

Trust Policy

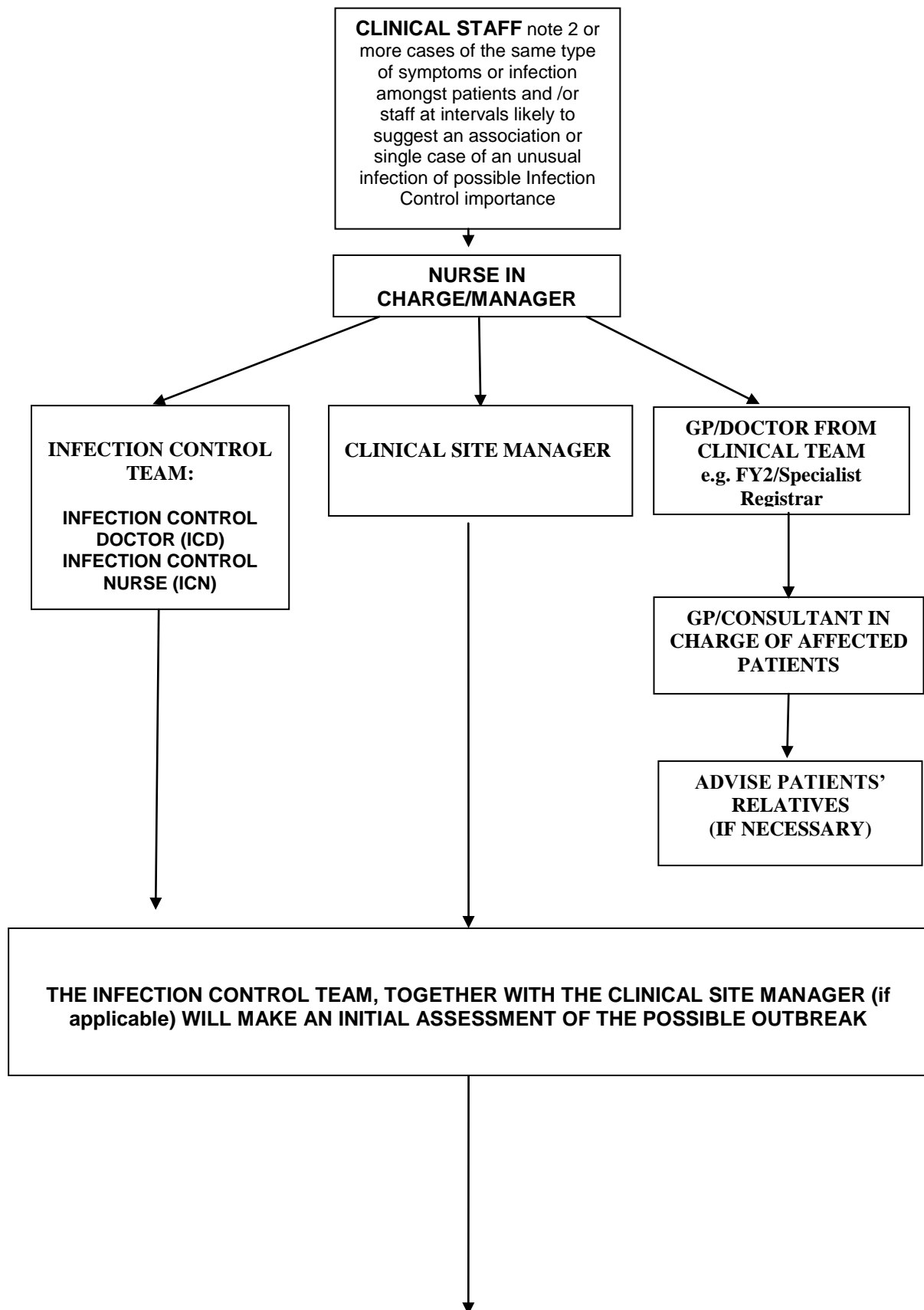
Outbreak Policy

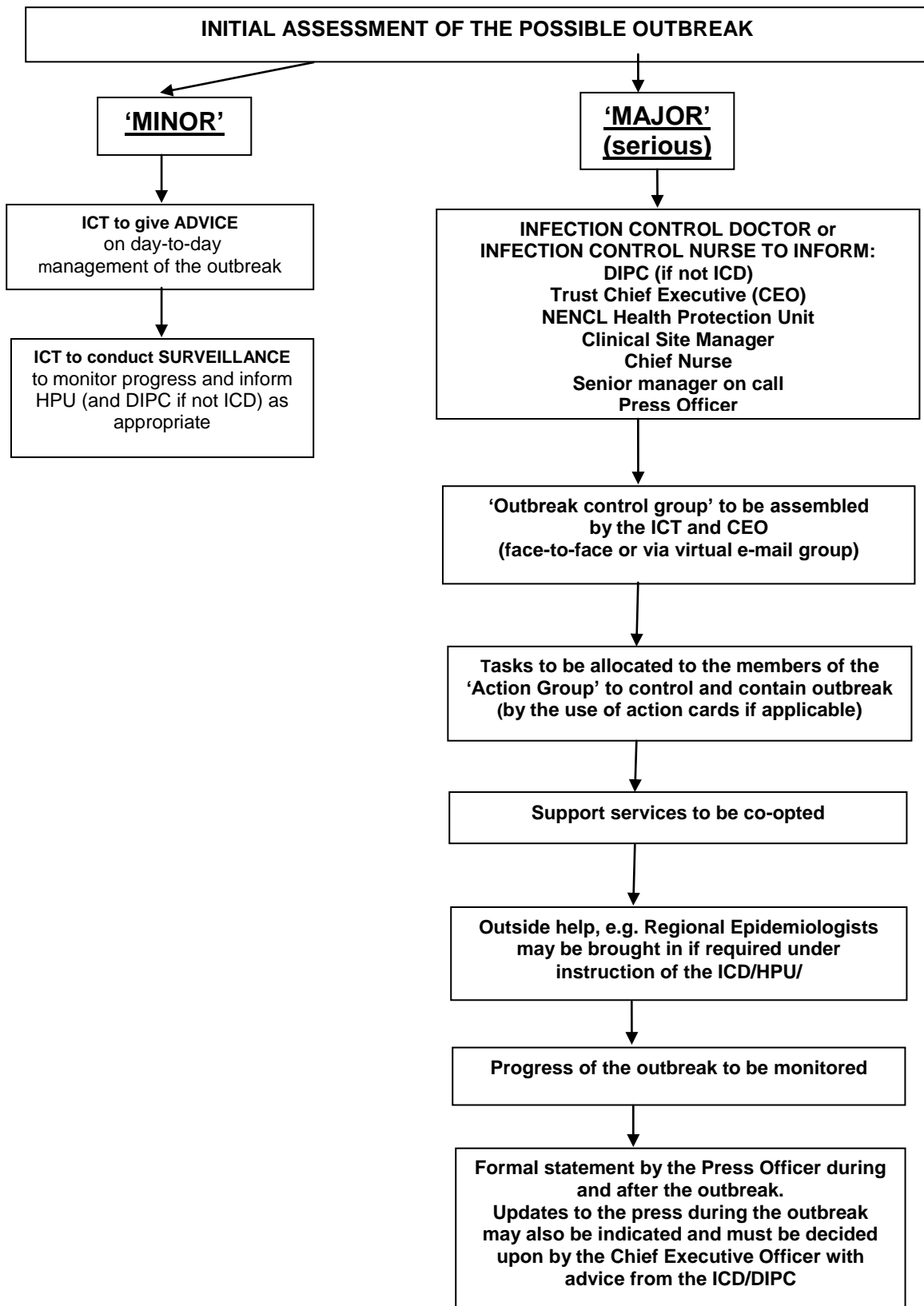
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1 Summary - Algorithm for Action Plan for Possible Outbreaks





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.

