

The Management of an Outbreak of Communicable Infection Policy (N-009)

Document Type:	Policy
Document Reference:	N-009
Version Number:	3.06
Author (name & job title)	Deborah Davies, Lead Nurse Infection Prevention and Control.
Executive Director (name & job title):	Hilary Gledhill, Director of Nursing, Quality and Patient Experience
Name of approving body:	Quality and Patient Safety Group (QPaS)
Date of approval:	11 September 2024
Date Ratified at Trust Board	N/a (minor amends)
Next Full Review date:	September 2027

Policies should be accessed via the Trust intranet to ensure the current version is used

CONTENTS

1. INTRODUCTION	3
2. SCOPE	3
3. POLICY STATEMENT	3
4. DUTIES AND RESPONSIBILITIES.....	3
5. PROCEDURES.....	5
5.1. Definitions of Healthcare Infection Incident or Outbreak.....	5
5.2. Detection and Recognition of a Healthcare Infection Incident/Outbreak	5
5.3. Process for the Reporting of a Suspected Outbreak	5
5.4. Assessment and Investigation.....	6
5.5. Declaration of a Major Outbreak	6
5.6. Reporting and Management of Staff Illness.....	7
5.7. Ward/Unit Closures.....	7
5.8. Culmination of the Outbreak.....	8
6. EQUALITY AND DIVERSITY	8
7. IMPLEMENTATION	8
8. MONITORING AND AUDIT.....	9
9. REFERENCES	9
Appendix 1: What to Do in the Event of a Suspected/Confirmed Outbreak	10
Appendix 2: Patient Outbreak Data Collection Sheet	11
Appendix 3: Staff Outbreak Data Collection Sheet.....	12
Appendix 4: Healthcare Infection Incident Assessment Tool (HIIAT).....	13
Appendix 5: Outbreak/Increased Incidence Management Form	14
Appendix 6: Equality Impact Assessment (EIA) Toolkit	17
Appendix 7: Document Control Sheet	19

1. INTRODUCTION

The potentially damaging consequences of an outbreak of infection occurring within any NHS organisation is of utmost importance as it can potentially cause much discomfort, inconvenience and occasionally devastating consequences for both patients and staff. It is therefore essential that any potential hazards in the healthcare environment are adequately controlled.

The purpose of this policy is to ensure a rapid, well-co-ordinated response to the identification and the subsequent management of any health care associated incident or outbreak of infection in order to contain and limit the transmission of infection and minimise both patient harm and the disruption of clinical services.

2. SCOPE

This policy details the measures that Humber Teaching NHS Foundation Trust have in place to deal with any health care associated infection incidents or outbreak. It is applicable to both registered and unregistered staff who are permanent, temporary, bank and agency staff who work on behalf of the Trust.

3. POLICY STATEMENT

The purpose of the outbreak policy is to provide a framework which will ensure that outbreaks of infection within Humber Teaching NHS Foundation Trust are effectively investigated, brought under control and where possible measures taken to prevent similar outbreaks in the future.

It outlines the systems that are in place to ensure that a coordinated approach is taken. It identifies the roles and responsibilities of key individuals and covers management and organisational aspects, communication, investigation and control procedures.

4. DUTIES AND RESPONSIBILITIES

Corporate

The Board of Directors is responsible for ensuring the Trust has infection prevention and control policies and procedures in place to meet both national and local requirements in order to promote best practice.

Chief Executive

The chief executive has ultimate responsibility for ensuring that effective systems and processes are in place to minimise the risk of infection to patients, staff and visitors.

Director of Infection Prevention and Control (DIPC)

The director of infection prevention and control (DIPC) has the delegated executive authority and responsibility for ensuring that strategies are implemented to prevent avoidable healthcare associated infections (HCAIs) at all levels in the organisation. The DIPC provides assurance to the Board that systems are in place and correct policies and procedures are adhered to across the organisation to ensure safe and effective healthcare.

They will:

- Oversee the local control of and the implementation of this policy.
- Advise the chief executive of the progress of the outbreak and control measures implemented.
- Provide a regular update to the chief executive.
- Ensure an exception report is produced for presentation to the board reporting any immediate or long term resource requirements or concerns which may arise.

Divisional Leads

Responsible for the implementation and monitoring of this policy within their areas of clinical responsibility and ensuring that infection risks are fully considered in all business planning activities.

