



Operational Local Health Economy Outbreak Plan Oldham

August 2018

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Document author(s): <i>(Name, Title)</i>	Template: Karl Astbury, AGMA Civil Contingencies and Resilience Unit Business Partner
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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



.....
[CCG]

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Glossary of Terms

CCDC	Consultant in Communicable Disease Control
CCG	Clinical Commissioning Group
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
HP	Health Protection
HPT	Health Protection Team
PHE SIT	Screening & Immunisation Team
CCG MO	Medicines Optimisation
GTD	Go To Doc
LRF	Local Resilience Forum
OCT	Outbreak Control Team
PGD	Patient Group Directive
PSD	Patient Specific Directive
PHE	Public Health England
PHEC	Public Health England Centre
OMBC	Oldham Metropolitan Borough Council
BBV	Blood Borne Virus
TB	Tuberculosis
ILI	Influenza like Symptoms
MRSA	Methicilin Resistant Staph Aureus
CDI	Clostridium difficile Infection
ESBL	Extended Spectrum Beta Lactamases
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 a large number of 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

- In the event that PHEC call an OCT, Oldham's DPH & members of Oldham's Health Protection Infection Team (HPT) will participate in that group.
- It is likely that 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 & Influenza) will be recognised and declared by the OMBC Health Protection Team, with the response being led locally, however, rarely and for some very complex outbreaks the response may be led by PHE NW Greater Manchester Team.
- The Health Protection Team may be contacted by a variety of sources to report an outbreak, typically these include; PHEC, nursing/care home staff, schools/nurseries, Adult Social Care, Northern Care Alliance NHS Group 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 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 CCDC 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

- 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 PHE.

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, although it is anticipated that they would produce communications/information for the public in conjunction with PHE.
- 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 HP Team 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

- [Communicable Disease Outbreak Management: Operational Guidance 2014](#)
-
- [PHE guidelines on the management of outbreaks of Influenza Like Illness \(ILI\) in care homes 2017.pdf](#)
- [Management of an Outbreak of Diarrhoea and/or vomiting in a care home setting October 2015.](#)
- [D&V outbreak in a school childcare setting 2016](#)
- [Code of practice on the prevention and control of infections 2015](#)
- PHE [national-measles-guidelines](#) 2017
- PHE [meningitis-and-septicaemia-prevention-and-management-in-higher-education-institutions](#)
- [PHE IM Influenza PGD](#)
- [Flu Preparedness Letter to GM Emergency care Delivery Boards](#)

1.9.2 Greater Manchester

Roles in an outbreak

- [Role of the DPH](#)
- [Role of CIGN](#)
- [Role of the Environment Health Officer](#)

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

- [Joint Flu SOP](#)
- [PHE Flu brief for GM LHRP](#)
- [PHE NW Flu Resource Pack for Care Homes](#)
- [Flu Guidelines for GM MMG](#)
- [Template AV for staff](#)
- [GM Care Home Joint SOP](#)

