

Report to: Executive Cabinet Member –
Deputy Leader's Portfolio

Date: 17th November 2014

Report of: Wendy Meredith, Director of Public
Health

Contact Officer: Debra Malone, Consultant in Public
Health

Bolton Council

Report No:

Tele No:
337821

Report Title: **Bolton Council Draft Outbreak Management Plan**

**Confidential /
Non Confidential:**
(delete as approp)

(Non-Confidential) This report does **not** contain information which warrants its consideration in the absence of the press or members of the public.

Purpose:

- To introduce the new draft Outbreak Management Plan for Bolton Council.
- To outline the process for sign off and adoption of the final document, following multiagency consultation.

Recommendations:

- To:
- Note the content of the draft Outbreak Plan
 - Note the next steps for consultation, approval and adoption of the final version of the Outbreak Management Plan for Bolton

Decision:

Background Doc(s):

- Public Health England Communicable Disease Outbreak Plan, http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/13171351662

- Greater Manchester Outbreak Plan 2014
- Public Health England Communicable Disease Outbreak Management: Operational Guidance 2014
- Health & Social Care Act 2012

Signed:

Leader / Executive Member

Monitoring Officer

Date:

Summary:

The Bolton Council draft Outbreak Management Plan is based on the recently approved Greater Manchester Outbreak Management Plan, signed off by AGMA's Local Health Resilience Partnership. It provides a framework for response in a number of common outbreak situations and should be viewed as a guidance document.

In epidemiological terms an outbreak is defined as any two cases of infectious disease linked by time, place or person.

In more practical terms, however, the majority of outbreaks which occur within the Bolton borough each year can be managed effectively through 'business as usual' processes, for example Norovirus. These outbreaks will still require a public health response but without the need to convene an Outbreak Control Team.

More significant outbreaks such as measles in a school setting or (non-pandemic) influenza in a care setting may require escalation. The decision on how any outbreak response should be provided is based on a combination of factors in relation to:

The setting of the outbreak

The patient group affected

The complexity and urgency of required intervention

Depending on the exact circumstances relevant organisations will be invited to, and required to, participate in Outbreak Control meetings to manage the outbreak/ incident and prevent further onward transmission of disease.

The attached draft document, in the appendix, contains details of common outbreak scenarios, standard responses and useful contacts/distribution lists.

It also details the role of Outbreak Control Teams, proposed Terms of Reference/Membership and a template Agenda.

Formal comments and feedback will be sought on the content of the draft Outbreak Management Plan during a 4 week consultation period due to commence on 24th November 2014. This consultation process will be facilitated by AGMA's Civil Contingencies & Resilience Unit Business Partner for Bolton.

Bolton Council Draft Outbreak Management Plan

1.0 Background Information

- 1.1 Subsequent to the Health & Social Care Act 2012, Bolton Council, via the DPH, became responsible for providing assurance that the local population is protected from threats that are hazardous to health. Key threats to the public's health frequently arise as a result of outbreaks of infectious diseases; some of which are life threatening.
- 1.2 In epidemiological terms an outbreak is defined as any two cases of infectious disease linked by time, place or person.
- 1.3 In more practical terms, however, the majority of outbreaks which occur within the Bolton Borough each year can be managed effectively through 'business as usual' processes, for example Norovirus. These outbreaks will still require a public health response but without the need to convene an Outbreak Control Team.
- 1.4 More significant outbreaks such as measles in a school setting or (non-pandemic) influenza in a care setting may require escalation. The decision on how any outbreak response should be provided is based on a combination of factors in relation to:
 - The setting of the outbreak
 - The patient group affected
 - The complexity and urgency of required intervention
- 1.5 It is good practice for individual Health & Social Care Economies to develop, regularly review and test Outbreak Management Plans. Up to date Outbreak Management Plans facilitate optimum response in outbreak situations and provide a robust framework for the delivery of actions that aim to control any further spread of disease.
- 1.6 Depending on the exact circumstances relevant organisations will be invited to, and required to, participate in Outbreak Control meetings to manage the outbreak/ incident and prevent further onward transmission of disease.

2.0 Current Position

- 2.1 The Bolton Council draft Outbreak Management Plan is based on the recently approved Greater Manchester Outbreak Management Plan, signed off by AGMA's Local Health Resilience Partnership. It provides a framework for response in a number of common outbreak situations and should be viewed as a guidance document.
- 2.2 The attached draft document (see Appendix 1) contains details of common outbreak scenarios, standard responses and useful contacts/distribution lists. It also details the role of Outbreak Control Teams, proposed Terms of Reference/Membership and a template Agenda.

