • OMBC Comms | UKHSA EHO OMBC UKHSA | |
| | To health partners | <ul style="list-style-type: none"> • Outbreak email* • OCT minutes circulated | | | |
| | To media | Coordinate by UKHSA via OCT | | | |

•3i. Arrangements for a Hepatitis A outbreak in a care home

| | Response Activity | | Responders | | Considerations |
|-----------------------|--|--|--|-----------------------------|----------------------------|
| | | | In hours | Out of hours | |
| Investigations | Detection and Alert OCT with UKHSA, EHO Rapid Investigation of potential source in the setting | <ul style="list-style-type: none"> • UKHSA/LA HPT notified of case(s) • Identify close contacts • Identify source | <ul style="list-style-type: none"> • UKHSA • LA HPT • EHO • GP | UKHSA EHO OMBC GtD | Transportation for Samples |

| | | | | | |
|----------------|--|---|--|-------------------------------|--|
| | Complete questionnaires required if at local level | | | | |
| | <p>Sampling</p> <p>Obtain samples with support for residential homes if necessary Blood samples if required</p> | UKHSA to provide kits if required | | | |
| Control | Advice IPC/EHO | Hand Hygiene Isolation Advice Recommended/enforcement case-based control measures | <ul style="list-style-type: none"> • UKHSA • LA HPT • Adult Community Services • GPs | UKHSA EHO OMBC | |
| | Treatment/Prophylaxis | Advice from UKHSA | | | |
| Comms | To public | Communications as required, a result of the OCT | <ul style="list-style-type: none"> • UKHSA • LA HPT • GMIC NHS Oldham • Comms | UKHSA EHO OMBC UKHSA | |
| | To health partners | <ul style="list-style-type: none"> • Outbreak email* • OCT minutes circulated | | | |
| | To media | Coordinate by UKHSA via OCT | | | |

OFFICIAL SENSITIVE

*In the event of any of these outbreaks an email is sent out stating the location and nature of the outbreak, and the number of people affected. This is used to notify the following:

- Health Protection Team
- Adult Social Care
- Environmental Health
- Consultant Microbiologists
- CCG
- Councillors
- Schools
- DPH

4: LOCAL OPERATIONAL ARRANGEMENTS FOR SPECIFIC TYPES OF OUTBREAKS NOT REQUIRING AN OCT

4a Table of arrangements for:

- Investigating & controlling outbreaks of viral gastroenteritis in schools/nurseries;
- Investigating & controlling outbreaks of viral gastroenteritis in care homes;
- Investigating & controlling outbreaks of respiratory disease in care homes (excluding seasonal ILI-covered in part 3a);
- Investigating an outbreak of a HCAI;
- Investigating & controlling outbreaks of influenza in a school/nursery.
- Investigating & controlling outbreaks of scabies in a care home


4b Funding arrangements:





Guiding principles:




- Protection of human health takes priority over funding challenges/financial discussions
- Where a local arrangement is in place re delivery of a certain aspect of the response (e.g., delivering an immunisation session in a school setting): partners must actively:
- Involve key decision makers from the relevant agency to formally approve the agreement (i.e., do not assume that the organisation will do it)
- Consider whether activity should be absorbed in existing contracts or whether additional funding is required and if so, which commissioner will sort this.
- Key commissioners in Oldham health economy include:
- GMIC NHS Oldham which commissions: Primary care and acute and community/social care providers
- NCA which commission public health services (school nurses and HVs)
- GM Health and Social Care Partnership (GMHSCP), Dentists and GPs which are jointly commissioned with GMIC NHS Oldham
- Specialist Commissioning commissioned by the CCG
- LA Environmental Health

GM NHS Oldham Medicines Optimisation: A Locally Commissioned Service Specification has been developed and agreed for use with GPs including OOH in case of outbreak responses for antiviral treatment/prophylaxis and vaccination.

