



Local Outbreak Management Plan

Bolton

25 April 2023

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Approval

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Public Health SLT	28 th March 2023
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Foreword:

Maintaining and improving the health of our communities is at the heart of public service delivery. Health Protection and ensuring an effective response to outbreaks of disease is a crucial part of this. Whilst the response to outbreaks isn't new and our local health economy routinely demonstrates that it has effective arrangements in place it is important that we review our arrangements, and that the organisations and people who need to work together in partnership are aware of each other's role and responsibilities for a range of scenarios.

This plan has been developed to ensure clarity of operational roles and responsibilities for each responding organisation in the event of an outbreak. It is intended to act as a companion to the **Greater Manchester Outbreak Plan*, providing operational detail helping responders quickly provide an effective and coordinated approach to outbreaks of communicable disease. It is important for each organisation, having signed off this plan, to support staff to engage in appropriate exercising to embed the multi-agency response to an outbreak and create familiarity over key tasks.

This plan has been completed and agreed by a system wide multi-agency group for use in Bolton. The plan has been noted and approved by the Health Protection Board.

Many organisations have proven that they have a role to play in protecting the public from Covid-19 during the last three years. This document aims to identify roles and responsibilities of those across the system to enable the prompt and efficient management of outbreak in a locality. These include NHS, Public Health in Bolton, Environmental Health and UK Health Security Agency (UKHSA).

This collaborative approach has enabled local decision makers to manage the challenges presented to the wider system and community members in working together to outbreak manage all infectious diseases and consequences. This partnership approach, together with a robust incident management methodology, has enabled key partners to respond to the significant challenges presented in Bolton during the height of the Covid-19 period, and other infectious diseases during the last 3 years, and the learning of these experiences are incorporated into this outbreak management plan.

**[The Greater Manchester (GM) Outbreak Plan for the control of human infectious disease in the community of Greater Manchester is a strategic plan, reflecting the structures for outbreak management within GM. This plan will be used for the investigation, management and control of community outbreaks of human infectious disease across the GM footprint, unless another locally agreed disease-specific plan exists. The aim of the GM Outbreak plan is to ensure an effective and co-ordinated approach in the management of an outbreak. If activated in response to GM community outbreaks, it should be read in conjunction with the extant Public Health England Communicable Disease Outbreak Plan: Operational Guidance.]*

This is an operational document which will be reviewed quarterly, see link for latest version

[Local Outbreak Management Plan – Bolton Council](#)

The Bolton Public Health Team would like to thank all key contributors to the Local Outbreak Management Plan for their expertise, knowledge, and advice in producing this plan including:

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Date:18/05/2023.....

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Glossary of Terms

BC	Bolton Council
BFT	Bolton (NHS) Foundation Trust
CCDC	Consultant in Communicable Disease Control
CCRU	Civil Contingency Resilience Unit
CHIS	Child Health Information System
CIPCT	Community Infection Prevention and Control Team (Bolton FT)
CPH	Consultant in Public Health
DPH	Director of Public Health
EHO	Environmental Health Officer
FIO	Forward Incident Officer
GM	Greater Manchester
GMIC (Bolton)	Great Manchester Integrated Care (formerly CCG)
HCAIs	Health Care Associated Infections
HCP	Health Care Practitioner
HVA	Homeless and Vulnerable Adults Team
IC	Infection Control
LA HPT	Local Authority Health Protection Team
LOMP	Local Outbreak Management Plan
OCT	Outbreak Control Team
PCLS	Primary Care Locality Service
PGD	Patient Group Direction
RBH	Royal Bolton Hospital
SOP	Standard Operating Procedure
UKHSA	UK Health Security Agency (formerly Public Health England (PHE))
UKHSAC	UK Health Security Agency Centre

Key Contacts

Across all settings, key generic contacts include:

Organisation/ Role	Name	Email address	Phone number
Director of Public Health	Lynn Donkin	lynn.donkin@bolton.gov.uk	01204 337859
Bolton LA Health Protection Team		healthprotection@bolton.gov.uk	01204 336004
Community Infection Prevention and Control Team (CIPCT)		cipct@boltonft.nhs.uk	01204 390 982 (int. 5982)
Bolton Environmental Health		environmental.health@bolton.gov.uk	01204 336500
Bolton Council Comms	Communications (representing the Council, GMIC & FT Comms Cell)	pressoffice@bolton.gov.uk	01204 337618
Anti-viral prescribing pathway: Anti-viral stockholder – Community Pharmacy	Nash Pharmacy Ltd., 63 Castle Street, Bolton, BL2 1AD Sykes Pharmacy – Landmark House, 12 Chorley New Road, Bolton. BL1 4AP Bardoc, Waters Meeting Health Centre, Waters Meeting Road, Bolton BL1 8TT		Nash Pharmacy: 01204 363030 – Mon-Fri 8am-7pm, Sat 10am-2pm Sykes Pharmacy – 01204 529111 - Mon-Sun 9am-8pm From 1st April 23, Bardoc A-V Supply All other hours 0161 763 8940/8941
Anti-viral prescribing pathway: Medicines Optimisation GMIC	Chris Haigh Head of Medicines and Prescribing	gmic-bol.medicinesoptimisationenquiries@nhs.net OR Chris.Haigh@nhs.net	07471357697 or GMIC front desk- 01204 462028 Or ask for Director on call - 0345 113 0095

Anti-Viral prescribing pathway: In hours	CIPC advise followed by GP in hours assessment	cipct@boltonft.nhs.uk Contact patients GP in hours assessment and prescription	01204 390 982 (int. 5982)
UK Health Security Agency North West Health Protection Team		gmanchpu@ukhsa.gov.uk	09:00 – 17:00 Mon-Fri 0344 225 0562
Out of hours			
Bolton Council Civil Contingencies and out of hours communications	Security and Response Desk	securityresponsesupervisors@bolton.gov.uk	Out of hours: 01204 336900 Emergency no' 01204 366820
GM ICB Bolton Locality	NWAS ROCC	Ask for locality Director on call (In and out of hours)	0345 113 0095 (option 1 for GM Urgent and Emergency Care Hub)
Anti-viral prescribing pathway	GP Out of Hours	Phone patient's GP for up to date Out of Hours contact number	GP Out of hours refer to GMUEC hub and ring 03451130099 opt 1 or email england.gmgold@nhs.net or GMUEC.hub@nwas.nhs.uk
UK Health Security Agency North West Health Protection Team		icc.northwest@phe.gov.uk	Out of hours 0151 434 4819

Part 1: Aim, Objectives and Scope of the Plan

1.1 Aim of the Plan

This plan sets out the multi-agency operational arrangements for responding to outbreaks of human infectious diseases within Bolton. This plan replaces the existing Covid-19 Local Outbreak Management Plan (21-22) and the previous Bolton Operational Local Health Economy Outbreak Plan (November 2020). This document has been developed to supplement the Greater Manchester Outbreak Plan at a Bolton borough level and contributes to this statutory responsibility, ensuring the right people are contacted at the right time to ensure that the borough is resilient and can respond appropriately to outbreaks. It focuses on the most likely outbreak scenarios and provides the contact details should an outbreak control team need to be called, and an immediate response made with relevant partners across the borough.

Many organisations have proven that they have a role to play in protecting the public from COVID-19 during the last three years. As we now move to an 'all hazards' outbreak management approach, the overlapping roles and responsibilities of the main agencies/departments, particularly the NHS, Public Health in Bolton, Environmental Health and UK Health Security Agency (UKHSA), previously known as Public Health England (PHE), continue to work with many different stakeholders.

This partnership approach, together with a robust incident management methodology, has enabled key partners to respond to the significant challenges presented in Bolton during height of the Covid-19 period, and other infectious diseases during the last 3 years, and the learning of these experiences are incorporated in this outbreak management plan.

Definition of an outbreak or incident

An outbreak or incident may be defined as:

- An incident in which two or more people experiencing a similar illness are linked in time or place
- A greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred
- A single case for certain rare diseases such as diphtheria, botulism, rabies, viral haemorrhagic fever or polio
- A suspected, anticipated or actual event involving microbial or chemical contamination of food or water

UKHSA, the National Association of Directors of Public Health and the Local Government Association have identified four principles for the Design and Operation of local Outbreak Control plans and arrangements, including contact tracing. These can be seen as standards for local systems to test the impact and effectiveness of their arrangements. The prevention and management of the transmission of COVID-19 and other infectious diseases should:

- Be rooted in public health systems and leadership
- Adopt a whole system approach
- Be delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence
- Be sufficiently resourced

1.2 Objective of the Plan

- To outline roles and responsibilities at a local operational level
- To outline the key tasks/activities involved in responding to outbreaks
- To give key considerations and outline some specific requirements needed for different outbreaks
- To act as a reference or guidance for incidents that do not lead to outbreak situations.