3.0 Process for Consultation and Adoption

- 3.1 In line with adoption processes in other boroughs of Greater Manchester, an early draft of the attached Outbreak Management Plan has already been shared with the Bolton Clinical Commissioning Group (CCG) Chair and Chief Officer. Since this time the Plan has undergone further revision and is now deemed to be fit for wider multiagency consultation.
- 3.2 Across AGMA it has been agreed that the Civil Contingencies and Resilience Unit will facilitate consultation across local Health and Social Care economies. It is therefore proposed that the draft Plan is circulated to the following organisations/groups for comment/amendment:

Bolton CCG (Chair, Chief Officer and Emergency Planning Lead)
Bolton NHS Foundation Hospitals Trust
Greater Manchester West NHS Foundation Trust
Bolton Council Risk & Resilience Group
Bolton CCG Health Economy Resilience Group (HERG)
Bolton CCG System Resilience Group
Public Health England – Greater Manchester Centre

- 3.3 Following consultation it is further proposed that the final document is approved by the Bolton Council Health Protection Forum as this is the Forum that has recently been established to enable scrutiny and assurance of local health protection plans.
- 3.4 Finally, in order to ensure that the Plan forms part of the CCG's overall system resilience and response it is proposed that a covering report is presented to the Health Economy Resilience Group (HERG) for ratification. This process has been agreed in principle by the CCG Chair and the Chair of the HERG.

4.0 Equality Impact Assessment

- 4.1 This report is not requesting a decision on a policy change and therefore an Equality Impact Assessment is not required.

5.0 Recommendations

- 5.1 To: Note the content of the draft Outbreak Plan.

Note the next steps for consultation, approval and adoption of the final version of the Outbreak Management Plan for Bolton.



Bolton Council Outbreak Management Plan

Associated Documentation

The following plans and documents will provide further information to support responders in planning for and responding to incidents and emergencies:

- Public Health England Communicable Disease Outbreak Plan, http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317135166228
- Greater Manchester Outbreak Plan
- Greater Manchester Generic Response Plan
- Relevant organisational emergency response plans (Bolton Council Emergency Response Plan, Bolton Health Economy Major Incident Plan, Bolton Council's Civil Contingencies Plans, including Emergency Functional Plans)

Declaration of a Major Outbreak/ Incident – Key Principles

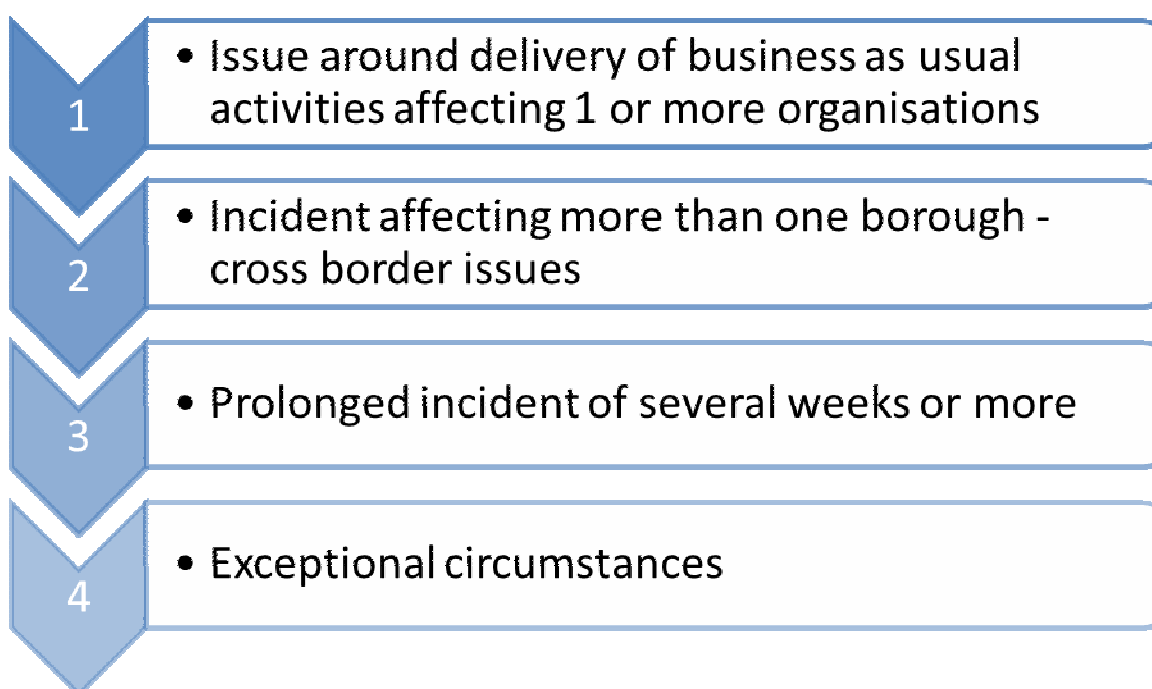
The majority of outbreaks which occur within the Bolton Borough each year can be managed effectively through 'business as usual' processes, for example Norovirus. These outbreaks will still require a public health response but without the need to convene an Outbreak Control Team.

