Outbreak Policy for Management of a Communicable Disease within East Coast Community Healthcare (ECCH). Including all Clinics, District Nurse Primary Care Homes (PCH) and Inpatient Wards

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Contents

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1. INTRODUCTION

Community Healthcare Services including Inpatient wards, Leg ulcer clinics, podiatry services, and district nursing teams deliver essential care to patients in both clinic and community settings, often managing individuals with chronic wounds, complex comorbidities, indwelling devices and increased vulnerability to infection. These services involve close patient contact and potential exposure to infectious agents. The provision of care across multiple settings increases the risk of cross-transmission of infection, requiring the implementation of effective infection prevention and control measures to protect patients, staff, and others involved in care.

An outbreak of infection within these settings, whether involving gastrointestinal illness, respiratory pathogens, or wound-related infections, can have significant consequences for patients, staff, and service continuity. Early recognition, prompt intervention, and effective coordination are therefore critical to minimise transmission, protect vulnerable individuals, and maintain safe clinical care.

This policy outlines the principles and procedures for the identification, and management of communicable disease outbreaks within community healthcare services. It is underpinned by national infection prevention and control guidance and supports a consistent, risk-based approach across community healthcare settings.

All staff working within these services have a responsibility to adhere to this policy, recognise potential outbreaks, and escalate concerns to the Infection Prevention and Control Team (IPCT) promptly in line with organisational procedures.

This policy is underpinned by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, specifically Regulation 12 (Safe Care and Treatment), which requires effective infection prevention and control measures, alongside Regulation 17 (Good Governance) to ensure robust monitoring and response to outbreaks.

Common Causative Agents (Not Exhaustive)

Outbreaks within community healthcare settings may be caused by a range of infectious agents, including bacteria, viruses and paracites. . Common examples include, but are not limited to:

- MRSA (Methicillin-resistant *Staphylococcus aureus*)
- Influenza
- COVID-19
- Group A Streptococcus
- Norovirus
- Measles

This list is not exhaustive, and other organisms may be implicated depending on the clinical context. For full list of notifiable diseases see The Health Protection (Notification) Regulations 2010 Notifiable diseases and how to report them - GOV.UK

2. PURPOSE

The purpose of this policy and procedure is to ensure the early recognition, reporting, and effective management of suspected or confirmed outbreaks of communicable infection within community healthcare services. The prompt implementation of appropriate infection prevention and control measures aims to minimise transmission, protect patients, staff, and the wider community, and maintain safe service delivery.

Specifically, this policy seeks to:

- Ensure the rapid identification, escalation, and reporting of suspected outbreaks
- Provide clear guidance on the implementation of appropriate infection prevention and control measures to prevent onward spread
- Promote effective communication and coordination between clinical teams, Infection Prevention and Control (IPC) services, and public health authorities
- Safeguard patients, staff, and others who may be affected
- Support the continuation of essential services wherever it is safe and appropriate to do so

3. SCOPE

This policy and procedure are applicable to all staff employed or contracted by East Coast Community Healthcare CIC (ECCH). These staff may work in clinical environments, including inpatient areas, clinics, patients' own homes, or care settings operated by other organisations.

4. DEFINITIONS

The following definitions are intended to provide a brief explanation of the various terms used within this policy.

Term	Definition
Policy	A policy is a formal written statement detailing an enforceable set of principles or rules. Policies set the boundaries within which we operate. They also reflect the philosophy of our organisation.
Outbreak	An incident in which at least 2 or more people affected by the same infectious disease are linked by time, place, or common exposure Or a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred (UKHSA, 2025)
IMT	Incident Management Team
ICB	Integrated Care Board
IPCT	Infection Prevention and Control Team
IPACC	Infection Prevention and Control Committee
DIPC/DDIPC	Director of Infection Prevention and Control/ Deputy Director of Infection Prevention and Control

UKHSA	UK Health Security Agency
PII	Period of Increased Incidence
ICD	Infection Control Doctor
Communicable Disease	An infection that can be transmitted from one person to another, either directly or indirectly.
MOD	Manager of the Day
WGS	'Whole genome sequencing' refers to DNA sequencing of the entire genome, including both coding and non-coding regions.
CIMS	A 'Case and Incident Management System' number is a unique alphanumeric reference used to track individual health cases, outbreaks, or inquiries within UKHSA.

