## Outbreak Policy

<table>
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<tr>
<th>Author(s)</th>
<th>Vickie Longstaff (Nurse Consultant)</th>
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<tr>
<td><strong>Version</strong></td>
<td>Version 4</td>
</tr>
<tr>
<td><strong>Version Date</strong></td>
<td>December 2010</td>
</tr>
<tr>
<td><strong>Implementation/approval Date</strong></td>
<td>This version March 2011</td>
</tr>
<tr>
<td><strong>Review Date</strong></td>
<td>7 March 2014</td>
</tr>
<tr>
<td><strong>Review Body</strong></td>
<td>Infection Control Committee</td>
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<tr>
<td><strong>Policy Reference Number</strong></td>
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1 Summary - Algorithm for Action Plan for Possible Outbreaks

CLINICAL STAFF note 2 or more cases of the same type of symptoms or infection amongst patients and/or staff at intervals likely to suggest an association or single case of an unusual infection of possible Infection Control importance

NURSE IN CHARGE/MANAGER

INFECTION CONTROL TEAM:
INFECTION CONTROL DOCTOR (ICD)
INFECTION CONTROL NURSE (ICN)

CLINICAL SITE MANAGER

GP/DOCTOR FROM CLINICAL TEAM
e.g. FY2/Specialist Registrar

GP/CONSULTANT IN CHARGE OF AFFECTED PATIENTS

ADVISE PATIENTS’ RELATIVES (IF NECESSARY)

THE INFECTION CONTROL TEAM, TOGETHER WITH THE CLINICAL SITE MANAGER (if applicable) WILL MAKE AN INITIAL ASSESSMENT OF THE POSSIBLE OUTBREAK

Hospital Outbreak Policy (Version 4)
December 2010
INITIAL ASSESSMENT OF THE POSSIBLE OUTBREAK

‘MINOR’
- ICT to give ADVICE on day-to-day management of the outbreak
- ICT to conduct SURVEILLANCE to monitor progress and inform HPU (and DIPC if not ICD) as appropriate

‘MAJOR’ (serious)
- INFECTION CONTROL DOCTOR or INFECTION CONTROL NURSE TO INFORM:
  - DIPC (if not ICD)
  - Trust Chief Executive (CEO)
  - NENCL Health Protection Unit
  - Clinical Site Manager
  - Chief Nurse
  - Senior manager on call
  - Press Officer

- ‘Outbreak control group’ to be assembled by the ICT and CEO (face-to-face or via virtual e-mail group)
- Tasks to be allocated to the members of the ‘Action Group’ to control and contain outbreak (by the use of action cards if applicable)
- Support services to be co-opted
- Outside help, e.g. Regional Epidemiologists may be brought in if required under instruction of the ICD/HPU/
- Progress of the outbreak to be monitored
- Formal statement by the Press Officer during and after the outbreak. Updates to the press during the outbreak may also be indicated and must be decided upon by the Chief Executive Officer with advice from the ICD/DIPC
2 Introduction
Definitions of a possible outbreak scenario include the following:

- An incident affecting two or more people thought to have had a common exposure to a potential source, in which they experience similar illness or proven infection or where spread is occurring through cross infection or person-to-person
- A rate of infection or illness above the expected rate for that place and time
- A single case of certain diseases e.g. diphtheria, rabies, polio or VHF, avian flu
- When the number or type of casualties overwhelm, or threaten to overwhelm, normal services and special arrangements are needed to deal with them
- When an incident may pose a serious threat to the health of the community
- When the Health Service itself may suffer serious internal disruption

Cases of possible infections meeting any of the above criteria are reported to the Infection Control Team and are investigated and evaluated on a case-by-case basis and the scale of the response to the case or cases is defined as a ‘minor’ or ‘major/serious’ outbreak scenario depending on the implications for disruption to normal services and/or need for extensive isolation or follow up of potential contacts.

The objectives of these guidelines are to ensure prompt action in the event of a possible outbreak of a communicable disease. These include:

- Recognising an outbreak of food poisoning or communicable disease
- Defining its important epidemiological characteristics and aetiology
- Stopping further spread
- Preventing recurrence
- Maintaining satisfactory communication with external agencies and the public in relation to the outbreak.

In the event of Diarrhoea and Vomiting due to Norovirus the ‘Policy for Control of Diarrhoea and Vomiting due to Norovirus’ should be used (in conjunction with this policy when necessary) as it gives concise information on dealing specifically with outbreaks of Norovirus.

If an outbreak escalates a decision may be made by the Outbreak Control Group to use the Trust Major Incident Plan in conjunction with this policy.

This policy has been developed by the Infection Prevention and Control (IPC) team. It was then distributed to the Infection Control Committee and key staff members for comments and endorsement (See appendix 1). The final draft was then sent to the Policy Group for ratification.

3 Scope
This policy applies to all employees of the Trust in all locations including the Non-Executive Directors, temporary employees, locums and contracted staff.

