

APPENDIX B

Responsibilities and Tasks of OCT Members (Action Cards)

Each OCT member will have an ACTION CARD with details of their responsibilities.

- 4.1. Consultant Microbiologist or Deputy
- 4.2. Lead Executive or Deputy
- 4.3. Consultant in Communicable Disease Control (CCDC)
- 4.4. Lead Infection Prevention Nurse (IPN) on each site
- 4.5. Infection Prevention Team (IPT) assisting the Lead IPN
- 4.6. Site Management Team (SMT)
- 4.7. Medical Lead of affected area/s
- 4.8. Nurse/s in Charge (NIC) of affected area/s
- 4.9. Matron/Bleep Holder
- 4.10. Occupational Health Department
- 4.11. Area Teams
- 4.12. ISS General Manager/Facilities Manager

Appendix 4.1 - ACTION CARD

Consultant Microbiologist (or Deputy) Level 3 Outbreak (may also be used at Level 2 Outbreak)

Verify Outbreak

If not already aware, inform the Infection Prevention Team, Consultant Medical Microbiologists, and the laboratories.

Determine the appropriate response to the outbreak:

Local management by the Infection Prevention Team

Call a standby period for further assessment.

Declare an outbreak and activate the plan.

On calling a standby period or activating the plan, inform:

- Chief Nurse (DIPC)
- Deputy Director of Infection Prevention and Control (DDIPC) or on-call executive in the absence of DDIPC

Discuss with the Infection Prevention Team and clinical staff the need for specific control measures and treatment prior to the Outbreak Control Team (OCT) meeting.

Attend the first OCT meeting to provide expert advice on management of the outbreak.

Ensure daily review and documentation of the outbreak, in collaboration with the IPCT.

Provide continuing expert advice to clinical staff on management of the outbreak and treatment of patients affected.

In collaboration with the Lead IPN/Senior IPN, recommend appropriate isolation of patients, particularly if single rooms are unavailable. This will include advice on the use of cohort bays or isolation wards.

Advise the OCT on the need to escalate the Business Continuity Plans, the Major Incident Plan or disease specific control plans.

Appendix 4.2 - ACTION CARD

Lead Executive (or Deputy)

Level 3 Outbreak (may also be used at Level 2 Outbreak)

Notify Chief Executive and continue to act as a link between the Outbreak Control Team (OCT) and Chief Executive. Approve or seek approval for extra funding and resources if required.

Inform other senior managers as appropriate.

Ensure that the DDIPC sets up the OCT, convenes meetings and provides secretarial support to team meetings. If the outbreak/incident is a Level 3 outbreak, the on-call executive will be responsible for convening a meeting and agreeing secretarial support.

Ensure clear lines of communication are established within the Health Authority and with external agencies.

Nominate a manager to co-ordinate activity of all non-clinical directorate staff.

Hold copies of Action Cards for all OCT members. Delegate and record specific areas of responsibility to named individuals.

Review, challenge, and support control measures to ensure they are effectively implemented.

Agree the strategy for communication with the media, including information to be released.

Action escalation to the business continuity plans, the Major Incident Plan or disease specific control plans if appropriate.

Ensure the outbreak is documented for national reporting and that this information is sent to the Regional Epidemiologist, PHE. This includes a final outbreak report.

At the end of the outbreak, ensure a final meeting of the OCT is held to formally close the outbreak and meet the following objectives:

- To review the experience of all participants involved in the management of the outbreak.
- To identify difficulties that were encountered.
- To revise the Outbreak of Infection Policy based on lessons learned.
- To recommend, if necessary, structural and procedural improvements that would reduce the chance of recurrence of an outbreak.
- To communicate that the outbreak is closed to all those who were involved throughout the outbreak.

Appendix 4.3 – ACTION CARD

Consultant in Communicable Disease Control (CCDC) Level 3 Outbreak (may also be used at Level 2 Outbreak)

Act as link between the Outbreak Control Team (OCT).

Provide expert advice on the control of the outbreak.

Inform Local Authorities, CCDCs in adjacent regions, if appropriate.

Provide epidemiological advice.

Provide public information and media handling if required.

Access additional surge-capacity support from Public Health England (e.g. medical and nursing staff) if required.

The CCDC has overall responsibility for the control of communicable disease. In outbreaks that have major public health implications the CCDC will normally lead and co-ordinate outbreak control, working closely with Health Authorities and Consultant Microbiologists. The Consultant Microbiologist will be responsible for the hospital aspects of an outbreak.

Appendix 4.4 – ACTION CARD

Lead Infection Prevention Nurse (IPN) on each site Level 3 Outbreak (may also be used at Level 2 Outbreak)

Liaise with Consultant Microbiologist (CMM) and Deputy Director of Infection Prevention and Control (DDIPC). Ensure that DDIPC is fully briefed on the scale of the outbreak.