However, more significant outbreaks such as Measles in a school setting or influenza may require escalation. The decision on how the outbreak response should be provided is decided based on a combination of factors in relation to:

- The setting of the outbreak
- The patient group affected
- The complexity and urgency of required intervention

Depending on these circumstances relevant organisations will be invited to, and required to participate in, meetings to manage the outbreak/ incident. As the lead local NHS commissioner, it is the CCG, working with NHS England as necessary, who will take responsibility for ensuring NHS resources are mobilised in Bolton with the support and advice of the Director of Public Health.

The following key triggers should be observed and if any one is reached this should trigger a meeting between key partners (DPH, CCG, Providers & PHE) to discuss management of resources, staffing and funding going forward.



Contents

Document Control	5
1 Plan Aim	6
2 Management Arrangements	6
3 Declaration of an Outbreak	7
4 Outbreak Control Team (OCT)	8
5 Investigation & Control	8
6 Sample Testing	8
7 Funding	8
8 Contracts with Partners	9
9 Communications	9
10 End of the Outbreak	9
A1 – Incident Activation	10
A2 – Outbreak Control Team	11
A3 – Common Outbreak Scenarios	19
A4 – Local Communication	21
A5 – Useful Contacts	23
A6- Glossary	24

Document Control

Document Name	Bolton Council Outbreak Management Plan
Purpose	To ensure an effective and coordinated operational response in the event of health protection incidents/outbreaks (i.e. smaller, more contained incidents/outbreaks that do not escalate to significant / major emergency status).
Contact for further information	<p>Bolton Council Public Health Team</p> <p>Wendy Meredith, Director of Public Health, Bolton Council Wendy.meredith@bolton.gov.uk</p> <p>Debra Malone, Public Health Consultant, Bolton Council Debra.Malone@bolton.gov.uk</p> <p>Marie Bisset, Head of Service (Corporate Public Health and Performance) Marie.bisset@bolton.gov.uk</p>
Location of document	This plan is available electronically from the Public Health Team

Version History	Version No	Amendments made	Approved by	Date Approved	Date Issued
	1 Draft				
	1.1 Draft	Comments from Public Health			
			Bolton Health Protection Forum		
			Bolton HERG		
Next version due June 2017					

1 Plan Aim

- 1.1 This plan aims to ensure an effective and co-ordinated approach is taken in the management of an outbreak, from the initial detection, to the formal declaration that the outbreak had ended and lessons identified have been shared.

2 Management Arrangements

2.1 Primary Objectives

- 2.1.1 The primary objective in the management of an outbreak is to protect public health by identifying the source of an outbreak and implementing necessary control measures to prevent further spread or recurrence of the infection. This should be underpinned by a risk assessment, with regular re-assessment of the risk.
- 2.1.2 The protection of public health takes priority over all other considerations and this must be understood by all members of the Outbreak Control Team.

2.2 Secondary Objectives

- 2.2.1 Responsibility for managing outbreaks 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.
- 2.2.2 The great majority of incidents and outbreaks are dealt with as part of normal service provision and may not impact greatly on routine services or require an OCT to be convened.
- 2.2.3 On occasion, outbreaks 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 may declare a Major Outbreak / Incident and therefore the major incident plans of organisations affected will be invoked as appropriate.
- 2.2.4 The response to outbreaks confined to specific NHS or Social Care provider premises will usually be led by the relevant NHS or Social Care provider in accordance with their local plans and with the support of local Infection Prevention and Control Teams as necessary. However, if the outbreak has any potentially serious public health implications, the provider should seek Public Health England involvement in outbreak management.

3 Declaration of an Outbreak

- 3.1 It is usual that locally confined, smaller outbreaks will be recognised and declared by the Consultant in Communicable Disease Control (CCDC), in consultation with a Consultant Microbiologist and/or senior Environmental Health Practitioner.
- 3.2 These professionals may be contacted by a variety of sources to report an outbreak, typically these include; Public Health England Centres, nursing/care home staff, schools/nurseries, Adult Social Care Directorate, Infection Prevention & Control Teams , Microbiology/Virology or Environmental Health Officers.
- 3.3 Following the recognition and declaration of an outbreak, a decision regarding the need and urgency to convene an OCT is required, this decision should be guided by a full risk assessment (refer to the 'activation algorithm for outbreak management' in **Appendix 1**).
- 3.4 There are many minor outbreaks and clusters of disease that occur within Bolton every year that are managed satisfactorily without the need to convene an OCT. For example an OCT will not normally be necessary to support the management of confirmed or suspected viral gastroenteritis in a nursing home, school or similar setting. Not convening an OCT does not necessarily mean that there will be no public health actions required.