4c. Outbreak situations NOT requiring an OCT

| Outbreak Situation | Detection/Alerting | Response | Control | Treatment/Prophylaxis | Documents |
|--|---|--|---|----------------------------------|--|
| <p>Viral gastroenteritis in schools/nurseries</p> | <p>OMBC Health Protection Team contacted by school/nursery/other source when 2+ cases are noted</p> | <ul style="list-style-type: none"> • Phone call between school & LA HPT to discuss symptoms and numbers of affected staff & students. • LA HPT email outbreak form to school to be completed and emailed to LA HPT Team on daily basis • Outbreak form details added to outbreak spreadsheet daily. • Arrange for stool samples to be taken from affected residents and sent to laboratory | <ul style="list-style-type: none"> • Ill pupils & staff to stay home for 48hours post last symptoms • Outbreak email sent out daily* • Extra hygiene measures advised • Deep clean of school 48 hours after last symptoms | <p>Unnecessary in most cases</p> | <div style="text-align: center;">  <p>Outbreak log.doc</p> </div> |

| Outbreak Situation | Detection/Alerting | Response | Control | Treatment/Prophylaxis | Documents |
|---|---|--|--|----------------------------------|--|
| <p>Viral gastroenteritis in nursing/care homes</p> | <p>OMBC Health Protection Team contacted by home/other source when 2+ cases are noted</p> | <ul style="list-style-type: none"> • Phone call between home & LA HPT to discuss symptoms and numbers of affected staff & residents • LA HPT to email outbreak form to home, to be filled out daily and emailed back to HP Team • Outbreak form details added to outbreak spreadsheet daily • Arrange for stool samples to be taken from affected residents and sent to laboratory (see outbreak management doc) | <ul style="list-style-type: none"> • Ill residents isolated for 48hours post symptoms • Ill staff excluded for 48 hours post symptoms • Closure to admissions and visitors until 48 hours post symptoms • Extra hygiene measures advised • Deep clean before reopening (48 hours after last symptoms) • Outbreak email updated and sent out daily* | <p>Unnecessary in most cases</p> | <div style="text-align: center;">  Outbreak log.doc </div> <div style="text-align: center; margin-top: 20px;">  DV Outbreak Report Template.doc </div> <div style="text-align: center; margin-top: 20px;">  OOH Flowchart for Outbreak D&V 2018.c </div> <hr style="width: 20%; margin: 10px auto;"/> <div style="text-align: center;">  In hours Flowchart for D&V 2018.docx </div> |

| Outbreak Situation | Detection/Alerting | Response | Control | Treatment/Prophylaxis | Documents |
|--|---|---|--|--|--|
| <p>Respiratory illness in nursing/care homes (Not seasonal Influenza – see part 3a)</p> | <p>OMBC Health Protection Team contacted by home/other source when 2+ cases are noted</p> | <ul style="list-style-type: none"> • Phone call between Care Home & LA HPT to discuss symptoms and numbers of affected staff & residents • OMBC HPT email outbreak form to Care Home to be completed and emailed to HP team on daily basis • Outbreak form details added to outbreak spreadsheet daily • Arrange for swabs to be taken from affected people, and sent to laboratory (see outbreak management doc) | <ul style="list-style-type: none"> • Ill staff to stay home for 5 days post last symptoms • Closure to admissions and visitors until 5 days post symptoms • Outbreak email sent out daily* • Extra hygiene measures advised • Deep clean of home before reopening, must be 5 days after last symptoms | <ul style="list-style-type: none"> • To be arranged with GtD as per service specification | <div style="text-align: center;">  Outbreak log.doc </div> <div style="text-align: center; margin-top: 100px;">  ILI Outbreak Report template.doc </div> <div style="text-align: center; margin-top: 100px;">  Care Home and Resident influenza Inf </div> |

| | | | | | |
|--|--|---|---|--|--|
| | | <p>home manager or person in charge</p> <ul style="list-style-type: none"> • Care home to request GP review for a diagnosis • Staff and residents to be treated in accordance with national guidance • LA HPT to support the home • Monitor and follow up cases within the home | <p>Isolate cases if possible</p> <p>PPE place</p> <p>Hand Hygiene</p> <p>Deep Clean following treatment</p> | | |
|--|--|---|---|--|--|




OFFICIAL SENSITIVE

*In the event of any of these outbreaks an email is sent out stating the location and nature of the outbreak, and the number of people affected. This is used to notify the following where appropriate:

- Infection Prevention Team in ROH
- Adult Social Care
- Education and Early Years
- NW Ambulance Service
- Environmental Health
- Consultant Microbiologists
- UKHSA