Infection Prevention and Control Team (IPCT)

The IPCT will support and monitor compliance with this policy across the Trust and ensure compliance with any national initiatives or directives. It will:

- Initiate measures to determine the source and cause
- Provide support and expert advice to clinical areas on the detection and management of an outbreak ensuring that all controls are in place to minimise risk of spread to other patients, staff and visitors.
- Report all outbreaks using the approved internal and external notification process as appropriate.
- Provide and support a programme of audit and education across the Trust.

Hotel Services Managers

The Hotel Services Managers are responsible for the mobilisation of support services and the co-ordination of the cleaning requirements during the period of outbreak.

Matrons

Matrons are responsible for ensuring all areas within their sphere of responsibility by the monitoring of adherence to infection prevention and control policies via clinical presence/expertise and the utilisation of the Trust approved IPC audit programme.

Matrons will support the IPCT in the management of an outbreak within their areas of responsibility and attend any associated incident meetings.

Ward Managers / Deputy Managers / Clinical Effectiveness Lead / Team Leaders

It is the responsibility of Ward Managers / Deputy Managers / Clinical Effectiveness Lead / Team Leaders to:

- Ensure that this policy is fully implemented by all members of their team and any concerns are escalated to the modern matron/clinical lead.
- Monitor compliance with this policy.
- Monitor their team compliance with IPC mandatory training requirements.
- Work closely with the IPC link practitioner/team in the event of identifying, controlling and minimising the risks associated with an outbreak.
- Ensure actions are completed and areas for learning that are identified in the incident After Action Review (AAR) or alternative methodology are cascaded with their team.
- Include infection prevention and control responsibilities as part of staff's annual appraisal.

Infection Prevention and Control Link Practitioners

The IPC link practitioners will support the IPCT with the annual IPC audit programme. They will attend Link Practitioner Network meetings and cascade information to the Ward Manager / Deputy Managers / Clinical Effectiveness Lead / Team Leaders and team members.

Individual Staff Responsibilities

Infection prevention and control is the responsibility of everyone within the Trust. All staff must ensure that they are aware of the location, how to access and be able to demonstrate an understanding of this policy.

Staff must take appropriate measures to minimise the risk of HCAI at all times.

The infection prevention and control nurses must be informed of any symptoms which may be associated with an outbreak or likely to cause one, this includes diarrhoea, or diarrhoea and vomiting attributed to an infectious cause.

5. PROCEDURES

5.1. Definitions of Healthcare Infection Incident or Outbreak

A healthcare outbreak or infection incident may be defined as:

- An exceptional infection episode which may include a single case of any serious illness which has major implications for others (patients, staff and/or visitors), the organisation or wider public health e.g. infectious diseases of high consequence such as Viral haemorrhagic fever or multi resistant tuberculosis (XDR-TB).
- Two or more linked cases (patients and or staff) with the same infectious agent associated with the same healthcare setting over a specified time period. This includes staff cases within a non clinical setting / team.
- A higher than expected number of cases of HCAI in a given healthcare area over a specified time period.

A healthcare infection exposure incident

Exposure of patients, staff, public to a possible infectious agent as a result of a healthcare system failure or a near miss e.g. ventilation, water or decontamination incidents.

5.2. Detection and Recognition of a Healthcare Infection Incident/Outbreak

An outbreak of infection may be detected from a variety of sources; however it is often the vigilance of healthcare workers that alert the IPCT to the possibility of an outbreak and an early and effective response to any actual or potential healthcare incident or outbreak is crucial.

It is important to remember that both patients and staff can be affected in the event of an outbreak.

In the event of a notifiable communicable disease the UKHSA Yorkshire and Humber Health Protection Team must be notified of each individual patient case by the medic responsible for the patient. For a list of current notifiable diseases and the reporting requirements please refer to the [National Infection Prevention Control Manual for England](#).

5.3. Process for the Reporting of a Suspected Outbreak

If an outbreak is suspected staff must follow the flow chart '**What to do in the event of a suspected/confirmed outbreak**' in **Appendix 1** and report this to the person in charge or the staff member in charge of the shift immediately. Data pertaining to both patients and staff members presenting symptoms to be collected utilising **Appendices 2 and 3**.

It is essential to act early during a possible outbreak to help with the control and prevent its spread across the organisation and any concerns must be reported to the IPCT promptly during working hours.

Out of hours notification to on call managers to be completed in accordance with appendix 1.

If clinical advice is required out of hours, staff should contact the on-call Consultant Microbiologist at York and Scarborough Teaching Hospitals NHS Foundation Trust via the switchboard 01904 631313.

The Emergency Planning team must also be notified by emailing HNF.TR-Emergencyplanningteam@nhs.net.