4 Outbreak Control Team (OCT)

- 4.1 The purpose of the OCT is to agree and coordinate the activities of the agencies involved in the investigation and control of the outbreak. This is necessary in order to assess the risk to the public's health and ensure that the aetiology, vehicle and source of the outbreak are identified and control measures are implemented as soon as possible and, if required, legal advice is sought.
Details regarding the membership and function of the OCT can be found in **Appendix 2**.

5 Investigation and Control of Outbreaks

- 5.1 Control measures should be documented with clear timescales for implementation and responsibility.
- 5.2 A case definition should be agreed and reviewed as required during the investigation.
- 5.3 Basic descriptive epidemiology is essential and should be reviewed at the OCT.
- 5.4 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 to the Environmental Health Team and Public Health England.
- 5.5 **Appendix 3** provides a table of some common outbreak scenarios and how clinical interventions are likely to be provided in these circumstances.

6 Sample testing

- 6.1 Environmental Health Officers are responsible for undertaking appropriate faecal, food, water, and environmental samples and ensuring their safe delivery at appropriate laboratories for processing.

7. Funding arrangements

- 7.1 Funding for sample and diagnostic testing will depend on the nature of the incident/outbreak and will come from the local NHS or the Local Authority Public Health Grant.
- 7.2 Funding for resulting treatment will depend on the nature of the incident/outbreak, e.g. funding for a flu pandemic will most likely come from national sources, whereas funding for a local meningococcal outbreak will come from the NHS.

8 Contracts with providers – outbreak response

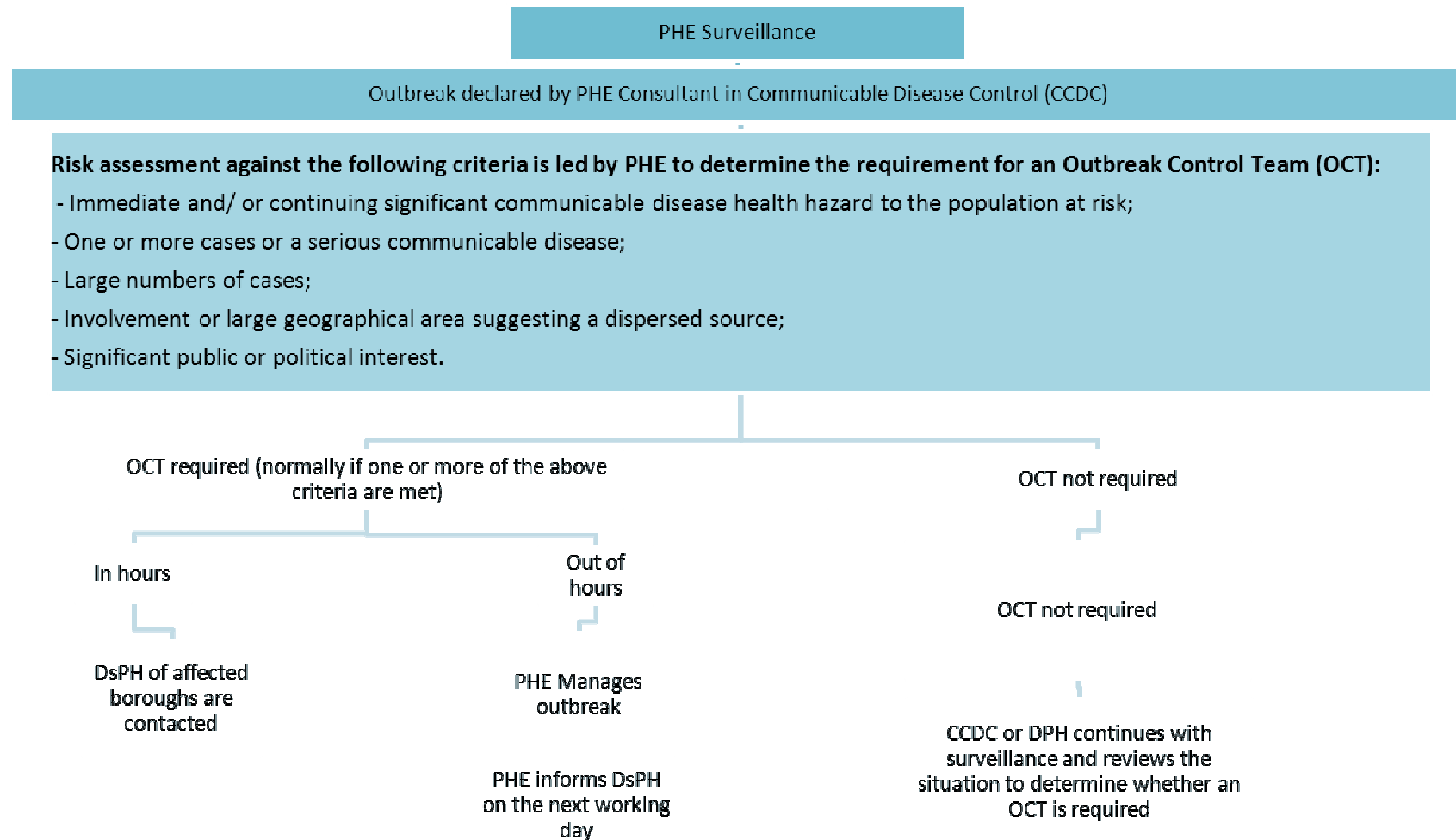
- 8.1 Outbreak response is included in the Bolton NHS Foundation Trust Contract as the standard Major Incident Clause.
- 8.2 Outbreak response for social care providers is within core contracts but good practice indicates that specific outbreak plans for residential settings contracts is desirable.