APPENDICES

Appendix 1: Stocks of Laboratory Testing Kits, Medication, and Other Equipment

| Type of Stock | Where Located | Quantity | Arrangements for Access |
|---------------|--|------------------------------------|---|
| Flu swabs | Office Manager National Infection Service UKHSA | Up to 5 kits per outbreak | Pathway outlined within the document below for 2022/2023  Testing and Antiviral Procedure_ |
| Stool pots | <ul style="list-style-type: none"> • GP • Some care homes have own supply • EHO | Up to 5 stool pots per outbreak | Care Homes to collect from GP and send via post/GP to Manchester Lab. Request I-Log as above.  ILOG request form for D+V 2023.docx |
| Antivirals | <ul style="list-style-type: none"> • Lloyds Chemist ICC | As required | In Hours and out of hours - GtD OOH - Phone ICB Director on Call  Oldham Locality Out of Season Antiv |

Appendix 2: Common and Other Outbreak Settings or Sources

These are examples of community settings sometimes associated with outbreaks

- Care homes: nursing, residential, intermediate, mixed etc.
- Schools / Colleges
- Nurseries / Child minders / Play centres
- University / student accommodation
- Food outlets
- Petting farms
- Swimming pools / water activity parks
- Dental practices
- Community health care settings (GP practices, Integrated Care centres etc.)
- Prisons / Detention Centres
- Workplaces
- Ports / airports
- Hotels
- Leisure Centres
- Travellers Sites
- Private camp sites / holiday parks
- Community Hospitals
- Hostels
- Tattoo Parlours

Appendix 3: Common Pathogens

Below is a list of pathogens which can commonly cause outbreaks. This list is not exhaustive.

The full list of notifiable diseases is available [here](#):

- Influenza
- Norovirus
- Scabies
- Tuberculosis
- Clostridium difficile
- PVL positive MR(S)SA
- Invasive Group A Streptococcal infection
- E Coli O157
- Hepatitis A
- Meningitis
- Pertussis
- Legionnaires Disease
- Measles
- Covid 19

Appendix 4: Contacts and Capabilities

Below are Consideration and Contact numbers for appropriate Oldham Health Economy Partners

[Oldham Health Economy](#) [Emergency Services](#) [External Agency](#) [Health](#) [GM](#) [Log](#)
[MOU](#)

OLDHAM HEALTH ECONOMY CAPABILITIES

| TB Outbreak (In Adult Setting) e.g., Factory, Office & University | | | |
|--|---|---|--------------------------------|
| Emergency Response Role | Health Economy is responsible for Identifying further cases of TB and preventing further spread of infection. By following TB national guidance consideration should be given to the following, not necessarily in order of priority: Large scale screening - Mantoux testing, Interferon testing, Mass x-ray (including mobile x-ray), BCG Immunisation, TSpot, Communication both Internally and Publicly | | |
| Contact | Capability | Office Hours | Out of Hours |
| TB Services at Royal Oldham Hospital | Identification of cases and contact screening | | UKHSA Northwest Centre |
| Oldham Health Protection/IPC Team | Provide advice and support to Residents, Staff and Public | | UKHSA Northwest Centre |
| Northern Care Alliance NHS School Nurses | Support with regards to outbreaks | School Nursing Team/School Nursing Lead | |
| Director of Public Health | Their role to ensure appropriate outbreak response and comms role | | NWAS Hold on call commissioner |
| Communication | Oldham Comms - On call Officer Tel: / Mobile: | All media queries within office hours (9am to 5pm) should be sent to press office | Out of Hour queries |
| GM Integrated Care Partnership | To commission any additional services, i.e. engaging outside contractor. Adjust the existing contract appropriately | | NWAS Hold on call commissioner |

| | | | | |
|---|--|--|------------------------|--|
| Community Health and Adult Social Care | Can provide support to residential care homes | | | |
| UKHSA | Coordinate the outbreak response and provide scientific and technical advice | | UKHSA Northwest Centre | |

Below are Consideration and Contact numbers for appropriate Oldham Health Economy Partners