The policy should be read in conjunction with the ‘Control of Diarrhoea and Vomiting due to Norovirus Policy’ and the Trust’s ‘Major Incident Plan’.

4 Roles and responsibilities
Appendix 2 contains specific information on roles and responsibilities of the Outbreak Control Team (OCT).
Chief Executive
The Chief Executive is ultimately responsible for ensuring that there are effective
arrangements for infection prevention and control, including outbreak management,
within the Trust.

Trust Board
The Trust Board are collectively responsible for minimising the risks from infection to
patients, staff members and the public. They are responsible for the general means
by which the Trust controls such infection risks.

DIPC
It is the responsibility of the Infection Control Doctor (ICD) or Director of Infection Prevention
and Control (DIPC) to notify the Health Protection Agency and to act in conjunction with the
local Health Protection Unit (NENCL HPU) to institute the outbreak plan. The ICD/DIPC will
manage the outbreak in the Hospital and /or related areas, in consultation with the relevant
agencies e.g. NHS London, PCT, HSE Executive.

Infection Prevention and Control Team
It is the responsibility of the IPC team to provide training on infection prevention and control
procedures which include isolation precautions and management of patients to reduce risk of
outbreaks all staff on formal induction programmes and refresher training courses. The IPC
team will liaise with clinical team, monitor the outbreak, advise on isolation, bed
management and ward closure.

Divisions
To ensure that all staff within their teams attend training and comply with Trust practices.

Medical Staffing and Education Team
To ensure that all appropriate training incorporates infection control and prevention training.
To organise, maintain records and follow up on non-attendance for induction of all staff.

Department/Team Managers
To ensure that staff have infection prevention and control included in their personal
development plans and attend Trust induction and refresher training on infection prevention
and control and to address areas of poor practice/non-compliance.

Clinical staff
To ensure that they are adequately trained and aware of precautions to be taken when
caring for patients to reduce the risk of outbreaks occurring. To comply with the standards in
this document.

5  Policy recommendations
For effective and efficient management of an outbreak, this plan is based on the following
principles:
- The personal responsibility of named individual members of the outbreak control team
  for managing defined aspects of the outbreak.
- The maintaining clear lines of communication within the Hospital and related areas, and
  satisfactorily managing communication with external agencies.
- The recording of up to date operational details.

5.1  Immediate Action
- If a member of staff suspects that a patient(s), has signs or symptoms of a
  communicable disease, they will report this immediately to the nurse in charge (see flow
  chart).
The nurse in charge/or looking after the patient will inform the appropriate doctor/s immediately.

The report will be investigated by the doctor and/or nurse, and if there is any suspicion the illness is likely to be due to food poisoning or a communicable disease:

(a) The nurse in charge should inform the Infection Control Nurse (ICN) of the problem or out of hours the CSM. Out-of-hours contact the on call microbiologist should be contacted by the CSMs.

(b) The Infection Control Team (ICT) will consider whether the patients should be isolated.

(c) The doctor in clinical charge of the patient should arrange for the appropriate specimens for Laboratory investigation to be taken and sent, as advised by the microbiologist or virologist.

(d) The nurse in charge should inform the appropriate Nurse Manager.

(e) The ICD/DIPC will inform notify the NENCLHPU

A list of diseases notifiable under the Health Protection Legislation (England) Guidance 2010 is given in Trust’s ‘Notifiable disease policy’ with reporting urgency.

However, this plan is not limited to the outbreak of a statutory notifiable diseases, other communicable diseases which are not notifiable may cause significant outbreaks/incidents or are rare communicable disease events which require infection prevention and control measures e.g. Legionella, chicken pox (VZV), SARS, Pandemic Influenza etc. and must also be brought to the attention of the North East and North Central London Health Protection Unit (NENCL HPU).

5.2 Staff illness due to a communicable disease

(a) Amongst Nurses: Should be reported to the nurse-in-charge who will then inform the appropriate Nurse Manager and the ICN who will then liaise with the Occupational Health Department.

(b) Amongst other staff: Those in direct contact with patients should be reported to the ICN, who will then liaise with the EHMS.

(c) Amongst Catering Staff: Should be reported to the Catering Manager who will then inform the ICN who will liaise with the EHMS.

The ICN will monitor these reports and discuss them with the ICD/DIPC to consider the possibility of a ‘major’ outbreak.

The ICD will verify if there is a ‘major’ outbreak of a communicable disease/food poisoning.

5.3 Institution of the Major Outbreak Plan

- The ICD/DIPC will have discretion as to whether or not to institute the full plan (this decision may be made in conjunction with the HPU and the Trust’s Executive Team)
- The decision to declare the outbreak a Serious Untoward Incident (SUI) will be made in conjunction with the Trust SUI policy.
- The plan detailed below should be used in conjunction with the Trust’s ‘Major Incident Plan’ as applicable.