9 Communications

- 9.1 The communications response will depend on the nature of the incident/ outbreak and the outcome of OCT discussions. It is expected that the OCT will identify and nominate the agency which will lead the media response at the outset of an outbreak.
- 9.2 Bolton Council Communications Team will lead on local and internal communications in the event of an outbreak/incident, although it is anticipated that they would liaise to produce communications/ information for the wider public in conjunction with Public Health England and the CCG depending on the incident/outbreak.
- 9.3 Social Media will be used only in accordance with existing Bolton Council policies.
- 9.4 Local information distribution arrangements can be found in Appendix 4

10 End of the Outbreak

- 10.1 In consultation with Public Health England and/or Environmental Health Officers, as appropriate, the Council's Public Health Team will decide when outbreaks of a smaller, contained nature that are not likely to escalate to significant, major emergency status, are over. A statement will be made to this effect via email to all members of the Outbreak Control Team and 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 withdrawn
- 10.2 At the conclusion of the outbreak/s, a written report will be provided to Bolton Council's Health Protection Forum and will be referenced in the Director of Public Health's Annual Health Protection report.
- 10.3 Any lessons learnt and recommendations should be disseminated to the Outbreak Control Team and refinements to practice considered and implemented where appropriate.
- 10.4 A debriefing meeting of the OCT should normally be convened after the end of the outbreak to consider lessons learned and any further preventive action required. Public Health England has the lead responsibility for ensuring evaluation takes place.



Suggested usual members

- Consultant in Communicable Disease Control
- Environmental Health Officer
- Consultant Microbiologist / Virologist
- Director of Public Health
- Director of NHS Commissioning Organisation
- Health Protection/Infection Prevention & Control Nurse
- Lead Communications Manager
- Administrative Support

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 Children's Services at Bolton Council.

Terms of Reference (ToR)

The terms of reference should be agreed upon at the first meeting and recorded accordingly.

Suggested ToR:

1. To review the epidemiological, microbiological and environmental evidence and verify an outbreak is occurring.
2. To regularly conduct a full risk assessment whilst the outbreak is ongoing.
3. To develop a strategy to deal with the outbreak and allocate responsibilities to members of the OCT based on the risk assessment.
4. To inform determination of level of incident according to the PHE Incident Response Plan.
5. To agree appropriate control measures are implemented to prevent further primary and secondary cases.
6. To ensure appropriate further epidemiological, microbiological and environmental investigations
7. To communicate as required with other professionals, the media and the public providing an accurate, timely and informative source of information.
8. To make recommendations regarding the development of systems and procedures to prevent a future occurrence of similar incidents and where feasible enact these.
9. To determine when the outbreak can be considered over based on ongoing risk assessment.
10. To produce a report or reports, at least one of which will contain the lessons and recommendations.

Roles & Responsibilities

The following list provides an overview of key roles & responsibilities but is not an exhaustive list and some tasks may vary depending upon the nature of the outbreak.

Consultant in Communicable Diseases Control

(on behalf of the PHE Centre)

- To declare an outbreak following appropriate consultation
- To convene the OCT (if required) and ensure membership is appropriate
- To chair the OCT where this is a community associated outbreak unless a different chair has been agreed by the OCT. For hospital outbreaks the Hospital Control of Infection Doctor/Director of Infection Prevention and Control (DIPC) will normally chair the OCT.
- To identify what additional resources/personnel might be needed e.g. public health practitioners or IT support/ systems.
- To inform the relevant PHE director and ensure PHE briefings are prepared as outlined in the incident response plan (depending on the nature and scale of the incident).
- To ensure that the initial response(s) and investigation is commenced and actions documented within 24 hours of the time the potential outbreak has been recognised.
- To provide epidemiological advice relevant to the outbreak and support analysis and interpretation of data.
- To ensure that an incident room is set up, if required, at an appropriate venue having regards to the nature of the outbreak.
- To arrange, in conjunction with environmental health and other colleagues, for appropriate identification and follow up of any contacts.
- To ensure that appropriate control measures including the provision of prophylactic treatment and immunisation for contacts and others at-risk is recommended and actioned.
- To identify the need for advice from relevant experts and request advice as appropriate.
- To liaise with clinicians (primary or secondary care) over the need for specific testing and management of cases.
- To agree with the OCT which agency will lead the media response.
- To ensure appropriate bodies and officers are kept informed and updated.
- To liaise with colleagues in adjacent PHE centres where more than one PHE Centre is involved or may be involved, where appropriate.