Primary Objective

- The primary objective in the management of an outbreak is to protect public health in identifying the source of the outbreak and implementing necessary control measures to prevent further spread or recurrence of the infection. This should be underpinned by ongoing risk assessment.
- The protection of public health takes priority over all other considerations, and this must be understood by all members of the Outbreak Control Team (OCT) and by impact on routine service activities.

Secondary Objective

- Responsibility for managing an outbreak is shared by all the organisations who are members of the Outbreak Control Team (OCT). This responsibility includes the provision of sufficient financial and other resources necessary to bring the outbreak to a successful conclusion.
- The great majority of incidents and outbreaks are dealt with as part of normal service provision and may not impact greatly on routine service or require an OCT to be convened.
- On occasion, outbreaks/incidences of infection are of such magnitude that there may be significant implications for routine services and additional resources are required. In this instance the Director of Public Health (DPH) may declare a major outbreak/incident and therefore the major incident plans of organisations affected will be invoked as appropriate.

1.3 Command and Control

- In the event that UK Health Security Agency (UKHSA) call an Outbreak Control Team (OCT), Bolton's Director of Public Health (DPH) and members of Bolton LA Health Protection Team will participate in that group along with key responders such as Community Infection Prevention Control (CIPCT) and Environmental Health Officers (EHO).

1.4 Declaration of an Outbreak

- In the case of complex or unusual infections/situations an outbreak will be declared and led by UK Health Security Agency (UKHSA). An OCT will be convened by UKHSA and attended by key staff across the regional and local system.
- The Bolton LA Health Protection Team may be contacted by a variety of sources to report a potential outbreak / an outbreak, typically these include: UKHSA, CIPCT, Schools, Nurseries, Homeless Hostels, or Environmental Health Officers.
- Bolton CIPCT and Environmental Health Teams may be contacted by a variety of sources to report a potential outbreak / an outbreak typically these include UKHSA, Nursing / Care Home staff, Schools/ Nurseries, Adult Social Care.
- It is usual that the response to minor outbreaks and clusters of disease will be led and managed locally, without the need to convene an OCT.

- Following the recognition and declaration of an outbreak, if needed, UKHSA will make a decision regarding the need and urgency to convene an OCT if required, this decision should be guided by a risk assessment. Not convening an OCT does not necessarily mean that there will be no public health actions required.
- The DPH will lead the local response to an outbreak within Bolton, this may, however, be delegated to the Consultant in Public Health (Health Protection) or another appropriate member of the Bolton LA Health Protection Team.
- If an OCT is to be convened, terms of reference should be agreed upon at the first meeting of the OCT and should be reviewed at regular intervals.
- When a decision has been made not to declare an outbreak or establish an OCT, the Director of Public Health (DPH)/Consultant in Public Health (CPH), should be informed at appropriate intervals to determine if the formal declaration of an outbreak or convening an OCT is subsequently required. This may involve consulting with the other parties to assist with on-going surveillance.
- Representation on the OCT is dependent on the nature of the outbreak, Appendices 4 of this document describes the more common scenarios which require an OCT and the key participants in response. A suggested list of OCT members can be found in Appendices 7; this is not an exhaustive list, representation from additional organisations may be required according to the infection type and extent.

1.5 Investigation and Control of Outbreaks

- Investigation and Control response will depend on the nature of the incident/outbreak and the outcome of the OCT discussion.
- Control measures should be documented with clear timescales for implementation and responsibility.
- A case definition should be agreed and reviewed as required during the investigation.
- Basic descriptive epidemiology is essential and should be reviewed at the OCT.
- Legal powers relating to the investigation of food poisoning outbreaks are vested in Local Authorities. If during the investigation, it is determined that the outbreak is related to food then the management of this would be handed over the Environmental Health Officer Team and UKHSA.

1.6 Communications

- The communications response will depend on the nature of the incident/outbreak and the outcome of the OCT discussion if an OCT is convened. It is expected that the OCT will identify and nominate which agency will lead the media response at the outset of outbreak.
- The Bolton Council (BC) Marketing and Communications Team are the lead for communications within the Local Authority for Bolton and in the event of an outbreak/incident, they would provide communications/information for the public in conjunction with UKHSA. Social Media will be used in accordance with existing Bolton Council policies.

The multi-agency Bolton Health Protection Board will take local responsibility of the implementation of the LOMP to ensure continued, sustainable progress is made in Bolton to reduce the rates of infection, improve outcomes and to prepare for any future health protection challenges related to the management of all infectious diseases.

The focus will remain on a range of public health measures as the key line of defence against infectious diseases, whilst ensuring the health and social care system, as well as the education system does not come under unsustainable pressure.

We intend to achieve this by:

- Building our defences via the vaccination offer (Covid-19, flu, and other infectious diseases)
- Identifying and isolating positive cases to limit transmission
- Supporting the NHS, social care and education with infection prevention and control measures
- Advising people on how to protect themselves and others
- Helping to support the pursuance of an international approach managing risks around any international travel that may impact on the local community (all infectious diseases)
- Providing local Health Protection Board Position statements encouraging public health behaviours and providing advice for specific settings such as education when required.

The Bolton Health Protection Board is chaired by the Director of Public Health with membership from senior leaders from the Bolton Council, health and social care and the UK Health Security Agency. The Board is responsible for the Locality Outbreak Management Plan that sets out our arrangements for managing all infectious disease outbreaks with clear communications and engagement. Within the refreshed terms of reference for the Health Protection Board there is consideration for how emergency resilience and health economic resilience issues will be reported to the board by partners.

1.7 End of the Outbreak

- The OCT will decide when outbreaks of a smaller, contained nature (that are not likely to escalate to significant, major emergency status) are over. This will be based on an ongoing risk assessment and considered when:
 - There is no longer a risk to public health that requires further investigation or management of control measures
 - The number of cases has declined
 - The probable source has been identified and is no longer a risk/infectious.
 - A defined period has elapsed without identification of new cases, usually twice the incubation period for the causative agent involved.
- Outbreaks requiring an OCT would be reported within the HP Annual Report in order to discharge the assurance duties of the DPH
- Consideration (in most other plans)
 - Any lessons learnt and recommendations will be discussed at the debrief. If relevant, information will be disseminated to relevant parties and refinements to practice considered for implementation where appropriate.

1.8 Scope / Context of the Plan

- Outbreaks and incidents requiring an Outbreak Control Team (OCT): see part 2 and 3
- Outbreaks and incidents not requiring an OCT: see part 4

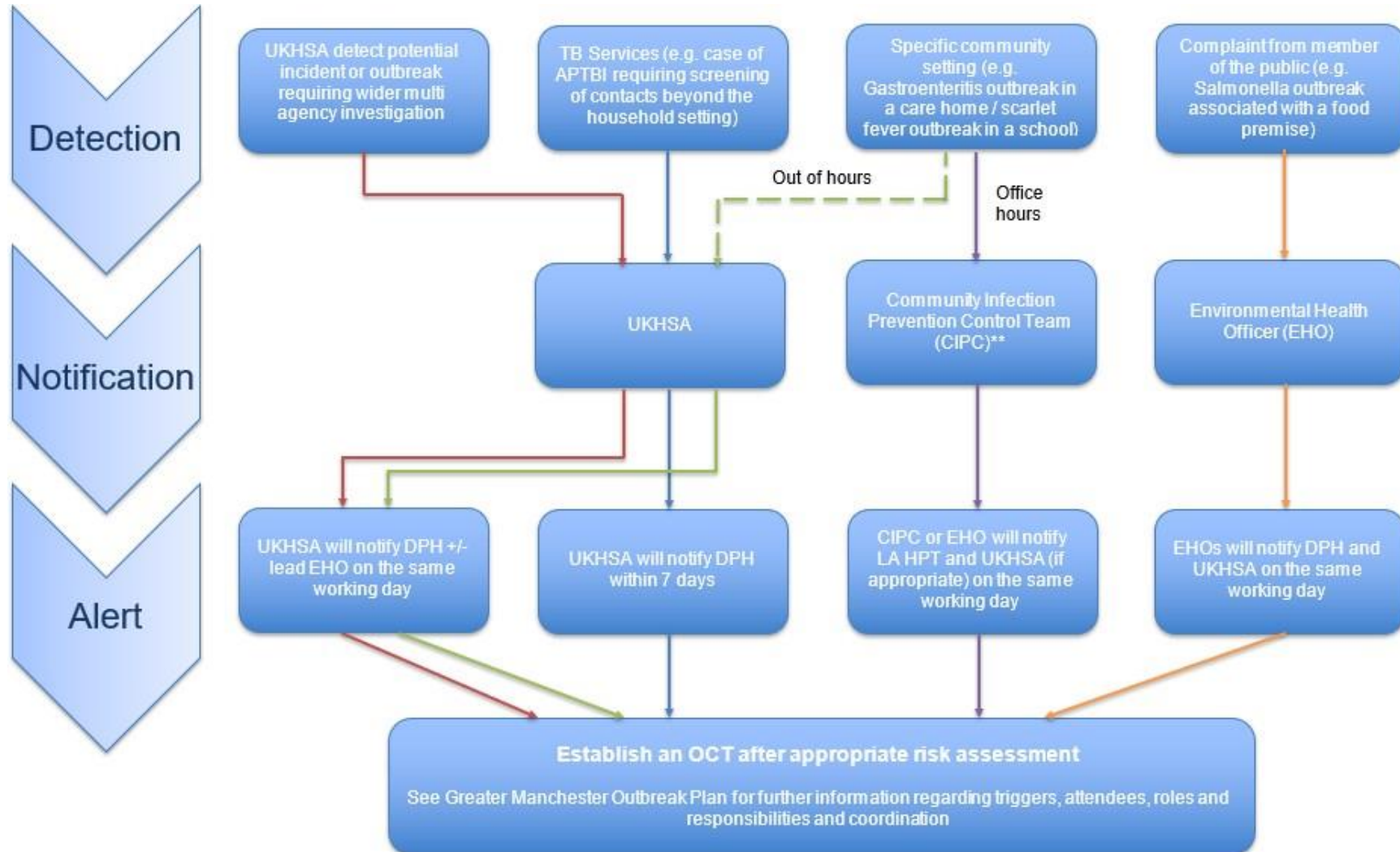
1.8.1 Complementary Guidance and Documentation