5.4. Assessment and Investigation

The purpose of the initial phase of investigation is to determine:

- Whether a problem/outbreak exists.
- The nature and extent of the incident/outbreak.
- The immediate control measures required.
- The care requirements of the patients.
- The source of infection.

Following the detection/recognition of a suspected /confirmed incident an **Outbreak Management Form (Appendix 5)** will be completed jointly by the Infection Prevention and Control Nurse (IPCN) and clinical staff, ensuring that all relevant parties are contacted and the area has been provided with a clear action plan.

Immediate control measures will be adopted and may include:

- The isolation of symptomatic patients..
- The closure of wards/bays.
- The enhancement of infection control precautions.
- The enhancement of cleaning regime, e.g. cleaning with Trust approved disinfectant in clinical areas (as a direct intervention or prophylaxis manoeuvre).
- The restriction of patient / staff movement.
- The review of alternative service delivery methods, particularly community-based services e.g. virtual / telephone contact.
- Completion of risk assessment to identify any physical health vulnerability risks / immunocompromised patients / staff members.

Staff should also refer to the Trust Guidance at a Glance document produced for the suspected / confirmed infection via the [IPC Document Store intranet page](#).

The potential impact of the outbreak on patients, services, public health and public anxiety will also be conducted by the IPCT utilising the Healthcare Infection Incident Assessment Tool (**Appendix 4**).

If the risks are deemed to be low the IPCT will manage the outbreak locally in liaison with the relevant matron, and clinical teams, e.g. outbreaks of viral gastroenteritis, commonly experienced during the winter months, are usually managed without the need for the Major Outbreak Control Plan to be initiated.

If it is felt however that the outbreak cannot be managed locally an outbreak meeting will be convened. The Trust at this point may implement its command and control arrangements to manage the situation and Tactical meetings will begin to take place, this is dependent on the severity of the outbreak.

Examples of the situations where this may occur include:

- An immediate or continuing significant risk to the health of the population.
- One or more cases of a serious communicable disease.
- A large number of cases.
- Cases identified over a large geographical area /numerous units suggesting a dispersed source.

The frequency of the incident control group meetings will be determined by the Chair.

5.5. Declaration of a Major Outbreak

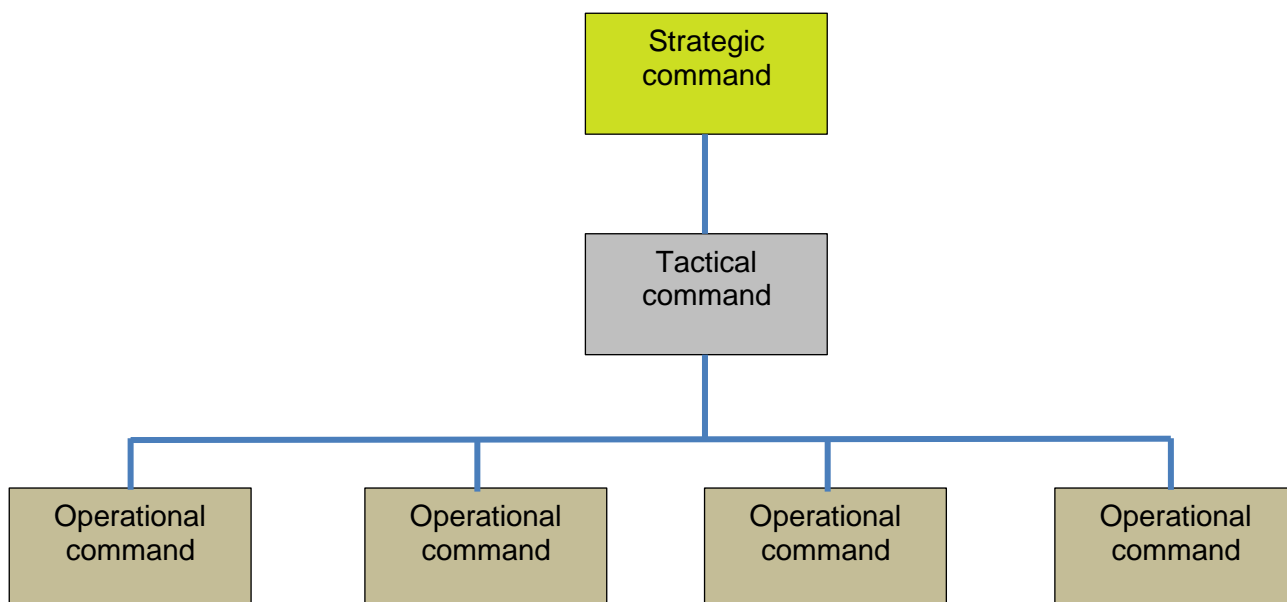
The definition of what constitutes a major outbreak involves a consideration not only of the number of people involved but also the pathogenicity of the organism and the potential for spread within the hospital or community.