- To co-ordinate the written final report on the outbreak and to ensure that the outbreak recommendations are acted upon.
- To ensure a constructive debrief is held and lessons learned disseminated and acted upon as necessary.
- To ensure all documentation relating to the outbreak is correctly managed and disseminated, incorporating information governance and data protection requirements.

Environmental Health Officer

(Representative of Chief Environmental Health Officer)

- Attend OCT meetings, or be represented by a suitable deputy who will report directly back.
- Investigate potential sources of the outbreak and secure relevant improvements as appropriate where the Local Authority is the enforcing authority e.g. for food safety, health and safety, health protection. Where the health and safety enforcement falls to the Health and Safety Executive, the Local Authority should advise the OCT.

Actions in relation to investigation and control include:

- Be responsible for arranging the collection and transport of appropriate specimens to the laboratory for screening of patients, contacts and staff.
- Undertake appropriate food, water and environmental sampling and be responsible for the collection and transport of food samples, to a suitable microbiology laboratory.
- If the Food Standards Agency decide that the food products should be withdrawn then the Chief EHO will be responsible for ensuring that the appropriate authorities are informed and any necessary local action is taken.
- Be responsible for ensuring the infection control advice is implemented by the potential/suspected source of the outbreak, using relevant legal powers as necessary and working closely with the PHE staff or relevant community or acute NHS Infection Control Nurse.
- Ensure the normal arrangements for the collection and disposal of clinical waste remain appropriate. If necessary, discuss with OCT and contractors as to the changes required.
- Be responsible for informing relevant food and non-food businesses of hazards when appropriate.
- To arrange, as necessary, for the identification, removal and safe disposal of contaminated (or potentially contaminated) food.
- To liaise with the office of the public analyst or relevant contracted laboratory regarding chemical analysis of samples if chemical contamination is suspected and with PHE laboratories, and possibly the public analyst office too, for microbiological testing of samples. ?????
- To ensure continuity of accurate evidence and data recording.

- Provide help with and advise on the epidemiological aspects of the outbreak, including the investigation of cases (and contacts where appropriate).
- Provide mechanisms for out of hours communications with the CCDC, OCT, the public and other stakeholders as appropriate.
- Provide reports to Local Authority Chief Officers and undertake any necessary enforcement action.
- Monitor and progress the investigation (e.g. sources, cases, contacts within their area) and provide updates to the OCT, including any enforcement action.
- Report to and liaise with colleagues in the Environmental Health Department and those in neighbouring districts, including when the outbreak has ceased.
- Ensure regular briefing of Local Authority field staff.
- Be jointly responsible for communicating the cessation of the outbreak to the general public, in collaboration with the DPH and with the CCDC if appropriate.
- To identify resources to enable tasks to be undertaken speedily and efficiently and to report on this to the OCT.

Consultant Microbiologist / Virologist

- To present the OCT relevant microbiological information relating to the outbreak.
- To identify resources to enable microbiological testing to be undertaken speedily and efficiently and to report on this to the OCT.
- To provide advice and guidance on the microbiological aspects of the investigation and control of the outbreak.
- To arrange microbiological testing of relevant human and non-human samples and to arrange, as necessary, further investigations by other laboratories e.g. typing as agreed at the OCT.
- To provide the results of all testing to the source of the request.
- To participate, as necessary, in the inspection of premises and procurement of samples.
- To liaise with microbiologists in other laboratories (PHE & NHS), including reference laboratories, which are involved in the investigation.
- To advise on communications needed with microbiological colleagues and assist in briefings where necessary.
- To assist clinical colleagues and the PHE Consultant/ CCDC with treatment and prophylaxis protocols.

Director of Public Health

- Provide initial leadership with PHE for the response to public health incidents and emergencies within the local authority area.
- Maintain oversight of population health and ensure effective communication with local communities.