- National: Communicable Disease Outbreak Management Operational Guidance [here](#)
- See Appendices 5

Part 2: Key Aspects of Outbreak Management

2.1 Detection and Coordination

Outbreaks of disease are usually detected and alerted in the following ways:



**Community Infection Prevention Control is delivered by Bolton Foundation Trust, working with LA HPT and other partners

Outbreaks of disease are usually detected and alerted in the following ways:

- **Detection** – initial identification of the disease through the source, this could be a specific agency/setting, laboratory, GP, complaint from a member of the public
- **Notification** – source setting reports to appropriate management agency and there is then a logging of the disease as probable awaiting laboratory (lab) testing or confirmed if lab tests have evidence of this.
- **Alert** – appropriate management agency (according to type and nature of disease) will notify the relevant partnership agency of the probable or confirmed outbreak, situational report of outbreak and the necessary partnership action required with clear roles and responsibilities outlined from the outset.

The foundation for Local Outbreak Management is set out in the Public Health England and Association of Directors of Public Health joint statement [‘What Good Looks Like \(WGLL\) for High Quality Local Health Protection Systems’](#) (June 2019) as follows:

- Local Outbreak Management plans are a combination of Health Protection expertise and capabilities; epidemiology and surveillance; infection prevention and control techniques; contact tracing and evaluation; and multi-agency delivery of these health protection measures at scale where needed
- Systems for continued surveillance and epidemiological reporting are well established and continuously inform the health protection practice including prevention and control measures across the borough.

Outbreak Management, and Contact Tracing within it, are part of a cycle of Health Protection Action which starts from surveillance and epidemiology (reports of infection), through evidence of what is effective, the rapid formulation of actions, their implementation (requiring capabilities from many agencies in large outbreaks), assurance and evaluation and finally iteration as needed to prevent, suppress, and reduce outbreaks of infection. This cycle remains the same regardless of setting, although some complex settings may require more in-depth planning for effective outbreak control. Each of these actions are necessary to manage outbreaks, even if they are extremely rapid in execution in practice. Contact tracing can be both a part of surveillance/epidemiology on local outbreaks and a tool for implementing outbreak control.

In the context of infectious disease prevention and control, this means:

- Timely data flows and surveillance from testing to be able to predict and intervene in outbreaks
- Updated evidence on infection control measures
- Implementing a range of actions from testing and contact tracing to public communication, hygiene and infection control measures



Figure 2: Health Protection Action Cycle ('WGLL,' ADPH/PHE June 2019)

2.2 Investigations - Roles & Responsibilities

Epidemiological evidence and incident assessment of the outbreak by UKHSA will be undertaken prior to the decision being made to set up an OCT, UKHSA will liaise directly with relevant partners to recommend and coordinate investigations. If an OCT is required, the OCT will agree on further coordination of investigations and actions. The types of investigation involved usually include:

- Epidemiological investigation: establishing links between cases/sources based on questioning of cases/Next of Kin (NOK) and information on settings.
- Microbiological investigations: where a sample is taken and sent for analysis to a laboratory. There are 2 types:
 - Clinical sampling: from human tissue (blood, respiratory secretions, salivary, faeces etc)
 - Environmental sampling: e.g. water, work surfaces etc.

	Response activity	Potential responder(s)		Considerations, comments or potential issues
		In hours (9-5)	Out of hours	
Investigation (NB. Any setting where staff affected have access to Occupational Health, the investigation will	Questionnaires / Interviews	UKHSA 0344-225-0562 Option 3	UKHSA 0151-434-4819 On call duty team	If notifiable (except sexual health clinics)
		Hospital IPC team 01204 390390	Hospital IPC team 01204 390390	For Acute Trust incidents
		Environmental Health Officer (EHO) 01204 336500	UKHSA 0151-434-4819 On call duty team	If suspected non-viral - food/waterborne / biohazards outbreak/Legionella

be delivered through them)			Community Infection Prevention and Control Team (CIPCT) 01204 390982	UKHSA 0151-434-4819 On call duty team	If suspected viral/non-foodborne outbreak (closed communities)
			Community Infection Prevention and Control Team (CIPCT) 01204 390982	UKHSA 0151-434-4819 On call duty team	If in care home
			Community Infection Prevention and Control Team (CIPCT) 01204 390982	UKHSA 0151-434-4819 On call duty team	If in school
	Sampling (see also Appendix 2)	Respiratory samples (e.g. swabbing)	NHS Provider / CIPCT 01204 390982	UKHSA Local NHS Provider	Clinical sampling will be undertaken by NHS nurses, however the CIPCT may assist if there is capacity and clinical capability.
		Faecal (GI outbreak)	UKHSA 0344-225-0562 Option 3	UKHSA 0151-434-4819 On call duty team	Food/Water related - EHOs may be requested to assist with mass outbreak sampling. Environmental Health Officer (EHO) 01204 336500
	If an OCT identifies the need for additional support for swabbing, appropriate arrangements				

	will be agreed.				
		Faecal (GI outbreak in a care home)	CIPCT request and manage from Care home staff	UKHSA 0151-434-4819 On call duty team	CIPCT Team contact microbiology lab/UKHSA to obtain Incident Log (ILOG) number to be written on each specimen form. Care home will take to appropriate HCP for lab collection, or care home drop off at hospital lab. Each care home required to keep stock of faecal sample pots, and specimen forms if Out Of Hours (OOH) sample obtained (printed by GP practice on request in hours), CIPCT do not obtain faecal specimens.
		Oral fluid (e.g. Hep A outbreak)	UKHSA to coordinate with CIPCT	UKHSA 0151-434-4819 On call duty team	Arranged by UKHSA. Self-administered.
		Urine test	Arranged by UKHSA, GP, Care Home, coordinate with CIPCT if needed	UKHSA 0151-434-4819 On call duty team	If legionella: Care Home – Care Home Staff on request by UKHSA Primary care: GP
		Environmental (e.g. food / water)	Environmental Health Officers: 01204 336500 HSE: 0151 922 9235 Bureau Veritas: 0161-446-4600 UKHSA (option 5)	UKHSA 0151-434-4819 On call duty team	Where Environmental Health are the enforcing authority then EH should be able to undertake sampling but may need input/support from UKHSA. For certain premises or complex sampling e.g Legionella linked to cooling towers need to discuss with HSE and / or use Bureau Veritas. Further info here
	Blood test	NHS provider	NHS provider	Decided by OCT	

	TB test	Hospital trust TB nurses 01204 390877	N/A	e.g. Mantoux/IGRA testing
	Scabies (skin scrape or clinical assessment)	Hospital Trust Dermatology/ GP Practice	N/A	GPs would be asked to undertake clinical assessment for their patients on a case-by-case basis.
	Mass blood tests (e.g. IGRA testing) for TB	Hospital trust TB services – additional GMIC commissioned support may be required	N/A	TB nurses would carry out Mantoux testing but stress on a larger scale blood sampling with IGRA preferable.
	Mass X-Ray (incl. mobile x-ray)	Contracted by GM ICB	NA	Decided by OCT
	Sexually Transmitted Infections	NHS Trust Sexual Health Clinic / GP 01204 390771	NA	Sexual Health Services would respond to the outbreak. Public Health Commissioning manager- would be contacted in regard to response & communicate with partner services. Young People's Health Service – Parallel 01204 462444
	Transport to lab	Local lab transport system	Overnight NA Follow weekday procedures at weekend	See Appendices 1

			Postal	Overnight NA Follow weekday procedures at weekend	See Appendices 1
			Hand deliver	Overnight NA Follow weekday procedures at weekend	See Appendices 1

2.3 Control Measures

Prior to an OCT being set up, UKHSA will liaise directly with relevant partners to recommend and coordinate control measures. Once an OCT is set up, the OCT will agree on coordination of control measures. Control measures usually include:

- Identifying and controlling on-going sources. e.g. A cooling tower suspected of aerosolising Legionella, or a food premise with unsafe food preparation practice
- Preventing/limiting onwards spread
- Reducing likelihood of severe illness in specific vulnerable groups: usually by prompt post-exposure prophylaxis (PEP)

Where compliance with recommendations around control measures is an issue, enforcement powers may be used. For the purposes of outbreaks and health protection incidents, the bulk of enforcement powers lie with the Local Authority. Further info [here](#)

The key partners usually involved depend on which control measures are recommended, but most commonly, they are:

- EHOs: IPC advice for cases/contacts of GI illness and enforcement powers
- CIPCTs: IPC advice and monitoring for community settings
- GPs: prescribing of Treatment and Post-Exposure Prophylaxis (Rx and PEP)
- School nurses: delivery of PEP (e.g. vaccination) in a school setting
- NHS community providers (e.g. District Nurses (DNs): delivery of PEP in community settings (excluding schools) e.g. Roma traveller site, university, care home.