5.4 Institution of the Pandemic Influenza Contingency Plan

- In the event of the declaration of an Influenza Pandemic by the Department of Health, the Trust’s ‘Pandemic Influenza Contingency Plan’ should be referred to (available on the intranet).

5.5 Outbreak Control Team

- The DIPC will be responsible for contacting members of the Outbreak Control Team (see appendix 3) for a meeting either face-to-face at a time and place specified by the ICD or via a virtual e-mail group as appropriate.
The members of the Outbreak Control Team should include:

a) The ICD/DIPC  
b) Infection Control Nurse and Nurse Consultant  
c) Local Health Protection Agency Unit (HPU) representative  
d) Specialist Registrar in Microbiology (if required)  
e) Chief Executive Officer or deputy  
f) Chief Nurse or deputy  
g) Senior manager on call  
h) Senior Microbiology BMS (if required)  
i) Divisional Head of Nursing  
j) Representative of clinical consultants in charge of cases  
k) Consultant Virologist (if required)  
l) Clinical Site Manager  
m) Employee Health

Members from external agencies may also be invited e.g. Director of Public Health, Environmental Health Officers, Health and Safety Executive

One member of each of the following departments may be requested to attend to the Outbreak meeting:

a) Catering  
b) Domestics  
c) Sterile Supplies  
d) Procurement  
e) Laundry  
f) Pharmacy  
g) Directorate of the environment  
h) Medical and Nursing staff involved in clinical care of patients  
i) Ambulance Service  
j) Union Representative  
k) Representative from the affected ward or area  
l) Press Officer  
m) Any other department or discipline specified by the chair of the Outbreak Control Team.

5.6 Procedure for Outbreak Control Meeting

- **Chair**: DIPC/Chief Executive or deputy  
  - Adequate secretarial/clerical assistance must be available to permit accurate recording of all issues discussed and all decisions made by the team.  
  - Additional resources and funding for the outbreak will be formally agreed at this stage.  
  - The work of the Outbreak Control Team, meeting objectives and a checklist of issues are detailed in appendix 4.  
  - Each member of the Outbreak Control Team will have an **ACTION SHEET** outlining his/her responsibilities and duties (this can act as check list of tasks). The Chairman will have a complete set of action sheets (appendix 2).  
  - Each member of the Outbreak Control Team is personally responsible for the duties outlined in their action sheet (though they may be passed on to a deputy with the consent of the ICD/DIPC).  
  - **Subsequent Meetings**, held when required, should systematically review the situation. Individual action sheets will be reviewed. The need to obtain assistance (from any source) should formally be considered at each meeting.
5.7 Procedure at the end of the Outbreak
- After the outbreak has been controlled, a final meeting of the Outbreak Control Team should be held with the following objectives:
  - To review the experience of all the participants involved in the management of the outbreak
  - To identify shortfalls and particular difficulties that were encountered
  - To identify practices and things that went well
  - To revise the Major Outbreak Plan in accordance with the results
  - To recommend, if necessary, structural or procedural improvements which would reduce the chance of a recurrence.

5.8 Procedure for Interim and Final Reports
The ICD/DIPC will have the duty of producing any interim reports required by the Trust Board, as well as a final report at the conclusion of the outbreak. If the outbreak was declared an SUI the report should be prepared in accordance with the Trust SUI policy. If the outbreak was considered to be due to food poisoning, the form in Appendix 6 should be completed in consultation with the NENCL HPU. The final report will be given to the Patient Safety Committee.

6 Training and awareness
All Infection Prevention and Control training sessions for staff contain a section on standard infection control precautions including isolation precautions, actions to be taken for patients with diarrhoea and or vomiting and where to access further information on infection control procedures. Infection Prevention and Control training is part of the Trust mandatory training programme contained in the Trust Mandatory training Policy available at:
http://homertonlife/uploaded_files/Policies_and_guidelines/mandatory_training_policy.doc

Managers are responsible for identifying staff training requirements, booking and following up attendance/non attendance of Infection Control mandatory training. Identification of what training staff require can be found in Appendix 3 of the Trust mandatory training policy.
http://homertonlife/uploaded_files/Policies_and_guidelines/mandatory_training_policy.doc

The infection prevention and control team will send information to all staff about Norovirus control and management each year to raise awareness of appropriate Norovirus infection prevention and control measures. Signs will also be displayed in public areas for public information.

7 Review
This policy will be reviewed every 3 years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

8 Monitoring/Audit
Monitoring of training requirements, attendance and non-attendance is the responsibility of the line managers of staff. Attendance compliance is monitored by the Training Committee, Infection Control Committee and reported to the Trust Board via the mandatory training balance score card and infection prevention and control balance score card. Divisions are responsible for monitoring their staff attendance and addressing non-attendance.