- To be represented on the Outbreak Control Team either in person or through an appropriate deputy.
- To work with CCGs and the NHSE Local Area Team to ensure that appropriate resources are available to support the investigation and control of outbreaks, including human, financial and other resources e.g. the mobilisation of community staff, funding for the delivery of vaccinations and prophylaxis (both in and outside office hours).
- To ensure that appropriate organisations and officers, including hospitals, care homes and their staff, and other relevant NHS/DH organisations are informed, as appropriate.
- To ensure that effective communication is in place to provide Elected Members with a source of leadership, expertise and advice.
- To liaise with the Local Authority corporate communications team.
- To liaise with Local Authority Environmental Health colleagues

Director of relevant NHS commissioning organisation(s)

- Operationalise the actions agreed by the OCT for the NHS.
- Ensure 24/7 availability of relevant staff for supporting management of incidents/outbreaks.
- Work with other NHS bodies to ensure the release of local NHS resources required to manage the outbreak.
- Ensure hospitals and relevant healthcare services are alerted and able to cope with a potential influx of patients or enquiries.
- Arrange for communication with relevant healthcare staff in the local area.

Health Protection/ Infection Prevention & Control Nurse

- Be a member of the OCT if and when appropriate.
- Provide advice and guidance to the OCT on matters of infection prevention and control / health protection.
- Support OCT with providing advice to NHS Staff on infection prevention and control / health protection issues.
- Assist the OCT in the investigation and management of the outbreak.
- Liaise as appropriate with NHS professionals, e.g. GPs, pharmacy leads, clinical governance leads etc.

Lead Communications Manager

- The designated lead communications manager will be nominated by the OCT and may be from any of the key organisations.
- Provide advice to the OCT on media relations.
- Prepare press releases and statements.

- Ensure such material is circulated appropriately, including all members of the OCT and relevant others as agreed by the OCT.
- In collaboration with other press officers of all key organisations and the OCT nominated media spokesperson, organise press conferences and media briefings as appropriate.
- Be the initial point of contact for all media enquiries.

Template Agenda for OCT Meeting

Outbreak Control Team Meeting Agenda

Title

Date, Time & Venue

- 1) Introductions
- 2) Apologies
- 3) Minutes of previous meeting (or subsequent meetings)
- 4) Purpose of meeting
 - a. At first meeting agree chair
 - b. Terms of Reference
- 5) Review of Evidence:
 - a. Epidemiological
 - b. Microbiological
 - c. Environmental
- 6) Current Risk Assessment
- 7) Control Measures
- 8) Further Investigations
 - a. Epidemiological
 - b. Microbiological
 - c. Environmental
- 9) Communications
 - a. Public
 - b. Media
 - c. Healthcare providers (e.g. GPs, A&E etc)
 - d. Others
- 10) Agreed Actions
- 11) Any Other Business
- 12) Next Meeting

APPENDIX 3 – Common outbreak scenarios

A3

Outbreak scenario	How clinical interventions are likely to be provided
<p>Two cases of meningococcal disease in a school or nursery Administration of mass antibiotic prophylaxis to a large number of children is needed within one to two days.</p>	<p>Sessions would be held at the school or nursery for the mass administration of antibiotics. Community health services staff, such as school nurses and health visitors, would need to administer prophylaxis under Patient Group Directions. Hospital pharmacy support would be needed for the supply and dispensing on antibiotics. Administrative support at the sessions would also be required.</p>
<p>Community wide outbreak of mumps in young adults Vaccination with MMR is needed fairly urgently.</p>	<p>Whilst community clinics might be established, an approach of giving catch-up MMR vaccination through GP surgeries will be considered upon by the Outbreak Control Team</p>
<p>Three confirmed cases of Hepatitis A in a care home Urgent vaccination of other residents is needed. Investigative questionnaires need to be completed for all residents. Microbiology support needed for specimen analysis.</p>	<p>Appropriately trained clinical staff would be needed, such as district nurses to vaccinate residents, phlebotomists to take blood samples. Clinical support would also be needed to complete questionnaires for residents in liaison with care home staff and the patient's family. Hospital pharmacy support needed for the supply of vaccines. Samples would be analysed in the local NHS laboratory and a consultant Microbiologist would advise on sample results.</p>
<p>Community outbreak of measles affecting a large number of children and adults Vaccination of large numbers of children and adults needed, some at particular risk require immunoglobulin. Public Health England also request support to undertake extensive contact tracing and to support a helpline providing clinical advice.</p>	<p>GPs to provide MMR vaccination. A clinic to provide clinical advice and to administer immunoglobulin/vaccine to higher risk individuals is required. Support for contact tracing and an advice helpline should be put in place by a number of NHS providers and/or from public health staff.</p>
<p>Influenza in several residents of a care home</p> <p>Swabbing of other residents - needed and Tamiflu provided, as prophylaxis, to a large number of residents.</p>	<p>If one or two GP practices are involved, then swabbing and prophylaxis would be provided by primary care.</p> <p>If the residents are patients of multiple practices then an 'en-masse', coordinated intervention would best be provided by district nurses, including administration of Tamiflu under a Patient Group Direction.</p>
<p>A number of cases of measles in children on a travellers site</p> <p>A large number of children on the site need</p>	<p>It may be possible to register all children with a GP and for the children to attend the local surgery to be vaccinated, but this is unlikely and not practical.</p>

catch-up vaccination. Most are not registered with a local GP.