Measurable Policy Objective	Monitoring/Audit	Frequency of monitoring	Responsibility for performing the monitoring	Monitoring reported to which groups/committees, inc responsibility for reviewing action plans
Outbreak management	All outbreaks are reported as incidents, SII or SUI via the Trust incident reporting system. RCA is performed and management reviewed.	As required	Infection Control Team	Infection Control Committee/ Patient Safety Committee
	Any instances of non-compliance with this policy will be reported as an incident on the Trust incident reporting system and investigated accordingly.	As required	Clinical staff/ Infection control nurses	Incident review group

9 Bibliography/References

Hawker J, Begg N, Blair I, Reintjes and Weinberg J. Communicable Disease Control Handbook. WileyBlackwell, 2005.

Salisbury D, Ramsay M, Noakes K (eds.) Immunisation against infectious disease. Department of Health, 2006.

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 is 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 liason 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:

	HOMERTON	OTHER
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
 - i. Develop a case definition
 - ii. 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



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 _____

_____Telephone

Number_____

3. Occupation

	Does your occupation or personal activities include any of the following:	Yes	No
Group A	Any person of doubtful personal hygiene or with unsatisfactory toilet, hand-washing or hand drying facilities at home, work or school.	<input type="checkbox"/>	<input type="checkbox"/>
Group B	Children who attend pre-school groups or nursery	<input type="checkbox"/>	<input type="checkbox"/>
Group C	Food Handling. People whose work involves preparing or serving unwrapped foods not subjected to further heating.	<input type="checkbox"/>	<input type="checkbox"/>
Group D	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	<input type="checkbox"/>	<input type="checkbox"/>

Occupation _____ Description of
duties_____

Work place/school address_____Postcode

When were you last at work (date)_____Have they been informed? Yes

No

5 days before or after you started to feel 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 departure ___ / ___ / ___ dd/mm/yy return ___ / ___ / ___ dd/mm/yy

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?

[hens, sheep, rabbits etc]

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?

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

If **other** please specify _____

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

Beef	0	<input type="checkbox"/>	1-4	<input type="checkbox"/>	5-9	<input type="checkbox"/>	10+	<input type="checkbox"/>
Poultry (e.g. chicken, turkey)	0	<input type="checkbox"/>	1-4	<input type="checkbox"/>	5-9	<input type="checkbox"/>	10+	<input type="checkbox"/>
Lamb	0	<input type="checkbox"/>	1-4	<input type="checkbox"/>	5-9	<input type="checkbox"/>	10+	<input type="checkbox"/>
Pigmeat (e.g. pork or bacon)	0	<input type="checkbox"/>	1-4	<input type="checkbox"/>	5-9	<input type="checkbox"/>	10+	<input type="checkbox"/>
Fish	0	<input type="checkbox"/>	1-4	<input type="checkbox"/>	5-9	<input type="checkbox"/>	10+	<input type="checkbox"/>
Shell fish	0	<input type="checkbox"/>	1-4	<input type="checkbox"/>	5-9	<input type="checkbox"/>	10+	<input type="checkbox"/>
Eggs	0	<input type="checkbox"/>	1-4	<input type="checkbox"/>	5-9	<input type="checkbox"/>	10+	<input type="checkbox"/>
Offal (e.g. kidney, liver)	0	<input type="checkbox"/>	1-4	<input type="checkbox"/>	5-9	<input type="checkbox"/>	10+	<input type="checkbox"/>

GROCERY SHOPPING

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

	NO	YES	Name of shop(s)/ Location
Supermarkets	<input type="checkbox"/>	<input type="checkbox"/>	
Corner Shops	<input type="checkbox"/>	<input type="checkbox"/>	
Ethnic groceries	<input type="checkbox"/>	<input type="checkbox"/>	
Butcher's shops	<input type="checkbox"/>	<input type="checkbox"/>	
Milk round	<input type="checkbox"/>	<input type="checkbox"/>	
Markets	<input type="checkbox"/>	<input type="checkbox"/>	
Farm shops	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