5. RESPONSIBILITIES

- **Chief Executive of ECCH** – Overall responsibility for the enforcement of this policy lies with the Chief Executive of ECCH
- **ECCH Managers/Clinical Leads** – Are responsible for staff implementation of this policy and following the requirements of the policy.
- **The Infection Prevention and Control Team** –
  The Infection Prevention and Control Team is responsible for providing expert advice on outbreak management, supporting risk assessment and the implementation of control measures, liaising with UKHSA and other public health partners as required, monitoring and reviewing outbreaks and associated data.
- **ECCH Employees** – Are responsible for the implementation of this policy and following the requirements of the policy alongside the advice provided by the IPC Team.
- **All staff working Bank, Agency or Voluntary** – Are responsible for the implementation of this policy and following the requirements of the policy alongside the advice provided by the IPC Team.

The Infection Prevention and Control Team are trained and experienced specialists in infection prevention and outbreak management. Their guidance is based on national standards and expert knowledge, and all staff are required to follow their advice and instructions to ensure the safe and effective management of infection risks, escalating where practice is not achievable so appropriate protective steps and safety measures can be applied.

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6. POLICY STATEMENT

This policy sets out the organisation's approach to ensuring a rapid, coordinated, and effective response to suspected or confirmed outbreaks of infection. It provides a framework for the prompt identification and declaration of an outbreak, investigation of its extent, and identification of the source where possible.

The policy supports the efficient use of healthcare resources to contain outbreaks, reduce transmission, minimise disruption to clinical services, and prevent recurrence wherever possible.

This policy applies to all staff employed by the organisation, as well as those working on behalf of the organisation, including agency, temporary, and contracted staff within East Coast Community Healthcare (ECCH).

7. PROCEDURE

Outbreak management process

When an outbreak is suspected, immediate action is required to prevent further spread to patients and staff. This action will vary according to the nature and severity of the infectious agent.

If a department/area/clinic suspect/detect an outbreak they are to contact IPCT immediately via ECCA or the direct on call number **01502 455 361**, available 7 days per week, between the hours of 09:00 – 17:00.

The IPCT will investigate and risk assess to establish if an outbreak is occurring and will inform on initial actions including control measures. Linking in with the ICB IPCT.

Initially the incident will be referred to as a PII until there is clear clarification and evidence that the PII cases are linked and therefore classified as an outbreak.

The IPCT will inform ECCH Senior Leadership Team and request the clinical team notify UKHSA of the issue and report the CIMS number back to the team.

UKHSA contact number is **0300 303 8537**
UKHSA may ask for the following details dependant on the infectious agent involved.

- Suspected disease and when symptoms started
- Patient consultation date and location including infection onset date
- Patient's details and contact information, or their parent or guardian's details if they are under 18
- NHS number
- Ethnicity, if known
- Overseas travel, if relevant
- Occupation, if relevant

UKHSA will then decide if external IMT's are required. This is usually done following discussion with the IPCT/ICB.

A CIM number will be provided.
All samples pertaining to the PII/Outbreak will need the CIM number on the ICE forms.

Internal IMT meetings will commence and will include the following representatives

- DIPC/DDIPC
- IPCT
- ICD

- PCH Lead/Lead Nurse/Operational Manager
- MOD
- Estates and Facilities

Other representatives may be required to attend upon request

- Equipment
- Communications Team
- Head of Health and Safety
- Pharmacy Lead
- UKHSA
- ICB IPCT

The internal IMT meetings are required to ensure all staff involved are aware of the outbreak and that all measures are being applied to prevent further spread of infection. Decisions regarding meeting frequency will be decided at the IMT where actions will be identified and assigned with the expectation of follow up and adherence to all IPC advice/guidance and recommendations.