[Oldham Health Economy](#)
 [Emergency Services](#)
 [External Agency](#)
 [Health](#)
 [GM](#)
 [Log](#)
[MOU](#)

| TB Outbreak (In Children's and Young Persons Setting) e.g. School or Child Care Setting | | | | OLDHAM HEALTH ECONOMY CAPABILITES |
|---|---|---|--------------------------------|--|
| Emergency Response Role | Health Economy is responsible for Identifying further cases of TB and preventing further spread of infection. By following TB national guidance consideration should be given to the following, not necessarily in order of priority: Large scale screening - Mantoux testing, Interferon testing, Mass x-ray (including mobile x-ray), BCG Immunisation, TSpot, Communication both Internally and Publicly | | | |
| Contact | Capability | Office Hours | Out of Hours | |
| TB Service for Oldham | Identification of cases and contact screening at Oldham Royal | | | |
| Oldham Health Protection/IPC Team | Provide advice and support to Residents, Staff and Public | | UKHSA Northwest Centre | |
| Northern Care Alliance NHS School Nursing | Can provide support to Schools and Child Care Settings throughout outbreaks | School Nursing Team/School Nursing Lead | | |
| Director of Public Health | Their role to ensure appropriate outbreak response and comms role | | NWAS Hold on call commissioner | |
| Communication | Oldham Comms – On call Officer | All media queries within office hours (9am to 5pm) should be sent to press office | | |

| | | | | |
|--|---|--|--------------------------------|--|
| Greater Manchester Integrated Care Partnership Oldham | To commission any additional services, i.e. engaging outside contractor. Adjust the existing contract appropriately | | NWAS Hold on call commissioner | |
| Children's Community Nursing Team | Can provide support to Schools and Child Care Settings | | | |
| UKHSA | Coordinate the outbreak response and provide scientific and technical advice | | UKHSA Northwest Centre | |

Below are Consideration and Contact numbers for appropriate Oldham Health Economy Partners

[Oldham Health Economy](#)
 [Emergency Services](#)
 [External Agency](#)
 [Health](#)
 [GM](#)
 [Log](#)
[MOU](#)

| Influenza Outbreak in a Care and Residential Facility. | | | | OLDHAM HEALTH ECONOMY CAPABILITIES |
|---|--|---|---|---|
| Emergency Response Role | Health Economy is responsible for taking action to prevent further spread of infection by: Screening following UKHSA guidance Prescribing and distribution of antivirals Infection control advice Communications internally and externally | | | |
| Contact | Capability | Office Hours | Out of Hours | |
| GP Practice with responsibility for patient | Responsible for Clinically assessing patient and prescribing relevant medication (in hours) | GP Practice with responsibility for patient | Contact UKHSA NW on call* and Oldham GMIC Director on Call* | |
| Go to Doc (GtD) | Responsible for Clinically assessing patient and prescribing relevant medication (out of hours) | | Health Care Professional Line | |
| Oldham Health Protection/IPC Team | Provide advice and undertake swabs and support to Residents, Staff and Public (in hours) | | UKHSA Northwest Centre | |

| | | | | |
|--------------------------------------|--|---|------------------------|--|
| District Nursing Services | Additional support and distribution of anti-viral by Patient Group Direction (PGD) | | | |
| NHS Funded Care | To give broad support to the nursing care homes | | | |
| Community Health and MIO Care | To give broad support to the adult residential and care facilities | | | |
| UKHSA | Coordinate the outbreak response and provide scientific and technical advice | | UKHSA Northwest Centre | |
| Northern Care Alliance NCA | To provide support in residential care homes for children and young people | School Nursing Team/School Nursing Lead | | |

Below are Consideration and Contact numbers for appropriate Oldham Health Economy Partners

[Oldham Health Economy](#) [Emergency Services](#) [External Agency](#) [Health](#) [GM](#) [Log](#)
[MOU](#)

| Hepatitis A (In Children’s and Young Persons Setting) e.g. School or Child Care Setting | | | |
|--|---|---|---------------------|
| Contact | Capability | Office Hours | Out of Hours |
| Emergency Response Role | The Health Economy role is to prevent further spread of infection by: National Guidance on Hep A Activating Outbreak Control Team Infection control advice Communications internally and externally Providing exclusion advice and immunising contacts | | |
| Northern Care Alliance School Nursing | Immunising Children in School | School Nursing Team/School Nursing Lead | |