Outbreaks are reported as an SII or SUI depending on severity, investigated and reported to the Patient Safety Committee and Infection Control Committee.
<table>
<thead>
<tr>
<th>Measurable Policy Objective</th>
<th>Monitoring/Audit</th>
<th>Frequency of monitoring</th>
<th>Responsibility for performing the monitoring</th>
<th>Monitoring reported to which groups/committees, inc responsibility for reviewing action plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outbreak management</td>
<td>All outbreaks are reported as incidents, SII or SUI via the Trust incident reporting system. RCA is performed and management reviewed. Any instances of non-compliance with this policy will be reported as an incident on the Trust incident reporting system and investigated accordingly.</td>
<td>As required</td>
<td>Infection Control Team</td>
<td>Infection Control Committee/ Patient Safety Committee</td>
</tr>
</tbody>
</table>

9 Bibliography/References


Health Protection Agency North East and Central London HPU. Joint Major Outbreak Plan. 2009
Appendix 1 – Staff consultation

Dr Alleyna Claxton (ICD/DIPC/Consultant Microbiologist)
Dr Daniel Krahe (Consultant Microbiologist)
Monique Laberinto (ICN)
Gema Martinez-Garcia (ICN)
Nancy Hallett (Chief Executive)
Dr John Coakley (Medical Director)
Charlie Sheldon (Chief Nurse)
Dr Chris Griffiths (NED)
Andrew Panniker (Director of Environment)
Jenny Frost (Divisional Senior Nurse CWS)
Louise Olley (Divisional Senior Nurse GEM)
Rachael Halliday (Divisional Senior nurse DSO)
Sarah Addiman (Health Protection Team representative)
Diane Goodenough (Risk manager)
David Bridger (Head of Governance)
Appendix 2 – Responsibilities of the members of the Outbreak Control Team

a) Responsibilities of the Infection Control Doctor/DIPC or deputy:

- Confirm that there is a major outbreak
- Decide whether or not to institute the major outbreak plan
- Contact the Chief Executive to convene an Outbreak Control Meeting
- Notify NENCL HPU
- Chair all Outbreak Control meetings unless it has been decided that it this better done by the CEO/co-ordinate virtual e-mail group
- Direct and co-ordinate the management of the Outbreak
- Reduce the number of patients in the affected ward or area as appropriate
- Ensure each member of the Outbreak Control Team understands their responsibilities
- Ensure they are available for consultation throughout the Outbreak
- Be responsible for communication with (including final report) the Chief Executive, members of the Outbreak Team and relevant Health Authorities
- Be responsible for declaring the conclusion of the Outbreak
- Liaise with other Health Agencies e.g.
  - SHA
  - Neighbouring Trusts
- Ensure resources and facilities are adequate for the appropriate investigation of the Outbreak.

b) Responsibilities of the Infection Control Nurse Consultant or deputy

- Inform the Infection Control Doctor if a major Outbreak is suspected
- Educate staff in relation to infection and required precautions
- Implement infection control precautions
- Liaise between ward staff and Outbreak Control Team
- Liaise with Infection Control Link Nurse
- Implement special cleaning/disinfection procedures, through the Domestic Manager
- Monitor effectiveness of actions
- Collate Outbreak data
- Support staff

c) Responsibilities of the Chief Executive or deputy

- Inform all members of the Outbreak Control Team of any meetings
- Maintain clear lines of communication within the Trust and with external agencies
- To ensure that appropriate funding and resources is available for the outbreak
- Close catering or other facilities if appropriate and make alternative arrangements under the instruction of the ICD.

d) Responsibilities of the Divisional Head of Nursing or deputy

- Inform ICD/ICN of any communicable disease amongst patients
- Enforce restrictions on visiting and movement of staff and patients
- Review skill mix and supply additional nursing staff if necessary
- Ensure that when temporary/agency staff are booked to only work in the affected area in the Trust and not to work in other hospitals.
- Contact Support Services
- Nursing Agencies
- Relevant Coroner
- Laundry
• Liaise with Supplies to provide extra supplies including disposable aprons and gloves, drugs and laundry etc
• Support Staff.

e) Responsibilities of Clinical Consultants or deputy

• Communicate with the ICD/ICN
• Enforce restrictions on new admissions/transfers out
• Communicate with patients and their relatives
• Ensure rapid discharge of patients to clear beds if appropriate
• Comply with and ensure screening of patients and staff
• Liaise with Bed Manager
• In liaison with HPU & ICD, consider the need for:
  - Immunisation
  - Prophylactic medication
Appendix 3 – Contact details of Outbreak Control Team members

List of names and telephone numbers of Outbreak Control Team members:

<table>
<thead>
<tr>
<th>Role</th>
<th>HOMERTON</th>
<th>OTHER</th>
</tr>
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</table>
| CONSULTANT MICROBIOLOGIST/INFECTION CONTROL DOCTOR | EXT – 7180/7181  
Mobile via switchboard  
OOH: via on call Micro SpR via switchboard |                                                                      |
| INFECTION CONTROL NURSE                  | EXT - 5332/7557 or bleep 205  
OOH: on call Micro SpR via switchboard |                                                                      |
| MICROBIOLOGY SPECIALIST REGISTRAR         | Bleep 092  
or via Microbiology lab  
Ext 7187  
OOH: on call Micro SpR via switchboard |                                                                      |
| VIROLOGY                                  |                                                                         | 020 3246 0293 (BLT)  
BLT switchboard B 0184 |
| CHIEF EXECUTIVE                           | EXT 7144                                                                |                                                                      |
| CHIEF NURSE                               | EXT 7215                                                                |                                                                      |
| RISK MANAGEMENT                           | EXT 7470/7649                                                           |                                                                      |
| North East and North Central London Health Protection Unit |                                                                         | 020 7811 7100                                                      |
Appendix 4 – Outbreak Control Team objectives

Work of the Outbreak Control Team:

1. **OBJECTIVES FOR MEETINGS**
   - To investigate the source and the cause of the outbreak
     - Develop a case definition
     - Describe the pattern of disease, number of cases and characteristics of time, place and person
   - To facilitate the medical care of the patient.
   - To implement measures necessary to control the outbreak
   - Review new information on progress of outbreak and microbiological information as it becomes available.
   - Monitor and review the effectiveness and application of control measures
   - To provide clear guidelines for communication with patients, patients relatives, media, staff and other services within and outside the Trust.
   - To audit and evaluate the overall experience of controlling the outbreak and implementing the lessons learnt.
   - To consider how an adequate service will be maintained in the Hospital

2. **Suggested agenda for an Outbreak Control Team Meeting**

   1. Introductions
   2. Attendance and Roles
      - Identify all attendees with name cards and badges and nominate specific functional team roles as appropriate.
   3. Review of the Team membership
   4. Review of evidence to date
      - General situation statement
      - Incident update including contacts, illness in the community, results of monitoring
      - Clinical report
      - Environmental report
      - Microbiological report
      - Epidemiological report
      - Other relevant report
   5. Protective measures, further investigations
   6. Communication
      - to statutory bodies and organisations about the existence of the OCT and about any actions
      - to patients and public of any control measures or protective advice decisions.
      - to GPs
      - preparation of initial press release and consideration of establishment of help lines (if appropriate).
      - consider establishing a subgroup(s)
   7. Public concerns
      - Likely questions and anticipated concern with prepared response
   8. Surveillance
9. Consultation
   - Establish link/s with external experts

10. Epidemiology
    - Consider the need for a survey and established hypotheses.
    - Consider establishing a subgroup

11. Incident review
    - progress
    - actions and advice
    - need to update any press release

3. CHECKLIST OF MATTERS TO BE CONSIDERED

a) Medical and Nursing care of patients:
   - Closure of affected area.
   - De-canting affected ward or area as appropriate.
   - Rapid discharge of patients to if appropriate and where there is not a risk of introducing infection to other establishments
     - Liaison with GP’s, other Hospitals
     - Transport arrangements
   - Additional Medical/Nursing staff as/if required.
     - Recruitment
     - Redeployment
     - Restriction

b) Investigating the source of the Outbreak:
   - Epidemiological study
   - Screening patients and staff
   - Specimens Collection
     - Transport
     - Laboratory examination
     - Results

c) Control measures:
   - infection control precautions
   - cleaning/disinfection procedures
   - Screening patients and staff
   - Restrictions on Visiting
     - New admissions
     - Staff movement
   - Closing catering facilities
   - Immunisation
   - Prophylactic medication

d) Monitoring:
   - Incidence of cases
   - Route of spread
   - Numbers of
     - (I) Patients
     - (ii) Staff

e) Communications:
   - With patients: What to tell them
- With patient’s relatives: What to tell them. How to tell them - Central information point or ward staff
- With Staff: Anxieties over susceptibility
  Increased stress due to extra work
  Advice on personal protection
  Advice for their own relatives
- With media: Named individual to deal with the media
  Outbreak control team to decide whether there should be regular bulletins
- Other agencies: Liaison with NENCL HPU, SHA, Director of Public Health/PCT GPs, neighbouring Trusts.
- Within the Trust: Instruction to telephone switchboard, alerting support services
Appendix 5 – HPA (Public Health) Food Poisoning Questionnaire

Food and Environmental Exposure Questionnaire

Operative Name: __________________________ Date: __________________________ Time __________

1. **Patient details.**

First Name: __________________________ Surname: __________________________

Is the person answering the question same as above? Yes □ No □

If No Name __________________________ Relationship ______________ Telephone ______________

Address ____________________________________________________________________________

Postcode __________ Telephone ______________

Mobile ______________

E-mail __________________________

Date of Birth: ___ /___ /___ Age ___ years Gender: Male □ Female □

Nationality: ______________ Country of Birth: ______________ Country of normal residence: __________

