



Outbreak Policy

Department:

Organisation

Version:

1

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1. INTRODUCTION

1.1. Hill Homes seeks to ensure prompt recognition of an outbreak of an infection or a communicable disease to:

- control further spread;
- prevent recurrence; and,
- to maintain satisfactory communication with other agencies having a legitimate interest in the outbreak.

1.2. Awareness of, and compliance with, this policy is vital to prevent further spread of outbreaks of infection which can have a detrimental effect on client safety and the delivery of the Hill Home's core business.

2. DEFINITIONS

2.1. Hill Homes refers to the group of companies comprised of Hill Homes Housing Association, Hill Homes Care Ltd and Hill Homes Care Services Ltd.

2.2. Clients includes any person using the services of Hill Homes, including tenants at the organisation's housing schemes.

2.3. Hill Homes' Infection Control lead is the Head of Care and Support.

2.4. An outbreak is normally characterised as:

- a cluster of similar infections/symptoms occurring within the same environment.

The term cluster is used commonly when referring to the detection of unexpected, potentially linked cases.

Public Health England notes that some cases and clusters of communicable disease may not require a formal outbreak to be declared. It is important that such cases are appropriately recorded and managed:

- for audit purposes; and,
- to support surveillance and any future outbreak management;
- two or more clients are identified with similar signs and symptoms of communicable infection;
- a rate of infection or illness above the expected rate for that place and time, where spread is occurring through cross infection or person to person;
- a single case for certain rare diseases, e.g., hospital acquired legionellosis, diphtheria, a single case of viral haemorrhagic fever;

- in the case of a statutorily notifiable disease the Infection Control Lead has a responsibility to inform Public Health England via the normal notification route:

<https://www.gov.uk/government/collections/notifications-of-infectious-diseases-noids>

Defined by Communicable Disease Outbreak Management: Operational guidance Public Health England (August 2014)

2.5. Outbreak patterns of occurrence are:

- endemic
communicable disease such as influenza, diarrhoea and vomiting, measles, mumps, pneumonia which is characteristic of a particular place, or among a particular group, or area of interest or activity.
- epidemics
the disease is found to infect a significantly larger number of people at the same time than is common at that time, and among that population, may spread through one or several communities (can affect a region in a country or a group of countries)
- pandemics
describe global disease outbreaks when epidemics spread worldwide

2.6. “COVID-19: epidemiological definitions of outbreaks and clusters in particular settings”, published 7 August 2020, defines an outbreak in domestic residential settings (households) as:

- two or more test-confirmed cases of COVID-19, or clinically suspected cases of COVID-19, among individuals associated with a specific domestic household (though the individuals do not need to live together) with illness onset dates within 14 days.
- Note - if there is a single test-confirmed case, this would initiate further investigation and risk assessment. An outbreak would be declared if the investigation ascertained a second COVID-19 case (test-confirmed or clinically suspected).
- End of outbreak - no test-confirmed cases with illness onset dates in the last 28 days within or associated with that domestic residential setting.

2.7. Common outbreaks include:

- Gastroenteritis, usually viral caused by Norovirus
- Influenza / other respiratory illnesses i.e. COVID-19
- Clostridium difficile infection (CDI)
- Methicillin resistant staphylococcus aureus (MRSA)
- Multi-resistant gram-negative bacteria
- Food poisoning
- Scabies

3. AIMS AND OBJECTIVES

- 3.1. This policy aims to inform staff of the reporting and control measures to be implemented during suspected, or confirmed, outbreak situations.
- 3.2. This policy should be used alongside the infection prevention and control policy.
- 3.3. The objective of this policy is to ensure staff understand when, and how, to report an outbreak.
- 3.4. This policy provides staff who work in the service with a robust framework to enable them to effectively control and manage an outbreak situation.
- 3.5. Hill Homes aims to ensure that suspected, or confirmed, outbreaks of communicable infection within its services are immediately responded to in order to prevent further transmission and ensures minimum disruption of services.