Patients attending clinics with suspected/known infection/colonisation should be prioritised for assessment/treatment, e.g., scheduled appointments at the end of the clinic session.

Infectious patients should be separated from other patients while awaiting assessment and during care management.

If transfer from a primary care facility to hospital is required, ambulance services should be informed of the infectious status of the patient. Patient confidentiality must be maintained.

Contact Tracing

Contact tracing processes should be initiated promptly following the identification of a suspected outbreak and should not be delayed due to pending laboratory confirmation in the cases where WGS (whole genome sequencing) has been requested.

- The Infection Prevention and Control Team are responsible for advising on matters relating to the contact tracing of any patients.
- Occupational Health are responsible for contact tracing of staff (in addition to any Government Track and Trace System during Pandemic situations) With the support of the Clinical Lead for that area.
- UKHSA are responsible for any contact tracing of patient relatives or household members (in addition to any Government Track and Trace System during Pandemic Situations)
- Staff working in the suspected/confirmed outbreak areas are responsible for supporting information gathering.

Potential Outbreak Identification and Notification/Reporting

Any suspected outbreak must be reported immediately to:

- The Clinic/Ward/PCH Manager
- IPCT on **Tel: 01502 455 361** who will notify the ICB IPCT
- Local Health Protection Team (UKHSA) **Tel: 0300 303 8537**

An internal Incident Management Team (IMT) will be convened.

The IPCT will submit a QUEST for the Outbreak itself. The affected area is responsible for submitting individual QUESTS for affected patients

Infection Prevention and Control Measures

General Measures

- The IPCT will undertake an audit and risk assessment of the affected clinical area.
- Findings will be fed back to the clinical team, where the designated lead is responsible for ensuring all actions are completed and reported back to the IMT.

Standard Infection Control Precautions

- Adherence to rigorous hand hygiene using soap and water. Alcohol-based hand rub is not effective for infectious diarrhoea.
- All staff must strictly adhere to the '5 Moments for Hand Hygiene' to prevent the spread of infection. Use of Personal Protective Equipment (PPE) in line with the identified or suspected organism.
- Use of Aseptic Non-Touch Technique (ANTT) for all relevant clinical procedures (e.g. dressings).

Patient Management

- Patients should be isolated or cohorted following discussion with the IPCT. Cohorting must be risk assessed, as organisms with the same name may not be appropriate to cohort together.
- Immunosuppressed patients must not be cohorted.
- In community or outpatient settings, patients should be scheduled at the end of clinic sessions where possible or managed via home visits.
- A case management meeting may be convened where required, to support a multidisciplinary team approach, with the decision based on the clinical setting, causative organism, and associated risks, as assessed by the IPCT/IMT.

Equipment and Environment

- Review cleaning processes and schedules for multi-patient use equipment.
- Use single-use or dedicated equipment wherever possible.
- Shared equipment must be cleaned between patients using appropriate chlorine-based disinfectants.
- Review and, where required, enhance environmental cleaning procedures, including: cleaning schedules, the frequency of cleaning in treatment and waiting areas and high touch surfaces.

Screening and Surveillance

For Patients:

- Liaise with UKHSA regarding the need to screen asymptomatic patients.
- For symptomatic patients, obtain appropriate specimens and retain pending discussion with the IPCT.

For Staff:

- Staff screening should only be undertaken as part of an outbreak investigation, following UKHSA advice.

The Clinical Team must maintain a log of positive cases and review frequently , ensuring staff are aware of affected patients to ensure appropriate appointment times.

Treatment of Infection

- Treatment must be prescribed in accordance with antimicrobial sensitivity results available via ICE/SystmOne and in line with local antimicrobial guidelines.