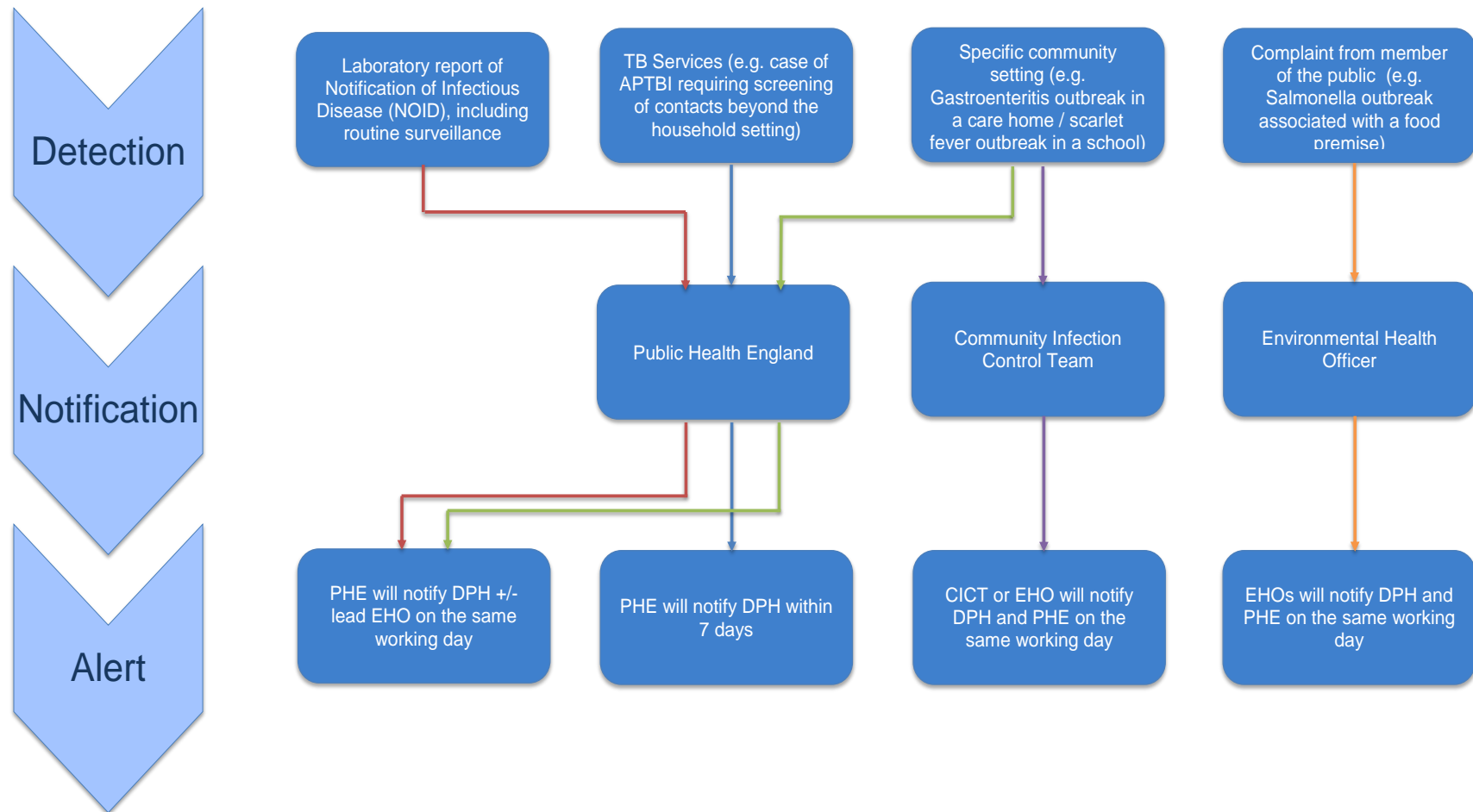
1.9.3 Oldham

- [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 of Disease are usually detected and alerted in the following ways:



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

- 3a Arrangements for an outbreak of Influenza like illness 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

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 PHE 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.

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

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	Detection/Alerting	<ul style="list-style-type: none"> Two or more residents or staff suffering from ILI OMBC/PHE alerted by home 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 Health Protection Team GP MRI virology 	<ul style="list-style-type: none"> PHE GTD 	** There is a detailed piece of work in progress at GM level
	Sampling	<ul style="list-style-type: none"> Swabs to be obtained from symptomatic people Swabs delivered to MRI Public health Laboratory for PCR (inform lab before sending) 			
Control	Advice IPC	<ul style="list-style-type: none"> Increased hand and respiratory hygiene measures advised Home closed to admissions (and possibly also visitors) Affected residents isolated until 5 days post symptoms Affected staff excluded for 5 days Deep clean before reopening 	<ul style="list-style-type: none"> OMBC Health Protection Team GP 	<ul style="list-style-type: none"> PHE GTD 	<ul style="list-style-type: none"> Residents may be difficult to isolate, e.g dementia patients may wander
	Treatment/Prophylaxis	<ul style="list-style-type: none"> OCT called to discuss management Antiviral treatment/prophylaxis prescribed and administered dependant on lab results Initial dose from HP Team, GP to continue 			
Comms	To care home	<ul style="list-style-type: none"> Advice letters/emails/outbreak info pack 	<ul style="list-style-type: none"> PHE/CCG/O MBC Comms OMBC HP Team 	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 PHE 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 • PHE/OMBC Health Protection Team alerted about greater than usual cases/linked cases • Alert TB services • Identify contacts of infected individuals 	<ul style="list-style-type: none"> • PHE • TB services Oldham • OMBC Health Protection Team 	PHE	
	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) 	<ul style="list-style-type: none"> • CCG • Microbiology laboratory 		
Control	Advice IPC	<ul style="list-style-type: none"> • Isolation? • Hygiene measures • Provide advice/reassurance to worried individuals 	<ul style="list-style-type: none"> • PHE • OMBC HPT • TB services Oldham 	PHE (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"> • CCG • District nursing • General Practice 		
Comms	To public	<ul style="list-style-type: none"> • Advice letters • Update NHS 111, helpline, social media 	<ul style="list-style-type: none"> • PHE/CCG/OMBC Comms • OMBC HP Team 	<ul style="list-style-type: none"> • 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 PHE 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"> PHE/OMBC Health Protection Team notified when unusual numbers or cluster of cases 	<ul style="list-style-type: none"> PHE OMBC HP Team Turning Point OldhamMRI Virology laboratory GPs 	PHE	
	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"> PHE OMBC HP Team General Practice Consultant Microbiology 	PHE	<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"> PHE/CCG/OMBC Comms OMBC HP Team 		
	To health partners	<ul style="list-style-type: none"> Outbreak email* OCT minutes circulated 			
	To media	Coordinate by PHE 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 PHE (also OMBC HP team via email to DPH) Identify close contacts - PHE 	<ul style="list-style-type: none"> PHE OMBC HP Team Right start/school Nursing Bridgewater Consultant Microbiology 	PHE	
	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"> PHE OMBC HP Team GPs Right start/school Nursing Bridgewater/ Bolton for the 0-5 yrs 	PHE	<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"> PHE OMBC HP Team 		
	To health partners	<ul style="list-style-type: none"> Outbreak email* OCT minutes circulated 			
	To media	Coordinate and led by PHE 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 • PHE/OMBC Health protection Team notified of case(s) • Identify close contacts • Identify source 	<ul style="list-style-type: none"> • PHE • OMBC HP Team • Right start/school Nursing Bridgewater/Bolton 	PHE	
	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"> • PHE SIT & HP • HPT • Bridgewater • GPs • Right start/school Nursing Bridgewater/Bolton • CCG MO 		<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"> • No treatment available • Immunoglobulin therapy for household contacts • Vaccinate contacts 			
Comms	To public	<ul style="list-style-type: none"> • Advice letters to schools/households 	<ul style="list-style-type: none"> • PHE/CCG/OMBC Comms • OMBC HP Team 		
	To health partners	<ul style="list-style-type: none"> • Outbreak email* • OCT minutes circulated 			
	To media	Coordinate and led by PHE 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 • PHE/OMBC Health protection Team notified of case(s) • Identify close contacts • Identify source 	<ul style="list-style-type: none"> • PHE • OMBC HP Team • District Partnership 	GTD	
	Sampling	PHE to provide kits if required			
Control	Advice IPC		<ul style="list-style-type: none"> • PHE • HPT • District partnership • GPs • Right Start/School Nursing Bridgewater 		
	Treatment/Prophylaxis	Advice from PHE Mass vaccination onsite			
Comms	To public	<ul style="list-style-type: none"> • Advice letters to remaining traveller 	<ul style="list-style-type: none"> • PHE/CCG/OMBC Comms • OMBC HP Team 		
	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 			
	To media	Coordinate by PHE via OCT			