	Response activity		Potential responder(s)		Considerations, comments or potential issues
			In hours (9-5)	Out of hours	
Control	Advice on infection, prevention & control measures		CIPCT 01204 390982	UKHSA 0151 434 4819 On call duty team	Enteric symptoms, respiratory illness, undiagnosed rashes and HCAIs in managed settings
			EHOs 01204 336500		Confirmed or suspected food poisoning, Legionella, high consequence enteric infections (e.g. VTEC, typhoid, paratyphoid, Shigella)
			UKHSA 0344 225 0562 Option 3		Notifiable diseases, port health issues
	Exclusion advice		CIPCT / EHOs	UKHSA 0151 434 4819 On call duty team	Using national UKHSA documentation
	Treatment and Prophylaxis (including immunoglobulin, vaccines, antivirals,	Access	NHS provider	NHS provider	Where Rx/PEP available
Prescription		NHS provider	NHS provider – primary care	Monday- Friday registered GP practices Bardoc for OOH GP Provision Prescription suitable for primary care e.g. Flu, common antibiotics as the primary care prescriber. Anything that is specialist and is under the hospital e.g. immunoglobulins, anti-toxins would need a secondary care specialist prescriber	

	antibiotics and anti-toxins)	Dispensary	As required by outbreak	UKHSA	Immunoglobulin	RBH pharmacy PEP (Post Exposure Prophylaxis)
					Vaccines	GPs, GMIC & Bolton NHS Foundation Trust Medicines management
					Antivirals - Flu	Nash Pharmacy – Mon-Fri 8-7 Sat, 10-2 Sykes Pharmacy – 7 days per week 9am-8pm From 1 st April 2023, Bardoc Antivirals flu only if pharmacy not open
					Antibiotics	Local pharmacy stock; RBH pharmacy
					Anti-toxins	RBH pharmacy PEP (Post Exposure Prophylaxis) Tel: 01204 390556 OOH would be on call pharmacist via switchboard
	Transport	As per usual arrangements	UKHSA	For immunoglobulins and anti-toxins, transport will be agreed by the case handler		

	Payment	Agreed through OCT	Agreed through OCT	To be determined by the outbreak control team – established or specially arranged commissioning protocols OOH would be on call pharmacist via switchboard
	Communication with cases (eg consent forms)	0-19/25 Service, Bolton FT (01204) 463618 or 462325	NHS provider	(Patient / carer / staff)
	Mass vaccination	Agreed through IMT / OCT	UKHSA	To be determined by the outbreak control team – established or specially arranged commissioning protocols
	Mass chemo-prophylaxis	NHS provider/ GM Integrated Health & care locality team duty team	UKHSA	As determined by the OCT/UKHSA. This may be limited by the way that local services are commissioned
	BCG immunisation	TB Service – may require additional GMIC commissioned support	NA	Hospital trust TB nurses 01204 390877
Enforcement of control measures		Local Authority with UKHSA support	Local Authority with UKHSA support	For outbreaks and health protection incidents, most enforcement powers lie with the Local Authority. Further info here: Chartered Institute of Environmental Health Toolkit / DoH guidance on Health Protection regulations

2.4 Communications – Roles & Responsibilities

	Response activity		Potential responder(s)		Considerations, comments or potential issues
			In hours (9-5)	Out of hours	
Communications	The public	Setting specific advice letters (eg businesses, care homes)	OCT / UKHSA	UKHSA	As determined by the OCT on a case by case basis
		Update NHS 111	CIPCT	UKHSA	
		Helpline	OCT	UKHSA	Script and algorithm provided by UKHSA / LA
		Websites / social media	UKHSA – 0344 225 0562 Supported by Local partner agencies. Bolton Council, Bolton FT, GM NHSIC (Bolton)	UKHSA	To be agreed with UKHSA, LA, Bolton FT, GMIC communications teams
		Door to door	OCT/local authority	UKHSA	Only needed in a community tension type scenario.
	Health partners	Briefings / sitreps from OCT	OCT/local authority	UKHSA	Include list of key local health economy partners (e.g CIPCT, OOHs GPs, NHS 111, NWS, Adult and Children’s services, Place Based services, Social Care providers, other LAs)
		Other relevant groups	Responsibility of each agency	Responsibility of each agency	As determined by the requirements of the issue on a case by case basis

	The media	Coordinated by UKHSA via OCT	UKHSA via OCT	Include all partner agencies in discussion of key communications messages
		Lead organisation for the outbreak	UKHSA	Copied to relevant communication partners
	To Elected Members / Committees e.g. Health and Wellbeing Boards	LA PH – Director of Public Health	UKHSA to DPH	DPH /AD to brief lead Elected Member for Public Health Other elected members briefed by DPH/AD according to which community/local wards affected
	Internal briefs	Each agency	N/A	

2.5 Funding Arrangements

Guiding principles:

- Protection of human health takes priority over funding challenges/financial discussions
- Where a local arrangement is in place re delivery of a certain aspect of the response (e.g. delivering an immunisation session in a school setting) partners must actively:
 - Involve key decision makers from the relevant agency to formally approve the agreement (i.e. do not assume that the organisation will do it)
 - Consider whether activity should be absorbed in existing contracts or whether additional funding is required and if so, which commissioner will arrange this.

Key commissioners for the Bolton Health Economy include:

- NHS GM ICP (locality team), which commissions: Bolton FT services; GPs and OOH primary care provision; local pharmacy services – including stock for antivirals; TB service
- Bolton LA Public Health Department, which commissions; CIPCT; Bolton FT 0-19 (25) Healthy Child Programme, sexual health and drug and alcohol services
- Greater Manchester Health and Social Care Partnership (GMHSCP), which commissions the NHS childhood immunisation programme including school aged immunisation service that is provided within the Bolton FT 0-19 (25) Healthy Child Programme service
- Provider service for annual school flu vaccination programme (currently Intrahealth)
- Bolton LA Environmental Health who commission Bureau Veritas as part of GM contract

Part 3: Local Operational Arrangements for Specific Types of Outbreaks Requiring an OCT.

- 3.1 Arrangements for an outbreak of Influenza like illness (ILI) in a care home
- 3.2 Arrangements for investigating complex Tuberculosis (TB) incidents
- 3.3 Arrangements for Hepatitis A in a nursery or education setting
- 3.4 Arrangements for investigating outbreaks in vulnerable groups (e.g. measles at a traveller's site, iGAS, BBV in a Homeless setting)
- 3.5 Arrangements for Gastrointestinal infection linked to a food premises, swimming pool or pet farm
- 3.6 Arrangements for meningococcal disease in a nursery/school/college

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

[Influenza-like illness \(ILI\): managing outbreaks in care homes - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

	Response Activity		Responders		Considerations
			In Hours	Out of Hours	
Investigations	Detection/Alerting	Care home to report to CIPC in timely manner & provide immunisation records for residents and staff	CIPC – 01204 390982	UKHSA Duty Desk – 0151 434 4819	To review quarterly
	Sampling	Viral transport medium + swabs kept by GPs; supply also kept with CIPCT (in hours); or OOH with OOH GP service. See Appendix 1 for more detail	Appropriate GP CIPC – 01204 390982	OOH GP Service (BARDOC)	To review quarterly
Control	IPC advice	Provide advice, support to patients, staff and public	CIPC – 01204 390982	UKHSA Duty Desk – 0151 434 4819	To review quarterly
	Treatment/Prophylaxis	GP to prescribe anti-viral treatment and prophylaxis	Appropriate GP	OOH GP Service (BARDOC)	GP to follow local Anti-Viral pathway
Comms	To Care Home	Led by UKHSA OCT – directed to partners for communication plan	UKHSA – 0344 225 0562 Supported by Local partner agencies. Bolton Council, Bolton FT, GM NHSIC (Bolton)	OOH GP Service (BARDOC)	Comms would be led locally unless UKHSA convene an OCT for a large or complex incident
	To Health Partners				
	To Media				