Where there is a significant outbreak, the Major Outbreak Plan may be invoked by the DIPC/Medical Director or Public Health England, depending on the nature of the outbreak and its scale or the potential effects that the organism can have on the organisation. The Emergency Planning Team must be informed.

Information and guidance to support the management of the outbreak due to a communicable infection is available via the Infection Prevention and Control intranet page on the Document Store page link.

The DIPC will usually chair the meeting and lead the investigation of healthcare incidents. Where there are implications for the wider community or where there is an actual or potential conflict of interest with the hospital service, a representative from the local Health protection agency may chair the meeting. The membership of the team will vary depending on the nature of the incident.

The Trust may invoke its Incident Response Plan and its command and control arrangements as shown below to manage the Trust response to the situation.



In the event of a Major Outbreak in the community the Trust maybe required to support utilising some of the Trust based community services and teams. This may include a requirement to undertake microbiological testing, share Respiratory Protective Equipment (RPE) and PPE resources, contribute to contact tracing and high consequence infectious disease (HCID) management.

5.6. Reporting and Management of Staff Illness

Any member of staff (both clinical and non-clinical) going off duty because of a suspected infectious disease e.g. chickenpox, diarrhoea and vomiting, influenza must inform their line manager as well as Occupational Health to ensure that appropriate actions are taken. Any member of staff who has been off work due to diarrhoea and vomiting should be excluded until they have been symptom free for a minimum period of 48 hours. Further advice should be sought from Occupational Health.

5.7. Ward/Unit Closures

The decision to close a ward or a specific area within a ward and reduce the number of beds available is sometimes difficult, however any measures taken **must be discussed and agreed**

with the IPCT and the Service Manager / On call Manager of the unit affected, e.g. the closure of the affected area to admissions, transfers and discharges to nursing and residential homes.

Once a ward / unit has been formally closed to admissions, transfers and discharges to nursing and residential homes the Humber and North Yorkshire health protection team will be notified by the Infection Prevention and Control Nurse.

The closure of urgent treatment centres, day hospitals and outpatient areas attached to affected inpatient areas will be undertaken on an individual unit basis and in consultation with the Service Manager.

5.8. Culmination of the Outbreak

The end of the outbreak will be concluded when in the opinion of the Infection Prevention and Control Team or the Outbreak Control group the following aspects have been successfully handled:

- The source of the infection has been controlled.
- Preventative measures have been successful in the containment of the infection.
- Preventative measures have been taken to obviate any recurrence or emergence of new episodes of the same type of infection.

Depending on the severity and or extended duration of the outbreak, a final meeting will be held, with the following objectives:

- To review the experience of all participants
- To identify lessons learned and particular difficulties encountered
- To implement change to policy and practice
- To recommend revisions of this plan if necessary

In accordance with the Patient Safety Incident Response Framework (PSIFR) principles an After Action Review (AAR) will be completed for each HCAI outbreak incident. Alternative methodology will be utilised, dependant on the adversity of the outbreak incident and outcome. Any issues or concerns that potentially may have a future adverse impact on the Trust will also require addition to the Trust Risk Register.

6. EQUALITY AND DIVERSITY

An Equality and Diversity Impact Assessment is attached as an appendix.

7. IMPLEMENTATION

This policy to be shared via:

- Infection Prevention and Control Link Practitioner Network
- Matrons Forum
- Clinical networks

This policy will be disseminated by being placed on the Trust Intranet Policies section and the Infection Prevention and Control section. It will also be shared in the Global.

The principles and procedures within this policy are reflected within the mandatory infection prevention and control training sessions.

8. MONITORING AND AUDIT

A formal review of compliance with this policy and the management of the situation will be held following any outbreak utilising After Action Review methodology. Outbreak meeting minutes and action tracker will be formulated and shared with the clinical team and management. Any issues which may or has impacted will be shared more widely as required.

9. REFERENCES

Department of Health and Social Care (2022) *Health and Social Care Act 2008: code of Practice on the prevention and control of infections*. Available [online](#)

Department of Health (2012) *Norovirus Working Party Guidelines for the Management of Norovirus Outbreaks in Acute and Community Health and Social Care Settings*. Department of Health. Available [online](#).