OLDHAM HEALTH ECONOMY CAPABILITIES

| | | | | |
|--|---|---|---|--|
| Oldham Health Protection/IPC Team | Advice and support to patients, staff and public | | UKHSA Northwest Centre | |
| Director of Public Health | Their role to ensure appropriate outbreak response and comms role | | NWAS Hold on call commissioner rota and numbers | |
| Communications | Oldham Comms | All media queries within office hours (9am to 5pm) should be sent to press office | | |
| Greater Manchester Integrated Care Partnership Oldham | To commission any additional services, i.e. engaging outside contractor. Adjust the existing contract appropriately | | | |
| Northern Care Alliance School Nursing | Can provide support to Schools and Child Care Settings | School Nursing Team/School Nursing Lead | | |
| UKHSA | Coordinate the outbreak response, arrange vaccinations and provide scientific and technical advice | | UKHSA Northwest Centre | |

Below are Consideration and Contact numbers for appropriate Oldham Health Economy Partners

[Oldham Health Economy](#) [Emergency Services](#) [External Agency](#) [Health](#) [GM](#) [Log](#)
[MOU](#)

| Measles at a Travellers Site | | | | OLDHAM HEALTH ECONOMY |
|--|---|---|---------------------|------------------------------|
| Emergency Response Role | The Health Economy role is to prevent further spread of infection by: Providing exclusion advice and immunising contacts | | | |
| Contact | Capability | Office Hours | Out of Hours | |
| Northern Care Alliance School Nursing | Immunising Children in School | School Nursing Team/School Nursing Lead | | |

| | | | | |
|--|---|---|------------------------|--|
| Oldham Health Protection/IPC Team | Advice and support to patients, staff and public | | UKHSA Northwest Centre | |
| Director of Public Health | Their role to ensure appropriate outbreak response and comms role | | | |
| Communication | Oldham Comms | All media queries within office hours (9am to 5pm) should be sent to press office | | |
| Greater Manchester Integrated Care Partnership Oldham | To commission any additional services, i.e. engaging outside contractor. Adjust the existing contract appropriately | | | |
| Northern Care Alliance School Nursing | Can provide support to Schools and Child Care Settings Immunisations in all educational settings | School Nursing Team/School Nursing Lead | | |
| UKHSA | Coordinate the outbreak response and provide scientific and technical advice | | UKHSA Northwest Centre | |
| Single point of Access for District Nurses | Can provide immunisation to Adults | | | |
| Community engagement workers) | To give advice and support to vulnerable individuals and their families | Service Manager Districts | | |

Meningitis in a School or Child Care Setting

| | | | |
|---|---|---|---------------------|
| Emergency Response Role | The Health Economy role is to prevent further spread of infection by: Providing Health Care Information and Chemoprophylaxis | | |
| Contact | Capability | Office Hours | Out of Hours |
| Northern Care Alliance NHS School Nurse Team | Distribution of medication within the setting | School Nursing Team/School Nursing Lead | |

OLDHAM HEALTH ECONOMY

| | | | | |
|---|---|---|------------------------|--|
| Oldham Health Protection/IPC/IPC Team | Advice and support to patients, staff and public | | UKHSA Northwest Centre | |
| Director of Public Health | Their role to ensure appropriate outbreak response and be a strategic comms lead | | | |
| Communication | Oldham Comms | All media queries within office hours (9am to 5pm) should be sent to press office | | |
| Greater Manchester Integrated Care Oldham | To commission any additional services, i.e. engaging outside contractor. Adjust the existing contract appropriately | | | |
| Northern Care Alliance NHS School Nurse Team | Can provide support to Schools and Child Care Settings Immunisations in all educational settings | School Nursing Team/School Nursing Lead | | |
| UKHSA | Coordinate the outbreak response and provide scientific and technical advice | | UKHSA Northwest Centre | |

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OLDHAM MEMBER LIAISON

| | |
|--------------------------------|---|
| Emergency Response Role | To work with elected Members of the council, keeping them informed of progresses and ensuring that their energies are deployed in a manner that support the overall response. This liaison may be extended to MP's and MEP's where appropriate. |
|--------------------------------|---|

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SCC SERVICE
DELIVERY STREAMS

| | |
|--------------------------------------|--|
| Out of Hours Oldham Director On Call | |
|--------------------------------------|--|