3.2 Arrangements for investigating complex Tuberculosis (TB) incidents

[Tuberculosis \(TB\): diagnosis, screening, management and data - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

	Response Activity		Responders		Considerations
			In Hours	Out of Hours	
Investigations	Detection/Alerting	Identification of cases and contact screening	UKHSA – 0344 225 0562 TB Services – 01204 390877	UKHSA Duty Desk – 0151 434 4819	To review quarterly
	Sampling	- Mantoux testing - Interferon Gamma Release Assay (IGRA) testing - Mass X-ray	TB Services – 01204 390877	UKHSA Duty Desk – 0151 434 4819	Determined by OCT
Control	IPC advice	Provide advice and support to patients, staff and public	CIPC – 01204 390982	UKHSA Duty Desk – 0151 434 4819	To review quarterly
	Treatment/Prophylaxis	Obtain immunisation status and administer BCG immunisation where applicable	TB Services – 01204 390877		Determined by OCT
Comms	To Public	Led by UKHSA OCT – directed to partners for communication plan	UKHSA – 0344 225 0562 Supported by Local partner agencies. Bolton Council, Bolton FT, GM NHSIC (Bolton)	UKHSA Duty Desk – 0151 434 4819	To review quarterly
	To Health Partners				
	To Media				

3.3 Arrangements for Hepatitis A in a nursery or education setting

Hepatitis A infection: prevention and control guidance - GOV.UK (www.gov.uk)

	Response Activity		Responders		Considerations
			In Hours	Out of Hours	
Investigations	Detection/Alerting	<ul style="list-style-type: none"> - UKHSA notified by lab - LA HPT/CIPC notified of case(s) -UKHSA to identify close contacts - UKHSA identify possible source - UKHSA undertake risk assessment and use national standard questionnaire 	UKHSA – 0344 225 0562	UKHSA Duty Desk – 0151 434 4819	UKHSA likely to lead risk assessment and response for a Hep A case - may or may not require an OCT depending on the RA
	Sampling	Blood samples	GP Practice 0-19's service - (01204) 463618 or 462325 - boh-tr.cypdadmin@nhs.net	UKHSA Duty Desk – 0151 434 4819	To review quarterly
Control	IPC advice	Provide advice and support to patients, staff and public	CIPC – 01204 390982	UKHSA Duty Desk – 0151 434 4819	To review quarterly
	Treatment/Prophylaxis	<ul style="list-style-type: none"> -Vaccination and follow up -Vaccination of household contacts as appropriate 	0-19's service - (01204) 463618 or 462325 – boh-tr.cypdadmin@nhs.net Appropriate GP	UKHSA Duty Desk – 0151 434 4819	To review quarterly
Comms	To Public		UKHSA – 0344 225 0562	UKHSA Duty Desk – 0151 434 4819	To review quarterly
	To Health Partners				To review quarterly

	To Media	Led by UKHSA OCT – directed to partners for communication plan	Supported by Local partner agencies. Bolton Council, Bolton FT, GM NHSIC (Bolton)		To review quarterly
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3.4 Arrangements for investigating outbreaks in vulnerable groups - (e.g. measles at a traveller's site)

[Measles: guidance, data and analysis - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/measles-guidance-data-and-analysis)

	Response Activity		Responders		Considerations
			In Hours	Out of Hours	
Investigations	Detection/Alerting	UKHSA (LA HPT notified of case) Identify Close Contacts Identify Source	UKHSA – 0344 225 0562	UKHSA Duty Desk – 0151 434 4819	If a confirmed outbreak UKHSA would lead response
	Sampling	UKHSA to provide kits if required	UKHSA lab GPs/ Identified GP Practice with links to vulnerable community population via Homeless and Vulnerable Adults Team (HVA) – 01204 463417 Mon-Fri 8am-4pm	UKHSA Duty Desk – 0151 434 4819	To review quarterly
Control	IPC advice	Provide advice, support to patients, staff and public	CIPC – 01204 390982	UKHSA Duty Desk – 0151 434 4819	To review quarterly
	Treatment/Prophylaxis	Advice UKHSA Mass Vaccination on Site	Identified GP practice with links to HVA Team	UKHSA Duty Desk – 0151 434 4819	Determined by OCT

		Medicine Optimisation – 01204 462125	- 01204 463417 Mon- Fri 8am-4pm		
Comms	To Public	Led by UKHSA OCT – directed to partners for communication plan	UKHSA – 0344 225 0562 Supported by Local partner agencies. Bolton Council, Bolton FT, GM NHSIC (Bolton)	UKHSA Duty Desk – 0151 434 4819	Consider links with HVA team / relevant organisations
	To Health Partners				
	To Media				

3.5 Arrangements for Gastrointestinal infection linked to a food premises, swimming pool or pet farm

[Gastrointestinal infections: guidance, data and analysis - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/gastrointestinal-infections-guidance-data-and-analysis)

[Industry-Code-of-Practice-2021-Final-Version-3-with-cover.pdf \(farmattractions.net\)](https://www.farmattractions.net/industry-code-of-practice-2021-final-version-3-with-cover.pdf)

	Response Activity		Responders		Considerations
			In Hours	Out of Hours	
Investigations	Detection/Alerting	UKHSA EHO	0344 225 0562	UKHSA Duty Desk – 0151 434 4819	To review quarterly
	Sampling	Faecal Sampling	UKHSA – 0344 225 0562	UKHSA Duty Desk – 0151 434 4819	EHOs may be requested to assist with mass outbreak sampling via BFT pathology lab (01204 390390 Ext. 5410/5409/5080) or UKHSA lab. To be determined by UKHSA
Control	IPC advice	Provide advice, support to patients, staff and public	EHO –01204 336500 CIPC – 01204 390982	UKHSA Duty Desk – 0151 434 4819	To review quarterly

	Treatment/Prophylaxis	Primary care	Appropriate HCP	UKHSA Duty Desk – 0151 434 4819 Bardoc OOH	To review quarterly
Comms	To Public	Led by UKHSA OCT – directed to partners for communication plan	UKHSA – 0344 225 0562 Supported by Local partner agencies. Bolton Council, Bolton FT, GM NHSIC (Bolton)	UKHSA Duty Desk – 0151 434 4819	To review quarterly
	To Health Partners				To review quarterly
	To Media				To review quarterly

3.6 Arrangements for meningococcal disease in a nursery/school/college

[Meningococcal disease: guidance, data and analysis - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Guidance for public health management of meningococcal disease in the UK \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

	Response Activity		Responders		Considerations
			In Hours	Out of Hours	
Investigations	Detection/Alerting	UKHSA - from lab (LA HPT notified of case) Identify Close Contacts	UKHSA – 0344 225 0562	UKHSA Duty Desk – 0151 434 4819	UKHSA to advice on risk assessment and response to a confirmed or probable case (as per guidance above)
	Sampling	No Screening needed - but highlight symptoms and importance of urgent medical attention. Hospitalisation of anyone displaying symptoms, treated as suspected meningitis	N/A	N/A	To review quarterly

Control	IPC advice	Provide advice, support to patients, staff and public	CIPC – 01204 390982	UKHSA Duty Desk – 0151 434 4819	To review quarterly
	Treatment/Prophylaxis	Local Medicine Optimisation 0-19 Service	01204 462125 (01204) 463618 or 462325 - boh-tr.cypdadmin@nhs.net		Prescribing Sourcing
Comms	To Nursery/School/College	Led by UKHSA OCT – directed to partners for communication plan	UKHSA – 0344 225 0562 Supported by Local partner agencies. Bolton Council, Bolton FT, GM NHSIC (Bolton)	UKHSA Duty Desk – 0151 434 4819	To review quarterly
	To Health Partners				
	To Media				

Part 4: Local Operational Arrangements for Specific Types of Outbreaks Not Requiring an OCT

Outbreaks of infection vary greatly in extent and severity and this plan recommends general procedures, which are to be followed in all types of outbreaks.

The following processes, embedded in this document depict processes for settings for situations which usually do not require input from an outbreak control team.