2. **General Practitioner**

Name __________________________ Address ____________________________________________________________________________
3. **Occupation**

<table>
<thead>
<tr>
<th>Occupation or personal activities</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td><strong>Group A</strong> Any person of doubtful personal hygiene or with unsatisfactory toilet, hand-washing or hand drying facilities at home, work or school.</td>
<td></td>
<td></td>
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<tr>
<td><strong>Group B</strong> Children who attend pre-school groups or nursery</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Group C</strong> Food Handling. People whose work involves preparing or serving unwrapped foods not subjected to further heating.</td>
<td></td>
<td></td>
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<tr>
<td><strong>Group D</strong> Clinical and social care staff who have direct contact with highly susceptible patients or persons in whom a gastrointestinal infection would have particularly serious consequences Learning difficulties</td>
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<td></td>
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</tbody>
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Occupation ______________________________ Description of duties_________________________

Work place/school address_________________________________________Postcode________

When were you last at work (date)________ Have they been informed?          Yes ☐

No ☐
Clinical details.

Date of onset of illness: ___ / ___ / ___ dd/mm/yy Time (approx) ______ (24hrs)

Are you still ill? Yes ☐ No ☐

If no, when did symptoms end? ___ / ___ / ___ dd/mm/yy Time (approx) ______ (24hrs)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
<th>Onset and duration of symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vomiting</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Diarrhoea (3 or more loose stools within 24 hrs)</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Blood in stools</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Headaches</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Fever (feeling hot, sweaty, chills)</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
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If other please specify__________________________________________________________

<table>
<thead>
<tr>
<th>Question</th>
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<th>No</th>
</tr>
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<tbody>
<tr>
<td>Did you consult your GP for treatment of your illness?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Did you visit a hospital for treatment of your illness?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Were you admitted to hospital?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If Yes which Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Admission Discharge Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If exact dates are unknown, how many days were you in hospital</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Microbiology

Has a stool or vomit specimen been taken Yes ☐ No ☐

If yes, state date sent and what location__________________________________________________________

If no please request a specimen if symptomatic Date sent__________

Location________________________________

5. Contacts

Did you come into close contact with anyone else who became ill with similar symptoms in the
5 days before or after you started to fell unwell
This includes people within your household and outside, e.g. work/school contacts  Yes
☐ No ☐

Are any of your household unwell now  Yes
☐ No ☐

If Yes please give details

Name ___________________________
Contacts __________________________________________________________

Name ___________________________
Contacts __________________________________________________________

Name ___________________________
Contacts __________________________________________________________

Care of children under 5? (Particularly if you washed or changed the child)  Yes
☐ No ☐

6. Travel History

a) Did you spend any nights OUTSIDE the UK 4 weeks before you became ill?  Yes
☐ No ☐

If Yes give details, if No go to Section 7b

Dates of travel departure___ /___ /___dd/mm/yy return___ /___ /___dd/mm/yy

Names of hotel(s)/ campsite(s)
visited__________________________________________________________

Town(s)/ resort(s)
visited_________________________________________________________

Country(ies)
visited_________________________________________________________

Name of tour operator____________________________________________

b) Did you spend any nights WITHIN the UK in the 4 weeks before you became ill?  Yes
☐ No ☐
If **Yes** give details, if **No** go to Section 8

Dates of travel

<table>
<thead>
<tr>
<th>Departure</th>
<th>Return</th>
</tr>
</thead>
<tbody>
<tr>
<td>dd/mm/yy</td>
<td>dd/mm/yy</td>
</tr>
</tbody>
</table>

Place visited (Hotel, friends house, family etc)

Town(s)/ Village(s) visited

---

7. **Contact with Animals**

Did you have any contact with animals in the **4 weeks** before you became ill?  

Yes [ ]  No [ ]

If **No** go to section 9

Do you have any pets?  

Yes [ ]  No [ ]

If **YES** what type of pet(s) and how many do you have? [ e.g. 2 dogs, 3 parrots, 1 goldfish, reptiles etc]

___________________________________________________________________________

 Were any of these pets ill **4 weeks** before you became ill?  

Yes [ ]  No [ ]

Do you live on a farm or a small holding?  

Yes [ ]  No [ ]

Did you visit any farms, stables, zoos, pet shops etc in the **4 weeks** before you became ill?  

Yes [ ]  No [ ]

If **Yes** where and name? ______________________________________________________

Did you touch or handle the animals?  

Yes [ ]  No [ ]

If **Yes** what type of animal did you handle?  

___________________________________________________________________________
8. **Food history.**

**EATING OUT**

a) In the **5 DAYS** before you became ill, did you eat any meals or snacks from any parties, receptions or buffets?

Yes ☐ No ☐

If **YES** give the name of the venue(s) and location(s)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

b) In the **5 DAYS** before you became ill, did you eat any meals or snacks bought from a fast food outlet?