East Riding of Yorkshire Council Public Health (Health protection) (2021) *Communicable Disease Outbreak Management Plan including Coronavirus (COVID-19)* Available [online](#)

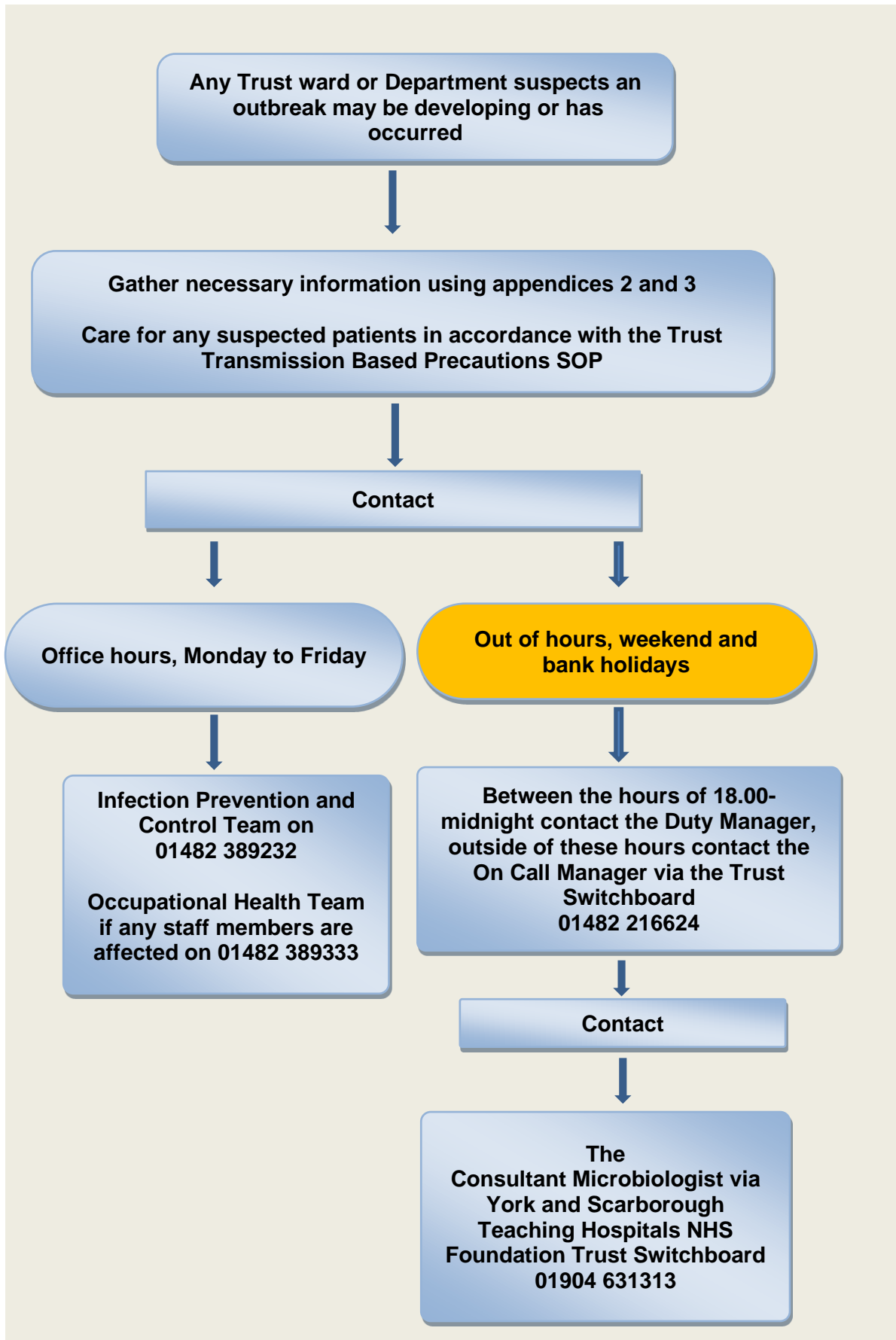
Health Protection Scotland (2018) *National Infection Prevention and Control Manual Healthcare infections, incidents and outbreaks* <http://www.nipcm.hps.scot.nhs.uk/chapter-3-healthcare-infection-incidents-outbreaks-and-data-exceedance/>

NHS England Minimising nosocomial infections in the NHS (June 2020)
<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0586-minimising-nosocomial-infections-in-the-nhs.pdf>

Public Health England (2014) *Communicable disease Outbreak Management: Operational Guidance*. [outbreak-management-operational-guidance](#)