4. POLICY STATEMENT

- 4.1. Hill Homes is committed to a coordinated approach to outbreak management to safeguard clients, staff and visitors in affected areas at all times.
- 4.2. Hill Homes will ensure that all staff receive infection prevention and control training and that all staff with management responsibility are aware of what constitutes an outbreak and the need to escalate concerns in the event an outbreak is suspected.
- 4.3. Hill Homes recognises the need to balance the individual rights and responsibilities of clients with the need to safeguard and protect vulnerable people in its care during any outbreak. Hill Homes will support clients both individually and as a group but will endeavour to avoid an institutional response.

- 4.4. Dynamic Risk Assessment for Management of an Infection Outbreak will be used during an infection outbreak to frequently monitor, review and update on the:
- type and severity of harm of an infection;
 - level of spread within the service;
 - operational risk to maintain services;
 - prevention and control measures that have been implemented and maintained to ensure they are sufficient; and
 - the need for further prevention and control measures.

The dynamic risk assessment will be used during the onset of a suspected, or potential, infection outbreak and reviewed frequently. This will be at every shift, daily or weekly depending on the risk of infection to health and its transmission rate. The risk assessment procedures are provided in the Infection Prevention and Control procedure.

- 4.5. If an outbreak is suspected in an extra care or supported living setting, the infection control lead or responsible manager must report to the local Health Protection Team (HPT), part of Public Health England, immediately. The HPT will undertake an initial risk assessment, provide advice on outbreak management, and decide what testing is needed. Local HPTs will also inform their local partners of the situation.
- 4.6. Hill Homes recognises the essential role local HPTs provide in responding to, and supporting, any infectious disease outbreaks in extra care supported living settings and is committed to following their tailored infection prevention control advice to ensure staff protect themselves and the people they support.
- 4.7. Hill Homes will, in the event the local HPT recommend some visiting restrictions or other control measures that potentially restrict the daily activities of clients, communicate these directly to those affected. These restrictions may include self-isolation for individuals who have an infection or may have been identified as having had contact with someone who has an infection. Hill Homes will liaise closely with all parties, continue seek appropriate advice, and communicate this advice, until such time as it is understood that the outbreak has been brought under control.
- 4.8. Hill Homes will ensure that in the event an outbreak affects the day to day running of its regulated care business it will notify the Care Quality Commission (CQC), as required, using the “events that stop a service running safely and properly” form.

5. **LEGISLATION, REGULATION AND GUIDANCE**

5.1. The following legislation and guidance contribute to the requirements for regulated activity and safeguarding:

- Department of Health (2015) - The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance
- COVID-19: guidance for supported living, Updated 18 June 2021
- Department of Health and Health Protection Agency (2013) - Prevention and control of infection in care homes – an information resource
- Foods Standards Agency (2008) - Management of outbreaks of foodborne illness in England and Wales
- Hawker et al (2019) Communicable Disease Control and Health Protection Handbook 4th Edition Public Health England (September 2017)
- Communicable Disease Outbreak Management Operational Guidance Public Health England (May 2010, updated 2020)
- Notifiable diseases and causative organisms: how to report www.gov.uk/guidance/notifiable-diseasesand-causative-organisms-how-to-report

6. **CONFIDENTIALITY**

6.1. Responsible information sharing plays a key role in managing outbreaks and is founded on the belief that it is better to openly share information to safeguard and protect both clients and staff. However, the need to distinguish between the principles of confidentiality and the need to share information must be in line with the guidance detailed in the Hill Homes Data Protection and GDPR Policy.

7. **MONITORING AND REPORTING**

7.1. The Hill Homes Infection Control Lead will:

- direct and co-ordinate the management of the outbreak;
- monitor implementation of control measures;
- provide support and advice for staff;
- liaise with senior management; and,
- provide daily/weekly updates when required.

7.2. The Hill Homes Infection Control Lead will:

- ensure any outbreak is reported immediately to HPT and, as appropriate, to the Local Authority, CQC and other agencies; and,
- provide information as requested in line with the organisation's data protection and GDPR policies.

7.3. Following the end of an outbreak within the service being declared, a critical incident analysis and lessons learnt exercise will be completed by the Infection Control Lead and shared with senior management and the board, as appropriate.