An on-site response would likely be needed with **suitably trained community health staff**, such as **school nurses** or **health visitors**, offering **MMR** under a **Patient Group Direction**.

It may be possible for a **local general practice** to **obtain sufficient vaccine**, but **pharmacy support is likely to be required**.

APPENDIX 4 – Local Information Distribution Arrangements

A3

Target Audience:	Distribution Mechanism:	Contact Details:
General Practitioners	Via CCG Comms Team	Nicola Onley
Primary & Secondary Schools	Via Bolton Council Children's Directorate	Marcoms – Shelley Duncan / Nicola Larkins Shelley.duncan@bolton.gov.uk Nikki.larkns@bolton.gov.uk
Children's Centres	Via Bolton Council Children's Directorate	????? As above – might be same person jan.robinson@bolton.gov.uk donna.berry@bolton.gov.uk
Nurseries	Via Bolton Council Children's Directorate	????? As above – might be same person jan.robinson@bolton.gov.uk donna.berry@bolton.gov.uk
School Nurses / Health Visitors	Via Bolton FT	lesley-anne.frazer@boltonft.nhs.uk
Childminders	Via Bolton Council Children's Directorate	?????? jan.robinson@bolton.gov.uk donna.berry@bolton.gov.uk
District Nurses	Via Bolton FT	lesley-anne.frazer@boltonft.nhs.uk
Residential Nursing / Care Homes	Via Bolton Council Adults Directorate	Any info for cascading to Adult provider services should go to ContractsTeam@bolton.gov.uk and they will cascade to the relevant in-house providers and external Residential and Nursing care.
Vulnerable Housing Association tenants Homes Residents	Via Bolton Council Strategic Housing	John.slater@bolton.gov.uk
University of Bolton		Graham Kearsley CMIOSH Specialist Services & Safety Manager 01204 903577 07736073047 Graham.Kearsley@bolton.ac.uk

Useful Contact Details

Individual / Organisation:	Telephone Number:	Email Address:
Public Health England Centre PHEC (Health Protection Team)	0344 225 0562 Option 1 Please check if this is still correct (this is correct no.)	gmancHPU@phe.gov.uk
Bolton Council Environmental Health	01204 336500 Food Health & Safety Team	Need generic email address
Bolton Council Emergency Planning - Paul Bolton	Out of hours contact: Security & Response Need phone number	civilcontingencies@bolton.gov.uk
Bolton Council Communications	Need generic phone number if there is one otherwise put Council main contact number	pressoffice@bolton.gov.uk
Consultant Microbiologists	01204 390411 01204 390416	n/a
Virology Lab Manchester Royal Infirmary	0161 276 1234 (switchboard) 0161 276 5886 0161 276 5888	n/a
Infection Prevention & Control,	01204 390408	Infection.control@boltonft.nhs.uk
Bolton Council Public Health Team	Wendy's number 01204 337821 Marie's number	Wendy.meredith@bolton.gov.uk Debra.malone@bolton.gov.uk Marie.bisset@bolton.gov.uk

		phadmin@bolton.gov.uk
TB Nurse	01204 390877	Stacey.farrow@boltonft.nhs.uk
Need Jimmy's correct title	Need phone number	James.tunn@boltonft.nhs.uk
Bolton NHS Foundation Trust Senior Manager On Call	Need out of hours phone number	n/a
Chief Officer, Bolton CCG	Put switchboard number in but also check to see if there's a generic out of hours number and out that in	Su.long@nhs.net Check email address
On call duty (out of hours) Consultant in Communicable Disease Control	Via Tameside Hospital Switchboard 0161 922 6000	n/a
Sue Unsworth Functional Co-ordinator Head of STAR Service, Adult Social Care		
Cath Gibbons Functional Co-ordinator Head of ACM Service, Adult Social Care		
Lisa Moores Functional Co-ordinator Team Leader, Home Support Service, Adult Social Care		
Chris Parker Functional Co-ordinator Assistant Director for GMW MH Trust, Adult Social Care		
Anne Gorton Functional Co-ordinator Policy, Strategy & Partnerships Manager, Children's Services		
Mick Coleman Functional Co-ordinator Youth Offending Team Manager, Children's Services		

Glossary of Terms

BBV	Blood Borne Virus
CCDC	Consultant in Communicable Disease Control
DIPC	Director Infection Prevention & Control
DPH	Director of Public Health
HP	Health Protection
LRF	Local Resilience Forum
OCT	Outbreak Control Team
PHE	Public Health England
PHEC	Public Health England Centre
RBH	Royal Bolton Hospital