NHS England (2022) *National infection prevention and control manual for England* Available [online](#)

Appendix 1: What to Do in the Event of a Suspected/Confirmed Outbreak



Appendix 2: Patient Outbreak Data Collection Sheet

Hospital site:

Ward name:

Total number of beds:

Total number of patients affected:

Total number of areas affected:

Date and time first patient symptomatic:

Date ward closed:

Date ward opened:

Patient name	Bed No.	NHS number	Reason for admission	Symptoms (diarrhoea / vomiting/ respiratory)	Date & time of symptom onset	Date specimen obtained	Specimen result	Comments

Appendix 3: Staff Outbreak Data Collection Sheet

Hospital site / team base:

Inpatient / residential area / team name:

Date and time first staff member symptomatic:

Total number of staff affected:

Total number of staff working in the area / team:

Date inpatient / residential area closed (if applicable):

Date inpatient / residential area opened (if applicable):

Staff name & designation	Last date at work, shift worked & staff members worked with	Symptoms (diarrhoea / vomiting / respiratory)	Date of symptom onset	At work symptomatic Yes / No	For respiratory symptoms only - At work in the 48hrs prior to symptoms. If yes state dates worked, shift & staff worked with	Specimen results (if applicable)	Return to work date	Comments

Appendix 4: Healthcare Infection Incident Assessment Tool (HIIAT)

The Healthcare Infection Incident Assessment Tool (HIIAT) should be used by the Infection Prevention and Control Team (IPCT) to assess **every** healthcare infection incident, i.e. all outbreaks and incidents (including decontamination incidents or near misses) in any healthcare setting.

The HIIAT's function is to assess the impact of a healthcare infection incident/outbreak on patients, services and public health.

The HIIAT should:

- Be utilised to assess the initial impact and monitor any ongoing impact (escalating and de-escalating the incident/outbreak until declared closed).
- Remain assessed 'Amber' or 'Red' only whilst there is ongoing risk of exposure, new cases, or until all exposed cases have been informed.

Assessment

	Severity of illness	Impact on services	Risk of transmission	Public Anxiety
Minor	Patients require only minor clinical interventional support as a consequence of the incident. There is no associated mortality as a direct result of this incident.	No or minor impact on services.	Minor implications for Public Health. Minor risk or no evidence of cross transmission or on-going exposure	No or minor public anxiety is anticipated. No, or minimal, media interest: no press statement.
Moderate	Patients require moderate clinical interventional support as a consequence of the incident. There is no associated mortality as a direct result of this incident.	Moderate impact on services e.g. multiple wards closed.	Moderate implications for Public Health. Moderate risk or evidence of cross transmission or on-going exposure	Moderate public anxiety is anticipated. Media interest expected: prepare press statement
Major	Patients require major clinical interventional support as a consequence of the incident and/or Severe/life threatening/rare infection and/or there is associated mortality*	Major impact on services e.g. hospital closure(s) for any period of time as a consequence of the control measures	Major implications to Public Health or Significant risk of cross transmission, of a severe/life threatening/rare infection or significant on-going exposure	Major public anxiety anticipated. Significant media interest: prepare press statement

Calculate the Impact: All Minor = **GREEN**; 3 minor and 1 Moderate = **GREEN**;
No major and 2-4 Moderate = **AMBER**; Any Major = **RED**.

Appendix 5: Outbreak/Increased Incidence Management Form

AREA:	FORM COMPLETED BY:
DATE:	IPCN:
	Ward Representative:

Management Checklist	Date	Signature
1. Have Appendix 2 and 3 been completed?		
2. Has the Unit Manager & Matron been informed?		
3. Occupational Health Department to be informed if staff members affected.		
4. All symptomatic patients are isolated or placed in a cohort?		
5. Patient information Inform patient of all screening/investigation result(s). Information Leaflet provided and explained (document in patient records. Include family if patient consents). Education given at ward level by a member of the IPCT.		
6. All staff aware of the control measures required? Ensure staff are aware of the PPE requirements when delivering direct patient care and changed between patients and/or following completion of a procedure or task. If the infectious agent/disease is spread by droplet or airborne (aerosol) transmission and during AGPs ensure correct use of RPE. Sufficient stocks of PPE including RPE are available. When managing patients experiencing diarrhoea and or vomiting staff to wash hands do not use hand gel after patient contact.		
7. Has a notice been displayed at the entrance to the area? <ul style="list-style-type: none"> • This applies when access restrictions are in place i.e. ward closed 		
8. Specimens have been sent to the laboratory if appropriate and recorded on the Patient Outbreak Data Collection Sheet and recorded in the patient's records.		
9. Has a diarrhoea and vomiting record been implemented for all patients experiencing these symptoms?		
10. Clinical team and ward medic to discuss:		