Communication

- Inform patients and their families of the outbreak and the control measures in place.
- Provide relevant patient information leaflets (available on the IPC page on ECCHO).
- Maintain effective communication with GPs and other involved services.
- The IMT will consider and oversee any Duty of Candour requirements.
- The Internal Incident Management Team (IMT) is responsible for drafting and overseeing the dissemination of appropriate communications to the organisation.

Post-Outbreak Actions

The outbreak will be declared over by UKHSA/IMT when:

- No new cases have been identified within an appropriate timeframe (e.g. 6 months for organisms such as MRSA and Group A Streptococcus), or
- For viral infections (e.g. COVID-19, influenza, norovirus), once all cases have clinically resolved.
- All control measures must be reviewed to ensure effectiveness.
- A Post-Incident Review will be undertaken by the lead for the affected department to ensure learning is embedded.
- Root causes and learning points must be identified.
- Policies and procedures should be updated as required.

Monitoring and Audit

The following must be audited at least monthly:

- Hand hygiene compliance
- Cleaning standards
- Dressing/clinical technique

Audit outcomes must be reported to local leadership and the IPCT.

The affected area may be required to:

- Increase audit frequency

- Undertake enhanced monitoring such as 'supportive measures' audits where hand hygiene and environmental audits will be completed weekly by the IPCT/Clinical educators or area lead.

This will remain in place until the IPCT is assured that contributory factors have been identified and addressed.

The department must present lessons learned to the Infection Prevention and Control Assurance Committee (IPACC), providing assurance that improvements are embedded and sustained.

Training

- All staff must complete annual infection prevention and control training.
- Additional targeted training should be provided during and following an outbreak.

Business Continuity and EPRR

Where an outbreak has the potential to significantly impact service delivery through increased patient demand, significant staff absence, service closure, or resource shortages, the responsible manager must escalate concerns through the organisational Business Continuity and EPRR arrangements in accordance with organisational Business Continuity and EPRR procedures.
Outbreaks involving novel pathogens, unusual transmission patterns, widespread community impact, or requiring multi-agency coordination may require escalation to the appropriate operational and executive management structures.

8. MONITORING AND REVIEW

This document will be reviewed by the Infection Prevention & Control Team June 2028, or sooner if changes in legislation occur or new best practice evidence becomes available.

9. REFERENCES *(if relevant)*

Department of Health and Social Care (2014). *Health and Social Care Act 2008 (Regulated Activities) Regulations 2014*. Available at: The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 [Accessed 09/06/2026]

GOV.UK (2024). *Notifiable diseases and how to report them*. [online] GOV.UK. Available at: https://www.gov.uk/guidance/notifiable-diseases-and-how-to-report-them#list-diseases [Accessed 08/06/2026].

NHS England (2022). *National Infection Prevention and Control Manual (NIPCM) for England*. [online] www.england.nhs.uk. Available at: https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/ [Accessed 09/06/2026].

UKHSA (2025). *Communicable disease outbreak management guidance: principles to support local health protection systems*. [online] GOV.UK. Available at: https://www.gov.uk/government/publications/communicable-disease-outbreak-management-guidance/communicable-disease-outbreak-management-guidance-principles-to-support-local-health-protection-systems#definition-of-outbreak [Accessed 09/06/2026].

10. ASSOCIATED POLICIES & PROCEDURES *(To include but not limited to)*

- Emerging Infectious Disease & Pandemic Outbreak Plan
- Management of a Ward Departmental Outbreak of Viral Vomiting and/or Diarrhoea
- Notifiable Diseases Policy
- Pandemic Influenza Infection Control Measures

11. AUTHOR

Infection Prevention and Control Team, Infection prevention and Control Nurse Specialist – April/2026

12. APPENDICES

1. **Appendix – Outbreak Management Process - UKHSA Notifiable diseases poster**

Equality & Diversity Impact Assessment

In reviewing this policy, the Policy Group considered, as a minimum, the following questions:
- Are the aims of this policy clear?
- Are responsibilities clearly identified?
- Has the policy been reviewed to ascertain any potential discrimination?
- Are there any specific groups impacted upon?
- Is this impact positive or negative?
- Could any impact constitute unlawful discrimination?
- Are communication proposals adequate?
- Does training need to be given? If so is this planned?