- 4.1 Investigating and controlling outbreaks of viral gastroenteritis in schools/nurseries
- 4.2 Investigating and controlling outbreaks of viral gastroenteritis in care homes
- 4.3 Investigating and controlling outbreaks of respiratory disease in care homes (excluding seasonal ILI – Covered in part 3.1)
- 4.4 Investigating and controlling outbreaks of scabies in care homes

4.1 Investigating and controlling outbreaks of viral gastroenteritis in schools/nurseries

Outbreak Situation	Detection/Alerting	Response	Control	Treatment/Prophylaxis	Documents
Viral gastroenteritis in schools/nurseries	HP/CIPC Team contacted by school/nursery/other source when 2+ cases are noted - 01204 390982	<p>Phone call between school and HP/CIPC Team to discuss symptoms and number of affected staff and students.</p> <p>CIPC Team email HP Inbox for notification and updates</p> <p>Any sampling requirement to be carried out by appropriate GP</p>	<p>Cases to stay home for 48 hours post last symptom</p> <p>Outbreak email sent out daily</p> <p>Extra hygiene measured advised</p> <p>Deep clean of school 48 hours after last symptom</p>	NHS self-care	<p>Find Health Protection guidance for children & young people here</p> <p>Find NHS self-care for Gastroenteritis information here</p>

4.2 Investigating and controlling outbreaks of viral gastroenteritis in care homes

Outbreak Situation	Detection/Alerting	Response	Control	Treatment/Prophylaxis	Documents
Viral gastroenteritis in care homes	HP/CIPC Team contacted by home/other source when 2+ cases are noted - 01204 390982	<p>Phone call between home and CIPC Team to discuss symptoms, and numbers affected.</p> <p>Home contacts lab for log number</p> <p>CIPC Team contact home daily during the outbreak (mon-fri) for update. Can Contact UKHSA OOH (0151 434 4819)</p> <p>Care Home staff to take stool sample (type 5-7) from affected residents and sent to lab.</p>	<p>Ill residents isolated for 48hrs post symptoms</p> <p>Ill staff excluded for 48 hours post symptoms Extra hygiene measures advised</p> <p>Deep clean before reopening (48hrs after last symptom)</p> <p>Outbreak summary email updated and sent out daily</p>	NHS Self-care	<p>Find relevant national guidance here</p> <p>Find NHS self-care for Gastroenteritis information here</p>

4.3 Investigating and controlling outbreaks of respiratory disease in care homes (excluding seasonal ILI – Covered in part 3.1)

Outbreak Situation	Detection/Alerting	Response	Control	Treatment/Prophylaxis	Documents
Respiratory disease in care homes (excluding seasonal ILI – Covered in part 3a)	<p>HP/CIPC Team contacted by home/other source when 2+ cases are noted - 01204 390982</p> <p>CIPC Team to alert UKHSA of cases and discuss approach</p>	<p>Phone call between home and CIPC Team to discuss symptoms and numbers affected</p> <p>CIPC Team email outbreak form to care home to be completed and email to HP inbox with updates.</p> <p>CIPC Team obtain Ilog number</p> <p>Arrange for swabs, urine and sputum samples if needed to be taken from affected people and sent to lab</p>	<p>Dependant on Cause?</p> <p>Ill residents and staff to stay home for 5 days post last symptom</p> <p>Flu/other vaccinations up to date</p> <p>Outbreak summary email sent out twice weekly by CIPCT</p> <p>Isolation where possible respiratory hygiene measures advised</p> <p>Deep clean of home before opening must be 5 days after last symptoms</p>	Residents GP to clinically assess and prescribe or use OOH GP Service (BARDOC)	Find relevant national guidance here

4.4 Investigating and controlling outbreaks of scabies in care homes

Outbreak Situation	Detection/Alerting	Response	Control	Treatment/Prophylaxis	Documents
Scabies in a care home	<p>HP/CIPC Team contacted by home/other source when 2+ cases are noted - 01204 390982</p> <p>Identify close contacts and visitors (within 8-week period of diagnosis)</p>	Phone call between home and CIPC Team to discuss symptoms and numbers affected	<p>CIPC Team to provide hygiene, treatment and exclusion advice.</p> <p>CIPC to provide PPE advice for staff and visitors</p> <p>Consider Isolation of residents or staff until mass treatment completed.</p>	<p>All cases and contacts should be treated based on assessment by GP at the same time to break the cycle of transmission.</p> <p>If staff are off duty at the time of treatment, they should complete the first 24-hour treatment dose before returning to work.</p> <p>Can be issues with supply in a timely manner to staff if going to GP individually for clinical assessment and treatment.</p>	Find guidance for scabies management here

Appendices

Appendices 1: Stock of Laboratory Testing Kits, Medication, and other Equipment

Type of Stock	Where Located	Quantity	Arrangements for Access
Bacterial swabs/ medium, specimen pots, microbiology specimen forms (blue)	Royal Bolton Hospital Lab (RBH)/Environmental Health (food borne incidents)	Dependent on number required for incident. For an enteric outbreak, no greater than 5 stool samples required.	Stock routinely delivered to GPs through local lab courier. In an outbreak, care facility to access appropriate HCP/ GP surgery to obtain sample pots / microbiology forms. Any issues with accessing from the HCP/GP surgery, care facility to contact CIPCT who can arrange collection from the RBH lab. CIPCT: 01204 390982 RBH lab: 01204 390 412
Viral respiratory/flu swab kits (postal box kits containing swabs/sputum & urine pots/viral transport media bottles/lab request forms – UKHSA virology, ILOG specified)	Manchester Foundation Royal Infirmary (MRI) UKHSA lab	Up to 5 virology swabs can be requested per ILI outbreak.	CIPCT would email the ILOG requisition form to UKHSA MRI Lab to request virology swabs. The request would go to the following persons; 'iLogs.NorthWest@ukhsa.gov.uk'; 'Clare.ward@ukhsa.gov.uk'; 'Edward.cryer@ukhsa.gov.uk'; 'donna.johnson@ukhsa.gov.uk'; 'shahid.aslam@ukhsa.gov.uk'; 'maria.X.Mclarnon@ukhsa.gov.uk'; 'Andrew.Fox@ukhsa.gov.uk' UKHSA MRI Laboratory: 0161 276 6786
Virology swabs/VTM – for measles/viral diagnostics	Royal Bolton Hospital or UKHSA MRI Laboratory	Dependent on number required for outbreak incident – clarify with OCT	Contact to request: RBH lab: 01204 390412 or UKHSA MRI Laboratory: 0161 276 6786

<p>Oseltamivir (Tamiflu) primary care – designated community pharmacist</p>	<p>Nash Pharmacy Ltd 63 Castle St, Bolton BL2 1AD</p> <p>Sykes Pharmacy – Landmark House, 12 Chorley New Road, Bolton. BL1 4AP</p> <p>Bardoc, Waters Meeting Health Centre, Waters Meeting Road , Bolton BL1 8TT</p>	<p>Dependent on number of symptomatic/prophylactic doses required – clarify with GP/care home/UKHSA</p>	<p>Generic products are available, and the updated antiviral document (1st April 23) will refer to this to support available supply.</p> <p>Nash Pharmacy: 01204 363030 – Mon -Fri 8am-7pm, Sat 10am-2pm</p> <p>Sykes Pharmacy – 01204 529111 - Mon-Sun 9am-8pm</p> <p>From 1st April 23, Bardoc A-V Supply -All other hours 0161 763 8940/8941</p>
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Appendices 2: Potential Outbreak Settings or Sources

These are examples of community settings sometimes associated with outbreaks

- Care homes: nursing, residential, intermediate, mixed etc
- Schools / Colleges
- Nurseries / Child minders / Play centres
- University / student accommodation
- Food outlets
- Petting farms
- Swimming pools / water activity parks
- Dental practices
- Community health care settings (GP practices, Integrated Care centres etc.)
- Prisons / Detention Centres
- Workplaces
- Ports / airports
- Hotels
- Leisure Centres
- Travellers Sites
- Private camp sites / holiday parks
- Community Hospitals
- Hostels
- Tattoo Parlours

Appendices 3: Common Pathogens

Below is a list of pathogens which can commonly cause outbreaks. This list is not exhaustive.

The full list of notifiable diseases is available from [here](#)

- Influenza
- Norovirus
- Scabies
- Tuberculosis
- Clostridium difficile
- PVL positive MR(S)SA
- Invasive Group A Streptococcal infection
- E Coli O157
- Hepatitis A
- Meningitis
- Pertussis (Whooping Cough)
- Legionnaires Disease
- Measles
- Covid-19

Appendices 4: Common Outbreak Scenarios and Challenges

Below is a list of relatively common outbreak scenarios, the usual response recommended by an Outbreak Control Team, and the common challenges encountered by local health economies in implementing these. It is not possible to cover every scenario, not be overly prescriptive and specific circumstances of some situations might lend themselves to different practical solutions.