<ul style="list-style-type: none"> • Fluid monitoring • Physical observations (NEWS2) frequency • Engagement level <p>Decisions to be documented in the patients records.</p>		
<p>11. Have you adequate provisions of the following:</p> <ul style="list-style-type: none"> • Hand-washing facilities / products, including hand sanitiser? • Personal protective equipment (PPE), e.g. disposable • Aprons/gloves/masks if appropriate? • Linen? • Cleaning equipment/products? Including Actichlor plus (or equivalent) • Specimen pots / forms? <p>Discuss and agree the location for staff PPE disposal and hand washing:</p>		
<p>12. Assess the current cleaning provision and discuss increased cleaning measures required with the IPCT (please refer to the Levels of domestic cleaning flowchart).</p> <p>At least daily decontamination of the patient isolation room/cohort rooms/areas is in place using a combined detergent/disinfectant solution at a dilution of 1,000 parts per million (ppm) available chlorine (av.cl.)</p> <p>Increased frequency of decontamination is incorporated into the environmental decontamination schedules for areas where there may be higher environmental contamination rates e.g. "frequently touched" surfaces such as door/toilet handles and locker tops, over bed tables and bed rails.</p> <p>Terminal decontamination is undertaken following patient transfer, discharge, or once the patient is no longer considered infectious.</p> <p>Discuss any dual roles for domestic/bank staff members, e.g. domestic/clinical role and catering. Document any additional actions below:</p>		
<p>13. All areas are free from non-essential items and equipment. Single-use items are in use where possible. Dedicated reusable non-invasive care equipment is in use and decontaminated between use and prior to use on another patient.</p>		

<p>14. Discuss ward/ bay closure with IPCT, document action below:</p>		
<p>15. To minimise certain infections spreading to patients and staff on other wards, it may be necessary to restrict movement of staff to and from the affected ward. Discuss with IPCT documenting any actions below:</p>		
<p>16. Assess discharges/ transfers and discuss planned action with IPCT. Document action below:</p>		
<p>17. Consider the need to inform relatives and other departments of the outbreak. Discuss with IPCT and document action below:</p>		
<p>18. Any other discussions, actions to be taken? E.g. the restriction of any group activities, e.g. cooking groups/ football required? Document actions below.</p>		

Appendix 6: Equality Impact Assessment (EIA) Toolkit

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: The management of an outbreak of communicable infection policy
2. EIA Reviewer (name, job title, base and contact details) Deborah Davies Lead Nurse Infection Prevention and Control. Trust Headquarters, Willerby Hill, 389232.
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? Policy.

<p>Main Aims of the Document, Process or Service</p> <p>This policy outlines the arrangements for the investigation and management of outbreaks of infection within Humber NHS Foundation Trust. Each incident is different and requires specific measures to deal with the individual circumstances. However, certain basic arrangements are necessary which will be applicable to all outbreaks of infection that may be encountered.</p> <p>Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma</p>
--

<p>Equality Target Group</p> <ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment 	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
--	--	--

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	<p>Including specific ages and age groups:</p> <p>Older people Young people Children Early years</p>	Low	This policy is consistent in its approach regardless of age.
Disability	<p>Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory Physical Learning Mental Health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	This policy is consistent in its approach regardless of Disability. Additional time may be required to provide information to patients with limited understanding about why they are isolated and Personal Protective equipment for example masks are being worn as they may find this anxiety provoking. For patients with mental health conditions such as depression or anxiety, isolation may prove an additional issue, therefore care needs to be taken to ensure adequate interaction and support is provided.
Sex	<p>Men/Male Women/Female</p>	Low	This policy is consistent in its approach regardless of patient's sex.
Marriage/Civil Partnership		Low	This policy is consistent in its approach regardless of marital status.
Pregnancy/Maternity		Low	This policy is consistent in its approach regardless of pregnancy/maternal status

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Race	Colour Nationality Ethnic/national origins	Low	This policy is consistent in its approach regardless of race. It is acknowledged however that for any patient whose first language is not English, as information needs to be provided and understood, staff will follow the trust interpretation policy.
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	This policy is consistent in its approach regardless of Religion or Belief.
Sexual Orientation	Lesbian Gay Men Bisexual	Low	This policy is consistent in its approach regardless of Sexual Orientation.
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	This policy is consistent in its approach regardless of Gender Reassignment.