MILK EXPOSURE

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

Pasteurised milk	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Number of glasses(~1/3 pint) drunk daily	
Un-pasteurised milk	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Number of glasses(~1/3 pint) drunk daily	
Bird-pecked milk	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Number of glasses(~1/3 pint) drunk daily	
Soya milk	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Number of glasses(~1/3 pint) drunk daily	

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;

Tap water (mains)	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Number of glasses(~1/3 pint) drunk daily	
Tap water (Private e.g. bore)	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Number of glasses(~1/3 pint) drunk daily	
A river, stream or spring	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Number of glasses(~1/3 pint) drunk daily	
A filter jug	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Number of glasses(~1/3 pint) drunk daily	
Bottled water	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Number of glasses(~1/3 pint) drunk daily	

13 Recreational Water Exposure

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

Swimming/paddling	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If YES give location	
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Sailing	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If YES give location	
Canoeing	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If YES give location	
Windsurfing	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If YES give location	
Fishing	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If YES give location	
Water skiing	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If YES give location	
Spa pools/ jacuzzi	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If YES give location	
Other	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If YES give location	

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:	
Staying off work/school for 48 hours after stools formed	<input type="checkbox"/>
Proper hand washing	<input type="checkbox"/>
Disinfection of flush/door handles etc	<input type="checkbox"/>
ID information sent	<input type="checkbox"/>

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

Phone Yes No

Mobile Yes No

E-mail Yes No

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.

Policy/Service Name:	Hospital Outbreak Policy
Author:	Vickie Longstaff
Role:	Nurse consultant Infection Control
Directorate:	DSO
Date	3rd December 2010

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

11. Could the way the policy is carried out have an adverse impact on equality of opportunity or good relations between different groups?		No	
12. Where an adverse impact has been identified can changes be made to minimise it?		N/A	
13. Is the policy directly or indirectly discriminatory, and can the latter be justified?		No	
14. Is the policy intended to increase equality of opportunity by permitting Positive Action or Reasonable Adjustment? If so is this lawful?		N/A	

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

1	Details of policy	
1.1	Title of Policy:	Hospital Outbreak Policy
1.2	Lead Executive Director	Chief Nurse and Director of Governance
1.3	Author/Title	Vickie Longstaff (Infection Control Nurse Consultant)
1.4	Lead Sub Committee	Infection control committee
1.5	Reason for Policy	To provide concise information on the action to be taken in the event of a major outbreak.
1.6	Who does policy affect?	All staff
1.7	Are national guidelines/codes of practice incorporated?	yes
1.8	Has an Equality Impact Assessment been carried out?	Yes
2	Information Collation	
2.1	Where was Policy information obtained from?	See reference list/sources of evidence
3	Policy Management	
3.1	Is there a requirement for a new or revised management structure if the policy is implemented?	No
3.2	If YES attach a copy to this form	N/A
3.3	If NO explain why	Infrastructure already in place
4	Consultation Process	
4.1	Was there internal/external consultation?	Both – see appendix 1
4.2	List groups/Persons involved	Infection Control Committee – see appendix 1
4.3	Have internal/external comments been duly considered?	Yes
4.4	Date approved by relevant Sub-committee	26 th January 2011
4.5	Signature of Sub committee chair	
5	Implementation	

5.1	How and to whom will the policy be distributed?	All clinical staff via infection control newsletter and will be posted on intranet
5.2	If there are implementation requirements such as training please detail?	Changes will be highlighted in infection control newsletter and included in all infection control training for staff
5.3	What is the cost of implementation and how will this be funded?	None
6	Monitoring	
6.1	List the key performance indicators e.g. core standards	Health and social care act 2009 – Code for reducing HCAI in the NHS
6.2	How will this be monitored and/or audited?	Incident reporting system and Patient Safety Committee in the event of outbreak
6.3	Frequency of monitoring/audit	As required

Date policy approved by Trust Policy Group:

..... 07/03/2011

Signature of Trust Board Group chair:

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