Cancel planned infection prevention activities, if required, to respond immediately to the outbreak.

To co-ordinate and direct IPCT to visit all affected areas and collect information immediately. Assess the level of information that can be gathered prior to the Outbreak Control Team (OCT) Meeting (initial assessment, further assessment, and additional information if time allows – see Action Card 5).

Commence outbreak documentation.

Collate initial information on the extent of the outbreak, incorporating information provided by IPNs visiting affected areas.

Assess the requirements for isolation of patients, particularly if single rooms are not available.

Consider the options of cohort bays/isolation wards and advise the CMM/OCT accordingly.

Provide initial briefing to direct and advise IPCT as per their Action Card.

Report findings and advise the OCT Meeting.

Liaise with key people, as allocated by the OCT Chair.

Report outcome of OCT Meeting to IPNs and continuing actions required.

Produce written infection prevention advice for dissemination to affected areas.

Direct IPNs to:

- ensure OCT actions are implemented.
- visit affected areas as allocated.
- complete individual outbreak documentation
- disseminate written infection prevention advice.

Collate information on facilities and additional supplies required in affected areas and liaise with key staff to ensure these are provided.

Review the outbreak daily in collaboration with the CMM, DDIPC and/or CCDC.

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Attend meetings of the OCT and report on current situation, control measures and difficulties with implementation. Contribute to outbreak reports, including the final report.

Appendix 4.5 – ACTION CARD

Infection Prevention Team (IPT) assisting the Lead IPN Level 3 Outbreak (may also be used at Level 2 Outbreak)

Undertake an initial visit to affected areas as directed by the Lead IPN. No advice on movement of patients must be given until after the Lead IPN has collated the information from the initial visits.

Information required:

Initial assessment must include:

- a list of affected patients, staff, and visitors
- a patient location sheet should be completed.

Further assessment will include:

- name, hospital number, date of birth
- date of admission
- diagnosis, antibiotic therapy

Additional information required may include:

- use of aperients
- food history, including enteral and sip feeds.
- recent travel
- other as determined by Lead IPN

Report back to Lead IPN as soon as possible with initial documented information.

Return to the area, complete information gathering. Implement actions as directed by the Lead IPN.

Provide support to clinical staff.

In collaboration with the Nurse-In-Charge, assess the adequacy of supplies and facilities, including:

- availability and siting of alcohol-based hand rub
- liquid soap and paper towels
- protective clothing
- disposable equipment
- linen
- cleaning products
- waste bags
- signage

Report back to the Lead IPN, clearly identifying additional requirements for each affected area.

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Visit affected areas daily, as directed by the Lead IPN, ensuring completion of outbreak documentation.

Appendix 4.6 – ACTION CARD

Site Management Team (SMT)

Level 3 Outbreak (may also be used at Level 2 Outbreak)

Convene Outbreak Control Team (OCT) as directed by the Lead Executive or Infection Prevention and Control Team (IPCT), ensuring secretarial support.

For a Level 2 outbreak: Ensure notes from the meeting are distributed within 1 day of the meeting.

Attend any OCT meeting as required. If unable to attend, ensure another senior member of the Management Team can attend.

On notification of an outbreak in your area, liaise with Matron and Ward/Department managers to ensure staffing and resources are adequate.

Implement all actions as agreed in the OCT meeting.

Ensure all members of staff are kept informed of actions required to manage the outbreak, including designation of a Lead/Matron to co-ordinate deep cleaning, and opening of areas as agreed in the OCT meeting.

Appendix 4.7 – ACTION CARD

Medical Lead of affected area/s Level 3 Outbreak (may also be used at Level 2 Outbreak)

Review medical staffing levels in affected areas and escalate medical staffing problems via Divisional management structure.

Ensure medical representation and feedback at the OCT Meeting.

Liaise with the Consultant Microbiologist (CMM), Clinical Pharmacist and other key people as allocated by OCT Chair.

Report outcome of OCT Meeting to medical staff within area and relay continuing actions required.

Visit the affected areas at least daily. If possible, one Medical Lead to remain in affected area/s to minimise disease migration. Provide support and guidance to other medical staff.

Ensure review of patients affected by the outbreak daily, in collaboration with other medical staff in the area, and ensure information on cases is collated via wards/Matrons for OCT.

Keep clear written records of actions taken.

Ensure any medical staff affected by the outbreak condition (i.e. diarrhoea and vomiting) do not work for the prescribed time period.

Ensure that in accordance with the law, a certificate is forwarded for notification of any cases of food poisoning or other Notifiable Disease.

Appendix 4.8 – ACTION CARD

Nurse/s in Charge (NIC) of affected area/s Level 3 Outbreak (may also be used at Level 2 Outbreak)

Inform IPT of the outbreak/incident. Out-of-hours contact the on-call Consultant Microbiologist (CMM) via switchboard.