Outbreak Scenario	Recommended Response	Usual Partners (provider & commissioner)	Common Challenges for consideration	OOH response required	Comments
ILI (Influenza) Care Home	Swabbing of affected residents/staff Antiviral treatment and prophylaxis Closure of Home Extra Hygiene Measure Deep Clean	UKHSA LA HP Team Care Home CIPC GP Microbiology Lab Nash/Sykes/Bardoc Medicine Optimisation		Yes	
IGAS (Invasive Group Strep A) – Care Home	Screening – Lab Testing IPC Measures Treatment of Cases – decolonisation of carriers, surveillance of contacts	Care Home LA HP Team RBH Lab, UKHSA CIPC Medicine Optimisation		No	
Hepatitis A – Nursery/Primary School	Contact Tracing – Close Contacts Vaccinations +/- HNIg for contacts: households/schools (pupils/staff) IPC Measures for Cases and Contacts	UKHSA LA HP Team Early Year Provider / SIP Service Support 0-19s Service GP CIPC		No	

		RBH Lab UKHSA Lab Medicine Optimisation			
Meningococcal in Nursery/Primary School	Contact Tracing – Close Contacts Vaccination – mass prophylaxis: antibiotics +/-	UKHSA LA HP Team Early Year Provider / SIP Service Support 0-19s Service GP CIPC Medicine Optimisation		Yes	
TB in Secondary School	Contact Tracing – Close Contacts Screening of Contacts Treatment of latent Infections Treatment of Active Infections	UKHSA LA HP Team Bolton FT TB Team SIP Service Support School 0-19's Service GP CIPC RBH Lab MRI Lab		No	
GI (Gastro) Petting Farm	Rapid Investigation of Potential source in setting Environmental Swabbing Faecal swabbing for cases Setting based control measures Case based control measures	UKHSA EHO LA HP Team RBH Lab UKHSA Lab CIPC		Yes	
Measles in Vulnerable Group(s) – e.g. Measles	Contact Tracing – Close Contacts Vaccination Status Sampling Kits if required	UKHSA LA HP Team GP		Yes	

at a Traveller Site/ Homeless Hostel	Setting Based Control Measures Case Base Control Measures Vaccinations	Homeless & Vulnerable Adults Team (HVA) LA Housing Options/Standards CIPC UKHSA Lab Medicine Optimisation FT – GM NHSIC (Bolton)			
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Appendices 5: Complementary Guidance and Documentation

Guidance Topic	Guidance Link	Last Update
What Good Looks Like for High Quality Local Health Protection Systems	https://www.adph.org.uk/wp-content/uploads/2019/12/What-Good-Looks-Like-for-High-Quality-Local-Health-Protection-Systems.pdf	
Health Protection Regulations 2010	https://webarchive.nationalarchives.gov.uk/ukgwa/20110608190509/http://www.legislation.gov.uk/uksi/2010/657/contents/made	
Part 2 Order	https://webarchive.nationalarchives.gov.uk/ukgwa/20110608190524/http://www.legislation.gov.uk/uksi/2010/658/contents/made	
Notifications	https://webarchive.nationalarchives.gov.uk/ukgwa/20101219110109/http://www.legislation.gov.uk/uksi/2010/659/contents/made	
Communicable Disease Outbreak Management	Communicable Disease Outbreak Management (publishing.service.gov.uk)	
National IPC	NHS England » National infection prevention and control	10/03/2023
UKHSA HP Team GM	https://www.gov.uk/guidance/contacts-phe-health-protection-teams#greater-manchester-hpt	24/02/2023
Infectious Diseases, A-Z	https://www.gov.uk/topic/health-protection/infectious-diseases	
Notifiable Diseases	https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report	30/09/2022
TB	https://www.gov.uk/government/collections/tuberculosis-and-other-mycobacterial-diseases-diagnosis-screening-management-and-data	05/09/2022
Hepatitis A	https://www.gov.uk/government/collections/hepatitis-a-guidance-data-and-analysis	01/06/2021
Measles	https://www.gov.uk/government/collections/measles-guidance-data-and-analysis	25/05/2022
Gastrointestinal Infections	https://www.gov.uk/government/collections/gastrointestinal-infections-guidance-data-and-analysis	28/05/2021
Gastroenteritis Self Care	Gastroenteritis NHS inform	13/02/2023
Meningococcal Disease	https://www.gov.uk/government/collections/meningococcal-disease-guidance-data-and-analysis	26/04/2022
Group A Streptococcus	https://www.gov.uk/government/collections/group-a-streptococcal-infections-guidance-and-data	08/03/2023

Scabies	https://www.gov.uk/government/publications/scabies-management-advice-for-health-professionals	12/01/2023
Legionnaires disease	Guidance on investigating cases, clusters and outbreaks of Legionnaires' disease (publishing.service.gov.uk)	01/01/2021
Health Protection in children and young people settings, including education.	https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities	13/02/2023
ILI – Care Homes	https://www.gov.uk/government/publications/acute-respiratory-disease-managing-outbreaks-in-care-homes	05/11/2020
ARI	https://www.gov.uk/guidance/respiratory-viruses	
Norovirus in Acute and Community Health and Social Care settings.	https://www.gov.uk/government/publications/norovirus-managing-outbreaks-in-acute-and-community-health-and-social-care-settings	08/03/2012
Covid-19 IPC – Adult Social Care	COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK (www.gov.uk)	23/12/2022
Covid Testing in Adult Social Care	COVID-19 testing in adult social care - GOV.UK (www.gov.uk)	15/12/2022

Appendices 6: Outbreak or Incident Meeting Details and Protocol

Meeting invites to include link e.g. Microsoft Team Link

In order for the meeting to run smoothly, participants must follow certain rules of etiquette while attending the meeting.

OCT Meeting Etiquette- Chair

- Send handout materials/documents in advance if possible so attendees will have an opportunity to review beforehand.
- Be on time and stress the importance of being on time to other participants.
- Choose a location with little background noise.
- Determine who will take minutes for the meeting (this should not be the chair).
- Draft and if possible, agree an agenda prior to or at the beginning of the meeting.
- Compile a list of attendees in advance if possible.
- At the start of the meeting go through the list of attendees to establish who is present. Ask them to introduce themselves and their agency.
- Emphasise to all attendees that they MUST keep on mute unless they wish to speak.
- Encourage participants to state their name when speaking to ensure it is clear who is contributing.
- Direct questions to a specific person instead of posing them to the audience at large where appropriate.
- Speak clearly and pause frequently especially when delivering complicated material.
- Before ending the call ask all attendees if they have any further input.
- At the end of the meeting, summarise the key actions and agree the next meeting date and time.

OCT etiquette – Participants

- The 'mute' button should be used at all times unless you are speaking to the conference this avoids any background noise pollution
- Choose a location with little background noise
- If calling individually try to avoid using speakerphone as this can lead to excess background noise and may reduce the quality of your call.
- Make a list of any issues you need to raise and note where they can slot into the agenda.
- Introduce yourself when speaking.
- Take care not to rustle paper, type or make a noise that might disturb the call.
- Speak clearly and pause frequently when delivering complicated material.

Appendices 7: Suggested Outbreak or Incident Meeting Details and Protocol

- Consultant in Communicable Disease Control
- Consultant Microbiologist/Virologist
- Director of Public Health
- Consultant in Public Health
- Local Authority Health Protection Lead
- Health Protection Nurse (CIPC)
- Environmental Health Officer
- Director of GM ICB Bolton Locality Commissioning
- Representative from Comms and Marketing Team at Bolton Council

NB: This list is not exhaustive, depending on the nature of the outbreak representation from additional organisations may be required, for example, in the event of an outbreak in a school would be appropriate to include a representative from Education.

Appendices 8: Outbreak or Incident Meeting Agenda Template

Outbreak Control Team Meeting Agenda

Title
Date, Time and Venue

1. Introduction
2. Apologies
3. Minutes of Previous Meeting (or subsequent meetings)
4. Purpose of Meeting
 - At first meeting agree Chair
 - Terms of Reference
5. Review of Evidence
 - Epidemiological
 - Microbiological
 - Environmental
6. Current Risk Assessment
7. Control Measures
 - Treatment Component
 - Environment
 - Training
 - Documentation
 - Isolation
8. Further Investigations
 - Epidemiological
 - Microbiological
 - Environmental
9. Communications
 - Public
 - Media
 - Healthcare Providers (e.g. GPs, A&E etc)
 - Others
10. Agreed Actions
11. Any Other Business
12. Date & Time of Next Meeting

Appendices 9: TB Flowchart

Outbreak Management - TB

Pre IMT – Smear Positive Pulmonary or Laryngeal TB

Positive laboratory result for Mycobacterial Tuberculosis – electronically notified to UKHSA

The processing laboratory should directly;

Liaise with:

- Local Lead TB Clinician and or Specialist TB Nurse, who will directly manage the TB index case and initiate treatment. Contact tracing would be conducted by the Specialist TB Nurse. It includes household contacts, work / school, travel, social activities during the period they were potentially infectious.

Where index case has been in communal settings during the infectious period and or there has been a high yield of positive close contact cases e.g. household, then the Specialist TB Nurse would contact UKHSA with a situational report. UKHSA practitioner would liaise with the UKHSA duty consultant and convene an IMT.