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NORTHWEST AMBULANCE SERVICE

| | |
|--------------------------------|---|
| Emergency Response Role | <ul style="list-style-type: none"> The Control Room will be able to provide details of any incident to which NWAS has responded (including a log number). In the event that non-urgent medical assistance is required at RVP, reception centre or any other location to which MCC has responded to an incident, the Control Room can be contacted to request attendance (if available) from NWAS. For medical emergencies always dial 999. |
|--------------------------------|---|

| | |
|-----------------------------|--|
| 24/7 contact (Control Room) | |
|-----------------------------|--|

| Contact | Mobile | Office Hours | Notes |
|---------|--------|--------------|-------|
|---------|--------|--------------|-------|

| | | | |
|---------------------------------|--|--|--|
| In an emergency always dial 999 | | | |
|---------------------------------|--|--|--|

EMERGENCY SERVICES

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UKHSA Northwest Centre

| | |
|--------------------------------|---|
| Emergency Response Role | UKHSA has the statutory responsibility for the protection of public health. This includes (but is not confined to) infectious disease, environmental hazards and contamination and extreme weather events – although some specific powers are delegated to the DPH who will lead the local authority response |
|--------------------------------|---|

HEALTH ECONOMIES

| | | | |
|--|---------------|---------------------|---------------------|
| <p>to any incident which poses a threat to public health. UKHSA will support an emergency response by:-</p> <ul style="list-style-type: none"> - providing health protection services expertise and advice and co-ordinating responses to major incidents - assessing public health needs and gathering data to support emergency plans - carrying out risk assessments with the support of the organisation involved - providing scientific and technical advice - providing microbiology services <p>In response to an incident the DPH will work with the HPT to establish arrangements for mobilising resources to respond as well as the provision of advice to Clinical Commissioning Groups, discussions with NHS CB Area Teams and joint chairmanship of the Local Health Resilience Forum. The PHEC will also work with the DPH develop communications about health protection concerns and keep the DPH informed about health protection issues and any action taken to resolve them.</p> | | | |
| In Hours | | | |
| Contact | Mobile | Office Hours | Out of Hours |
| Health Protection/IPC Team | | | |
| | | | |

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| Public Health Support | |
|--------------------------------|---|
| Emergency Response Role | <p>Key responsibilities of Directors of Public Health in the response to public health incidents and emergencies include:</p> <ul style="list-style-type: none"> ❖ Providing initial leadership, with UKHSA, for the response to public health incidents and emergencies within their local authority area, ❖ Maintaining oversight of population health and ensuring effective communication with communities, |

GREATER MANCHESTER

| | | | |
|----------------------------------|---|---------------------|---------------|
| | <ul style="list-style-type: none"> ❖ Representation on an Outbreak Control Team (where convened), either in person or through an appropriate deputy, ❖ Working with CCGs and NHS Area Team to ensure that appropriate resources are available to support the investigation and control of outbreaks, including human, financial and other resources e.g. the assistance of community staff, funding and delivery of vaccinations and prophylaxis both in and outside office hours, ❖ Ensuring that appropriate organisations and officers, including hospitals where appropriate, and other relevant NHS/DH organisations are informed, ❖ Ensuring that effective communication is in place to provide Elected Members with a source of leadership, expertise and advice, | | |
| Out of Hours | | NW UKHSA | |
| | | Office Hours | Mobile |
| Director of Public Health | | | |

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| Communication teams in Partner Organisations | |
|---|--|
| Emergency Response Role | <ul style="list-style-type: none"> • To coordinate the communication response |

| Organisation | In hours | Out of Hours |
|--|-----------------|---------------------|
| Oldham Metropolitan Borough Council | | |
| Greater Manchester Integrated Care Oldham | | |

GREATER MANCHESTER

| | | | |
|------------------------------|------------------------------------|------------------------------------|--|
| NHS England | | | |
| NW UKHSA | | | |
| Royal Oldham Hospital | Ask for the senior manager on-call | Ask for the senior manager on-call | |

Appendix 5: Suggested OCT Members

- Consultant in Communicable Disease Control
- Environmental Health Officer
- Consultant Microbiologist / Virologist
- Director of Public Health/ Local Health Protection Nurse
- CCG Representative
- District Partnership Representative
- Representative from Comms and Marketing Team at Oldham Council
- Local NHS Provider Services (as required) [e.g. acute trust, GTD]

NB: This list is not exhaustive; depending on the nature of the outbreak representation from additional organisations may be required, for example, in the event of an outbreak in a school would be appropriate to include a representative from Education at OMBC.