Inform the Matron and Clinical Site Manager holder of the outbreak/incident.

Collect the following information ready for the IPT or on-call CMM.

- a list of affected patients, staff, and visitors

Information should include:

- name, hospital number, date of birth
- date of admission
- diagnosis, antibiotic therapy

Additional information required may include:

- use of aperients
- food history, including enteral and sip feeds.
- recent travel
- other as determined by the IPN.

Assess the availability of isolation nursing facilities, ensuring all patients currently in isolation have up-to-date isolation scores (by way of using the Side Room Priority Risk Assessment).

In collaboration with the IPN, assess the adequacy of supplies and facilities, including:

- availability and siting of alcohol-based hand rub
- liquid soap and paper towels
- protective clothing (PPE)
- disposable equipment
- linen
- cleaning products
- waste bags

Restrict patient movement until advised by IPT.

Report back to the IPT, clearly identifying additional requirements for the area.

Keep clear written records of resources needed and actions taken.

Appendix 4.9 – ACTION CARD

Matron/Bleep Holder

Level 3 Outbreak (may also be used at Level 2 Outbreak)

Visit affected area/s and liaise with Nurse-In-Charge and IPCT.

Cancel planned activities, if required, to respond immediately to the outbreak.

Support the Nurse-In Charge in the gathering of information prior to the Outbreak Control Team (OTC) Meeting.

Review staffing levels in affected areas.

Inform Site Co-ordinator.

Commence outbreak documentation as advised by the IPCT.

Attend the OCT Meeting.

Liaise with key people, as allocated by the OCT Chair.

Report outcome of OCT Meeting to Nurse-In-Charge of area/s and relay continuing actions required.

Liaise with the Lead IPN to collate information on facilities and additional supplies required in affected areas.

Review the outbreak daily, in collaboration with the Lead IPN.

Attend meetings of the OCT and report on current situation, control measures and difficulties with implementation.

Keep clear written records of actions agreed, when implemented and resource implications.

Visit the affected area/s at least twice per day to ensure control measures are in place and are effective. Provide support and guidance to ward staff.

Liaise with ward staff and Deputy Director of Infection Prevention and Control (DDIPC) to ensure staffing levels are adequate to control the outbreak.

When the deep cleaning process commences, prior to the re-opening of the area, provide co-ordination to enable this process runs smoothly.

Appendix 4.10 – ACTION CARD

Occupational Health Department Level 3 Outbreak (may also be used at Level 2 Outbreak)

Identify any specific Occupational Health measures that should be taken as soon as you are informed of the outbreak. Ensure colleagues in your department are informed of the outbreak.

Prepare any written information on staff health issues that may be required for staff information.

Attend the Outbreak Control Team (OCT) meeting and advise on occupational health measures required.

Provide advice and support for staff, with regard to their own health, and support managers in managing any staff health issues.

Occupational Health in collaboration with Health and Safety will advise managers on the need for RIDDOR reporting, in line with the following statement:

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) form F2508A must be completed and returned to the HSE within 10 days if the disease is listed as reportable, in Schedule 3 Part 1 of the regulations.

Carry out any other actions as agreed at the Outbreak Control Meeting.

Appendix 4.11 – ACTION CARD

ACTION CARD 11

Area Teams

Level 3 Outbreak (may also be used at Level 2 Outbreak)

The Area Team will undertake the following roles:

- Act as link between the Outbreak Control Team (OCT) community and primary care services. This link will include undertaking appropriate communications and advise on relevant out of hospital responses.
- Assess the implications of the outbreak for the community – this will include impact upon all community services, e.g., hospitals; Nursing and Residential Homes, staffing resources. Inform Public Health, Chief Executive Officer (CEO) and Chair of OCT
- Attend or ensure a deputy attends relevant OCT Meetings
- Provide support and guidance to OCT and to community and primary care staff
- Liaise with community prescribing pharmacist and other key staff, including relevant staff local health authority.

Appendix 4.12 – ACTION CARD
ISS General Manager/Facilities Manager
Level 3 Outbreak (may also be used at Level 2 Outbreak)

Responsibilities:

1. Implement preventative measures, as instructed by the Infection prevention and control Doctor (IPCD)
2. To liaise with the IPCD on provision of soft services: -
 - (i) Domestic Service
 - (ii) Linen & Laundry Service
 - (iii) Catering Service
 - (iv) Portering & Waste Disposal Service
 - (v) Security Service
 - (vi) Switchboard
 - (vii) Sterile services [Alex and KTC sites only]
3. To liaise with Trust Facilities Team / ISS head of departments/ to ensure co-ordination of service delivery
4. To liaise with Trust staff as required to co-ordinate operational requirements of soft service delivery
5. Liaise with the Helpdesk, ISS, Equans and Siemens on maintenance requirements.