Implement:

- Immediate control measures / Infection Prevention Measures for setting
- Exclusion advice for setting

Notify:

- Director of Public Health in LA / Consultant & Health Protection Team
- National Team
- UKHSA Regional Director & Comms

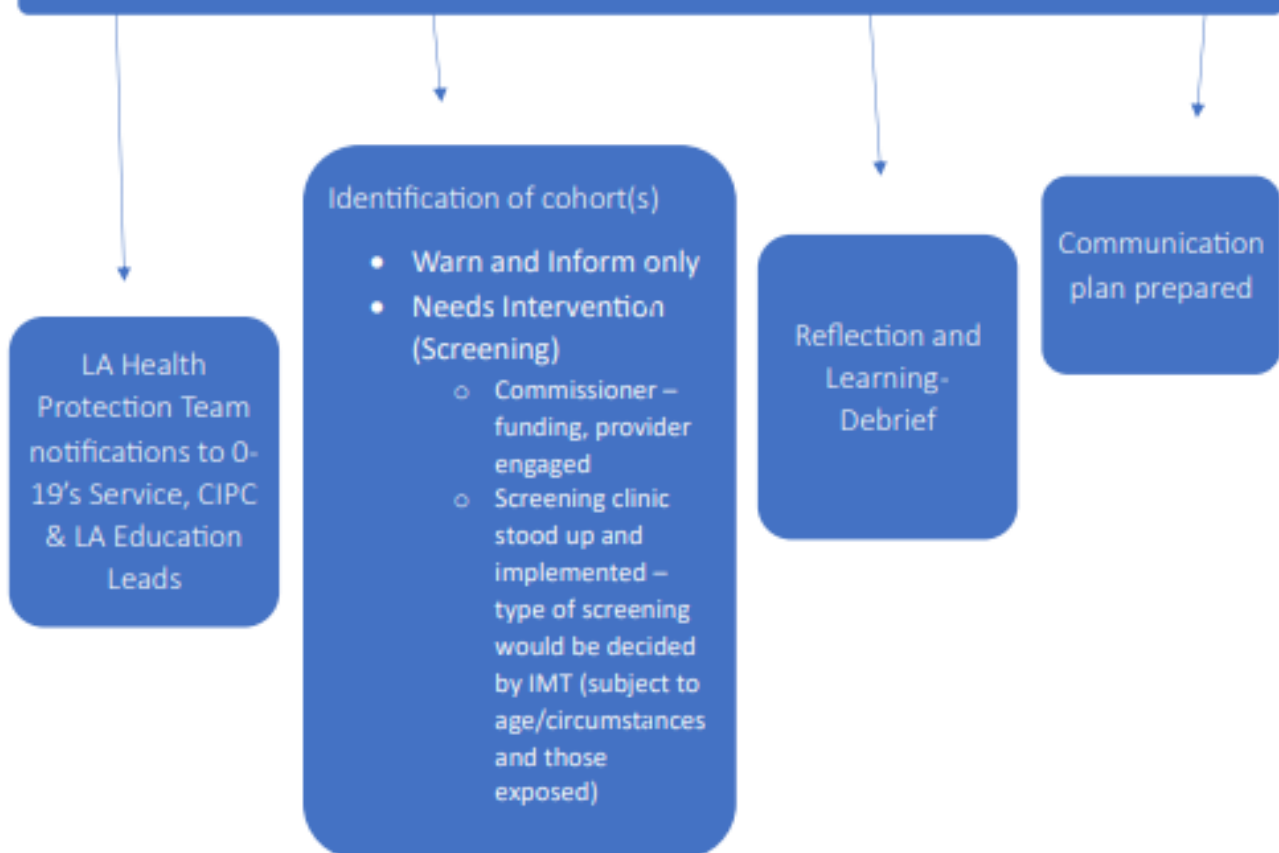
IMT convened by UKHSA – Duty consultant to Patch Consultant (Bolton- Kristina Poole)

Outbreak Management - TB

Attendees agreed with business support and consultant;

- Chair – Consultant and/ or Senior Practitioner
- Admin – UKHSA (minute taker)
- Local Authority – Director / Consultant Public Health & Case Manager
- TB Clinician, Specialist TB Nurse
- Commissioner (ICS)
- Infection Control Nurse representative- either community or hospital
- Setting Representative(s)
- External provider of mass IGRA blood testing (if indicated) may attend or at a later IMT.
- Communication team– UKHSA/Local

Potential actions made by IMT



Appendices 10: iGAS Flowchart

Outbreak Management - iGAS

Pre IMT

Notification normally by the Laboratory to UKHSA, confirm authenticity of the results.

UKHSA will then:

Liaise with:

- Lead Clinician
- Community Infection Prevention Control (CIPC) – 1st case review only in line with national guidance
- 2nd case would require IMT
CIPC would lead on information gathering liaising with UKHSA looking at epidemiology, links between cases in person, place & time

Notify:

- Director of Public Health in LA / Consultant & Health Protection Team
- UKHSA Regional Director & Comms (once 2nd case was identified)

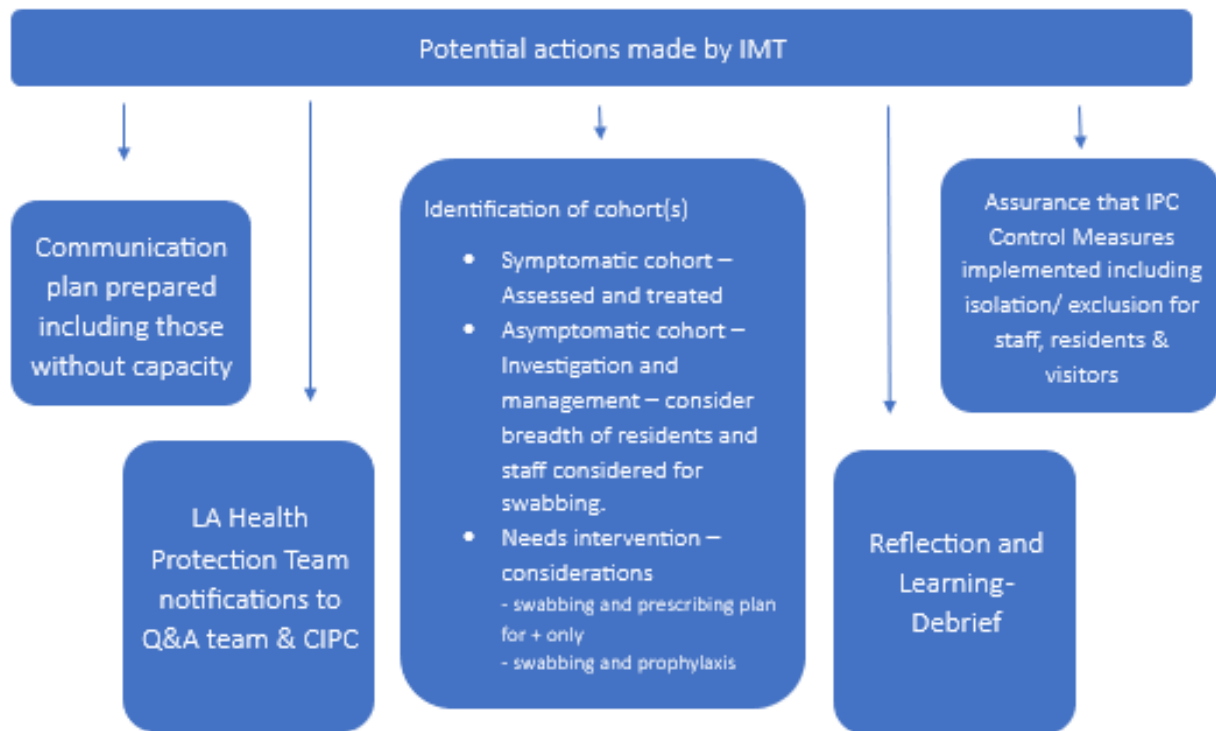
Implement:

- Immediate control measures / Infection Prevention Measures for setting
- Exclusion advice for setting

IMT convened by UKHSA – Duty consultant to Patch Consultant (Bolton - Kristina Poole)

Attendees agreed with business support and consultant;

- Chair – Consultant and/ or Senior Practitioner
- Admin – UKHSA (minute taker)
- Local Authority – Director / Consultant Public Health & Case Manager
- Community Infection Prevention Control Team
- Setting Representative(s) – LA Q&A Team & e.g. Care Home Manager
- Comms – UKHSA/Local
- Commissioner
- Medicine Optimisation
- Clinician – GP / DN's
- Microbiologist- RBH



Appendices 11: Hep A Flowchart

Outbreak Management - Hepatitis A

Pre IMT

Notification normally by the Laboratory to UKHSA, confirm authenticity of the results.

UKHSA will then:

Liaise with:

- Lead Clinician
- Family – ascertain history about the case – travel, activities, contacts
- Community Infection Prevention Control team- potential setting visit pre IMT
- Comms (either stage 1 or stage 2)
- GP of the index case

Implement:

- Immediate control measures / Infection Prevention Measures for setting
- Exclusion advice for setting

Notify:

- Director of Public Health in LA / Consultant & Health Protection Team
- National Hepatitis Team
- UKHSA Regional Director & Comms

IMT

IMT convened by UKHSA – Duty consultant to Patch Consultant (Bolton - Kristina Poole)

Attendees agreed with business support and consultant:

- Chair – Consultant and/ or Senior Practitioner
- Admin – UKHSA (minute taker)
- Local Authority – Director / Consultant Public Health & Case Manager
- Community Infection Prevention Control Team
- Commissioner (ICS)
- Setting Representative(s)
- Provider of Immunisations may attend or later IMT if unknown at this stage
- Comms – UKHSA/Local
- Microbiologist