Adverse impact has been considered for age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation.

Appendix 1

UK Health Security Agency

Report a notifiable disease or public health hazard

Report an URGENT notifiable disease case or chemical or radiation exposure within 24 hours by telephone to your local UKHSA health protection team: .....

Report all cases online within 3 days at www.gov.uk/guidance/report-a-notifiable-disease

You must report:

- any suspected notifiable disease
- any suspected infectious disease that may present a significant risk to human health
- any radiation or chemical exposure that may present a significant risk to human health

Do not wait for laboratory confirmation of a disease. By law, registered medical practitioners must report any suspicion of a notifiable disease.

When to report as urgent

Report a suspected disease as urgent if:

- it's part of a current outbreak
- it's uncommon in the UK
- it spreads easily, or its spread is hard to control
- the patient is high risk, for example because of their age or job

If you are not sure, treat the case as urgent.

What happens when you make a notification?

A member of your local UKHSA health protection team will review your notification and may:

- provide public health advice
- carry out contact tracing
- encourage urgent vaccination of contacts of a case
- send additional diagnostic test kits
- identify disease trends and risks

Notifiable diseases

Disease	Whether likely to be routine or urgent
Acute encephalitis	Routine
Acute flaccid paralysis or acute flaccid myelitis (AFP or AFM)	Urgent
Acute infectious hepatitis (A/B/C)	Urgent
Acute meningitis	Urgent
Acute poliomyelitis	Urgent
Anthrax	Urgent
Botulism	Urgent
Brucellosis	Routine. **Urgent** if acquired in UK
Chickenpox (varicella)	Routine
Cholera	Urgent
Congenital syphilis	Routine
COVID-19	Routine
Creutzfeldt-Jakob disease (CJD)	Routine
Diphtheria	Urgent
Disseminated gonococcal infection (DGI)	Routine
Enteric fever (typhoid or paratyphoid fever)	Urgent
Food poisoning	Routine. **Urgent** if part of a cluster or outbreak
Haemolytic uraemic syndrome (HUS)	Urgent
Hantavirus	Urgent
Infectious bloody diarrhoea	Urgent
Influenza of zoonotic origin	Urgent
Invasive group A streptococcal disease	Urgent
Legionnaires' disease	Urgent
Leprosy	Routine

Disease	Whether likely to be routine or urgent
Malaria	Routine. **Urgent** if acquired in UK
Measles	Urgent
Meningococcal septicaemia	Urgent
Middle East respiratory syndrome (MERS)	Urgent
Mpox (previously known as monkeypox)	Urgent
Mumps	Routine
Neonatal herpes	Routine
Plague	Urgent
Rabies	Urgent
Rubella	Routine
Severe Acute Respiratory Syndrome (SARS)	Urgent
Scarlet fever	Routine
Smallpox	Urgent
Tetanus	Routine. **Urgent** if associated with injecting drug use
Tuberculosis Report suspected cases of TB to the National TB Surveillance System	Routine. **Urgent** if healthcare worker or suspected cluster or multi-drug resistant
Typhus	Routine
Viral haemorrhagic fever (VHF)	Urgent
Whooping cough	**Urgent** if diagnosed in acute phase. Routine in later diagnosis
Yellow fever	Routine. **Urgent** if acquired in UK

This list is not exhaustive. If in doubt, telephone your local UKHSA health protection team.
Find your local health protection team at www.gov.uk/health-protection-team

Version 3

DOCUMENT CONTROL SHEET

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Version Control

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June 2026	1	IPCT	New policy