Summary

Please describe the main points/actions arising from your assessment that supports your decision.

The practices/actions recommended in this policy are based upon the potential for cross-infection of potentially harmful bacteria from one individual to another. Factors for consideration will include microbiological data, extent of symptoms and the potential risk of the spread of infection to others in conjunction with other safety risk factors. This policy is consistent in its approach regardless to any of the target groups identified.

Additional time may be required however to provide information to patients with limited understanding or language barriers to ensure adequate interaction and support is provided.

EIA Reviewer: **Deborah Davies**

Date completed: **08 July 2024**

Signature: **D Davies**

Appendix 7: Document Control Sheet

This document control sheet must be completed in full to provide assurance to the approving committee.

Document Type and Title:	The Management of an Outbreak of Communicable Infection Policy (N-009)		
Document Purpose:	The policy is to provide a framework which will ensure that outbreaks of infection within Humber Teaching NHS Foundation Trust are effectively investigated, brought under control and where possible measures taken to prevent similar outbreaks in the future.		
Consultation/ Peer Review	Date	Group / Individual	
<i>list in right hand columns consultation groups and dates</i>	21/08/24	Healthcare Associated Infection Group.	
Approving Body:	QPAS (Minor amend)	Date of Approval:	11/09/24
NB All new policies and policies subject to significant amendments require approval at EMT and Board ratification.		<i>(see document change history below for minor amendments and dates)</i>	
Ratified at:	Trust Board	Date of Ratification:	N/A
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to EMT as the approving body that this has been delivered)</i>		Financial Resource Impact:	No additional resources required
Equality Impact Assessment undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	If N/A, state rationale:		
Publication and Dissemination	Intranet <input checked="" type="checkbox"/>	Internet <input type="checkbox"/>	Staff Email <input checked="" type="checkbox"/>
Master version held by:	Policy Management Team <input checked="" type="checkbox"/>	Author to send final document to HNF-TR.PolicyManagement@nhs.net	
Implementation:	<i>Describe implementation plans below - to be delivered by the author:</i> Implementation will consist of: <ul style="list-style-type: none"> Will be placed on the intranet and update information in The Global Infection Prevention and Control Link Practitioner network meetings 		
Monitoring and Compliance:	A formal review of compliance with this policy will be held following any outbreak culminating with the production of a report highlighting any lesson that need to be learned. An action plan will be developed and shared with the respective Care Division.		

Document Change History:			
Version Number / Name of procedural document this supersedes	Type of Change i.e. Review / Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
1.00	Review	Feb 2008	New policy
2.00	Review	Nov 2011	Inclusion of new appendices.
3.00	Review	Nov 2014	Review of the reporting arrangements and updating of the references. Approved IPC Committee 25 March 2015
3.01	Review	Nov 2017	Review completed -update of the reporting arrangements section and minor amendments made throughout the document. Inclusion of new appendices – Appendix 5. Guidance at a Glance (guidance reference for staff – no changes to management of patient in clinical practice) Approved Quality Committee 26-Jan-2018
3.02	Review	June 2019	Review undertaken based on feedback from debrief meetings including a review of the policy documentation following use in practice resulting in with changes to Appendix 2, 3 and 4.

3.03	Review	August 2020	<p>Review undertaken</p> <ul style="list-style-type: none"> Minor amendments made throughout the document An additional section (5.9) and supporting appendix (7,8,9,10) added to reflect actions to be taken during the COVID-19 Pandemic <p>Approved by HG (director sign off) and minor amends QPaS 1 October 2020</p>
3.04	Review (minor amends)	Nov-20	<p>Update to wording to make processes clearer and removal of appendix (8&9 (IIMARCH forms) as no longer required)</p> <p>Approved by HG (director sign off) and minor amends QPaS 11 November 2020</p>
3.05	Review (minor amends)	October 2023	<p>Update including the removal of the specific information sections relating to COVID-19 outbreak as no longer required)</p> <p>Reference section update to include updates in national guidance documents.</p> <p>Approved through HAIG 7 November 2023</p> <p>Approved QPaS 1-December-2023</p>
3.06	Review (minor amends)	July 2024	<p>Updated by Emergency Planning Team following feedback from NHSE, Emergency Preparedness Resilience and Response (EPRR) Core Standard 12 submission. Command and Control arrangements for large scale outbreak and role in a community outbreak added. When to contact the Emergency Planning Team updated and reference to the new Transmission Based Precautions SOP.</p> <p>Approved through HAIG (21 August 2024) and then QPaS (11 September 2024).</p>