Fast food outlets include any restaurant, stall or shop where food is paid for before it is eaten e.g. sandwich bars, canteens, burger bars, kebab shops, fish and chip shops hot dog stands etc

Yes ☐ No ☐

If **YES** give the name of the venue(s) and location(s)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

**c)** In the **5 DAYS** before you became ill, did you eat any meals or snacks from any other restaurants, cafes, pubs or hotels?

Yes ☐ No ☐

If **YES** give the name of the venue(s) and location(s)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**FOOD EXPOSURES**

*a) Did you eat any of the following foods in the 5 days before illness?*

<table>
<thead>
<tr>
<th>Food</th>
<th>NO</th>
<th>YES- at home</th>
<th>YES- outside the home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Games birds (e.g. pheasant)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Poultry (e.g. turkey, duck)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beef (inc roast, mince, steak)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lamb</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pork</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Halal meat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offal (e.g. kidney, liver) or tripe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bacon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sausages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barbecued food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cold meats (pre-cooked)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fish</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shellfish</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eggs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cheese specify</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salad</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vegetable specify</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cakes or deserts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-prepared sandwiches’</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If **other** please specify________________________________________________________

*b) How many times did you handle the following raw foods in the 5 days before illness?*

<table>
<thead>
<tr>
<th>Food</th>
<th>0</th>
<th>1-4</th>
<th>5-9</th>
<th>10+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beef</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poultry (e.g. chicken, turkey)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lamb</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pigmeat (e.g. pork or bacon)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fish</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shell fish</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eggs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offal (e.g. kidney, liver)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GROCERY SHOPPING

In the 5 DAYS before you became ill did you eat any food (including milk) that was brought from:

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>Name of shop(s)/ Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supermarkets</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Corner Shops</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Ethnic groceries</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Butcher’s shops</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Milk round</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Markets</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Farm shops</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

MILK EXPOSURE

Did you drink (or have with your cereal) in the 5 days before illness?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Number of glasses(~1/3 pint) drunk daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasteurised milk</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Un-pasteurised milk</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Bird-pecked milk</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Soya milk</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

11 Additional Information

Please provide any other information you feel is relevant about this illness (foods eaten etc)

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

12 Water Exposure

Did you drink in the 5 days before illness any cold, unboiled water from;

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Number of glasses(~1/3 pint) drunk daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tap water (mains)</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Tap water (Private e.g. bore)</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>A river, stream or spring</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>A filter jug</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Bottled water</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

13 Recreational Water Exposure

In the 5 days before you became ill did you participate in any of the following activities?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>If YES give location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swimming/paddling</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>
14 Environmental Exposure

In the 5 days before you became ill did you spend any time outside your usual work or home setting which did not include a night away from home (e.g. visiting the countryside, beaches, parks, playgrounds, day trips etc)

Yes □ No □

If Yes please give details

_________________________________________________________________________

15. Hygienic Precautions

Has advice been given on:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>If YES give location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staying off work/school for 48 hours after stools formed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proper hand washing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disinfection of flush/door handles etc</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID information sent</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Would you mind if we contacted you at some point in the near future for additional information should the need arise? Yes □ No □

Please specify prefer means of contact

<table>
<thead>
<tr>
<th>Medium</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-mail</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Equalities Impact Assessment**
This checklist should be completed for all new Corporate Policies and procedures to understand their potential impact on equalities and assure equality in service delivery and employment.

<table>
<thead>
<tr>
<th>Policy/Service Name:</th>
<th>Hospital Outbreak Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author:</td>
<td>Vickie Longstaff</td>
</tr>
<tr>
<td>Role:</td>
<td>Nurse consultant Infection Control</td>
</tr>
<tr>
<td>Directorate:</td>
<td>DSO</td>
</tr>
<tr>
<td>Date</td>
<td>3rd December 2010</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equalities Impact Assessment Question</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How does the attached policy/service fit into the trusts overall aims?</td>
<td>Yes</td>
<td></td>
<td>Compliance with health and social care act 2009</td>
</tr>
<tr>
<td>2. How will the policy/service be implemented?</td>
<td></td>
<td></td>
<td>Infrastructure already in place</td>
</tr>
<tr>
<td>3. What outcomes are intended by implementing the policy/delivering the service?</td>
<td></td>
<td></td>
<td>Successful management of outbreaks with minimal disruption and harm to patients, staff and the organisation.</td>
</tr>
<tr>
<td>4. How will the above outcomes be measured?</td>
<td></td>
<td></td>
<td>Outbreak reporting</td>
</tr>
<tr>
<td>5. Who are they key stakeholders in respect of this policy/service and how have they been involved?</td>
<td></td>
<td></td>
<td>Infection control committee given opportunity to comment and endorsed the policy</td>
</tr>
<tr>
<td>6. Does this policy/service impact on other policies or services and is that impact understood?</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Does this policy/service impact on other agencies and is that impact understood?</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Is there any data on the policy or service that will help inform the EqIA?</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Are there any information gaps, and how will they be addressed/what additional information is required?</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equalities Impact Assessment Question</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Does the policy or service development have an adverse impact on any particular group?</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Could the way the policy is carried out have an adverse impact on equality of opportunity or good relations between different groups?</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Where an adverse impact has been identified can changes be made to minimise it?</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Is the policy directly or indirectly discriminatory, and can the latter be justified?</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Is the policy intended to increase equality of opportunity by permitting Positive Action or Reasonable Adjustment? If so is this lawful?</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EQUALITIES IMPACT ASSESSMENT FOR POLICIES AND PROCEDURES**