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*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
- 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

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4a. Outbreak situations NOT requiring an OCT

Outbreak Situation	Detection/Alerting	Response	Control	Treatment/Prophylaxis	Documents
Viral gastroenteritis in schools/nurseries	OMBC Health Protection Team contacted by school/nursery/other source when 2+ cases are noted	<ul style="list-style-type: none"> • Phone call between school & OMBC HPT to discuss symptoms and numbers of affected staff & students. • OMBC HPT email outbreak form to school to be completed and emailed to HP 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 	Unnecessary in most cases	- Outbreak Log
Outbreak	Detection/Alerting	Response	Control	Treatment/Prophylaxis	Documents

Situation					
<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 & OMBC HPT to discuss symptoms and numbers of affected staff & residents • OMBC 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>	<ul style="list-style-type: none"> - Outbreak log - D&V Outbreak Report Template - OOH D&V Flowchart - In-hours D&V Flowchart
<p>Outbreak Situation</p>	<p>Detection/Alerting</p>	<p>Response</p>	<p>Control</p>	<p>Treatment/Prophylaxis</p>	<p>Documents</p>

<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 school & OMBC HPT to discuss symptoms and numbers of affected staff & students • 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 • Information put on office online to alert other schools of outbreak • 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 resident's GP 	<ul style="list-style-type: none"> - Outbreak Log - Working Hours Outbreak Management for ILI - OOH Flowchart for ILI
<p>Outbreak Situation</p>	<p>Detection/Alerting</p>	<p>Response</p>	<p>Control</p>	<p>Treatment/Prophylaxis</p>	<p>Documents</p>

<p>An outbreak of a HCAI</p>	<p>OMBC Health Protection Team contacted by processing laboratory or another source</p>	<ul style="list-style-type: none"> • Outbreak form to be completed • Excel spreadsheet updated • ILog number to be obtained 	<p>Dependent on causal organism</p> <ul style="list-style-type: none"> • MRSA • PVL • ESBL • C.diff <p>See relevant protocol document</p>	<p>Antibiotic treatment or decolonisation if needed.</p> <p>See relevant protocol document</p>	<ul style="list-style-type: none"> - Outbreak Report Template - GP Protocol - MRSA Standard Operating Procedures - CDI Standard Operating Procedures
<p>NB May need PHE involvement in certain situations</p>					

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*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
- PHE

APPENDICES

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

Type of Stock	Where Located	Quantity	Arrangements for Access
Flu swabs	Clare Ward Office Manager National Infection Service Public Health England	Unknown	Email. clare.ward@PHE.gov.uk Tel: 0161 276 6786
Stool pots	<ul style="list-style-type: none"> • GP • Some care homes have own supply • EHO 	Unknown	Care Homes to collect from GP or HP Team and send via post. Sam Jackson 0161-770 4460
Antivirals	<ul style="list-style-type: none"> • Lloyds Chemist ICC 		In Hours - GP OOH - Phone CCG Director on Call via NWS to authorise taxi to arrange collection & delivery to Care Home

Appendix 2: Potential 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

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.