2. If any of the questions are answered ‘yes’, then the proposed policy is likely to be relevant to the Trust’s responsibilities under the equalities duties. Please provide the ratifying committee with information on why ‘yes’ answers were given and whether or not this is justifiable for clinical reasons. The author should consult with the Director of HR & Environment to develop a more detailed assessment of the Policy’s impact and, where appropriate, design monitoring and reporting systems if there is any uncertainty.

3. A copy of the completed form should be submitted to the ratifying committee when submitting the document for ratification. The Committee will inform you if they perceive the Impact to be sufficient that a more detailed assessment is required. In this instance, the result of this impact assessment and any further work should be summarised in the body of the Policy and support will be given to ensure that the policy promotes equality.
Policy Submission Form

To be completed and attached to any policy or procedure submitted to the Trust Policy Group

<table>
<thead>
<tr>
<th>1</th>
<th>Details of policy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Title of Policy:</td>
<td>Hospital Outbreak Policy</td>
</tr>
<tr>
<td>1.2</td>
<td>Lead Executive Director</td>
<td>Chief Nurse and Director of Governance</td>
</tr>
<tr>
<td>1.3</td>
<td>Author/Title</td>
<td>Vickie Longstaff (Infection Control Nurse Consultant)</td>
</tr>
<tr>
<td>1.4</td>
<td>Lead Sub Committee</td>
<td>Infection control committee</td>
</tr>
<tr>
<td>1.5</td>
<td>Reason for Policy</td>
<td>To provide concise information on the action to be taken in the event of a major outbreak.</td>
</tr>
<tr>
<td>1.6</td>
<td>Who does policy affect?</td>
<td>All staff</td>
</tr>
<tr>
<td>1.7</td>
<td>Are national guidelines/codes of practice incorporated?</td>
<td>Yes</td>
</tr>
<tr>
<td>1.8</td>
<td>Has an Equality Impact Assessment been carried out?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>Information Collation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Where was Policy information obtained from?</td>
<td>See reference list/sources of evidence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>Policy Management</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Is there a requirement for a new or revised management structure if the policy is implemented?</td>
<td>No</td>
</tr>
<tr>
<td>3.2</td>
<td>If YES attach a copy to this form</td>
<td>N/A</td>
</tr>
<tr>
<td>3.3</td>
<td>If NO explain why</td>
<td>Infrastructure already in place</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4</th>
<th>Consultation Process</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Was there internal/external consultation?</td>
<td>Both – see appendix 1</td>
</tr>
<tr>
<td>4.2</td>
<td>List groups/Persons involved</td>
<td>Infection Control Committee – see appendix 1</td>
</tr>
<tr>
<td>4.3</td>
<td>Have internal/external comments been duly considered?</td>
<td>Yes</td>
</tr>
<tr>
<td>4.4</td>
<td>Date approved by relevant Sub-committee</td>
<td>26th January 2011</td>
</tr>
<tr>
<td>4.5</td>
<td>Signature of Sub committee chair</td>
<td></td>
</tr>
</tbody>
</table>

<p>| 5 | Implementation |  |</p>
<table>
<thead>
<tr>
<th>5.1</th>
<th>How and to whom will the policy be distributed?</th>
<th>All clinical staff via infection control newsletter and will be posted on intranet</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2</td>
<td>If there are implementation requirements such as training please detail?</td>
<td>Changes will be highlighted in infection control newsletter and included in all infection control training for staff</td>
</tr>
<tr>
<td>5.3</td>
<td>What is the cost of implementation and how will this be funded?</td>
<td>None</td>
</tr>
</tbody>
</table>

### 6 Monitoring

<table>
<thead>
<tr>
<th>6.1</th>
<th>List the key performance indicators e.g. core standards</th>
<th>Health and social care act 2009 – Code for reducing HCAI in the NHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.2</td>
<td>How will this be monitored and/or audited?</td>
<td>Incident reporting system and Patient Safety Committee in the event of outbreak</td>
</tr>
<tr>
<td>6.3</td>
<td>Frequency of monitoring/audit</td>
<td>As required</td>
</tr>
</tbody>
</table>

**Date policy approved by Trust Policy Group:**

[Signature]

**Signature of Trust Board Group chair:**

[Signature]