SWANSEA BAY
PORT HEALTH AUTHORITY

AWDURDOD IECHYD PORTHLADD
BAE ABERTAWE

PLAN FOR HANDLING MAJOR OUTBREAKS OF COMMUNICABLE DISEASE

Reviewed: November 2016

Contents	Page
Preface	3
Abbreviations	5
Part 1: Outbreak Plan	
1. Introduction	6
2. Management & Organisation Arrangements for Handling Outbreaks	
3. Determination of an Outbreak	7
4. Outbreak Report	
5. Review	8
Part 2: Appendices	
1. Outbreak Control Team (OCT)	9
• Membership of the OCT	
• Duties of the OCT	
• Roles and Responsibilities of Core OCT Members:	10
a) Director of Public Protection	
b) Consultant in Communicable Disease Control	11
c) Director of Microbiology Laboratory/Consultant Microbiologist	
d) Communicable Disease Surveillance Centre (Wales)	12
e) Health Board's Executive Director of Public Health	
2. Roles of Local Authorities, Health Boards, Public Health Wales and others	13
• Local Authorities (inc Swansea Bay Port Health Authority)	
• Health Boards	
• Public Health Wales	14
• Food Standards Agency Wales	
• Care and Social Service Inspectorate Wales	
• Public Health England	15
• Water Companies	
• Drinking Water Inspectorate	
3. Tasks of the Outbreak Control Team	16
• Preliminary Phase	
• Descriptive Phase	
• Collation	
• Control Measures	
• Communication	17
4 Media Relations	18
5 Cross Boundary Outbreaks	
6 Out of Hours Service and Emergency Arrangements	
7 Format for Outbreak Reports	19
8 Communication for Release of Outbreak Reports	20
9 Authorisation	22

Contents		Page
10.	Lead Officer	23
11	Food Specific Appendix - Legal Responsibilities	25
12.	Water Specific Appendix	26
1	Introduction	
2	Purpose	
3	Responsibilities	
4	High-level Process Map	27
5	Incident Management	28
6	Outbreak Control	
7	Detailed Process Maps: Sheet 1 – Identifying Events and Escalating	29
8	Detailed Process Maps: Sheet 2 – Managing an Incident or Escalating	30
9	Detailed Process Map: Sheet 3 – Controlling an Outbreak	31
10	Role of Water Company in Incidents Management Team/OCT	32
11	Incident Management Team for the Public Health Aspects of a Water Incident	
12	Control Measures to be Considered in Both Incidents and Outbreaks	34
13	Epidemiological Evidence Used to Determine Likely Association with Drinking Water	
14	Relevant Legislation & Guidance	
12	Points of Contact	35

Preface

This Plan should be read in conjunction with:

i) The SBPHA guidelines for infection control, written for port health staff and for crew members on board passenger and other vessels under the jurisdiction of this Authority - see file ref I1/10(ii).
ii) The Handbook for Port Medical Officers - see file ref E1/a(2)
iii) The Memorandum of Understanding with MCA - see file ref M4/C
iv) Best Practice Guides developed by APHA & the All Wales Port Health Expert Panel – see file ref S5/4.

Infection control is an integral to an effective risk management programme to improve the quality client experience and the occupational health of staff. Whilst trying to create a pleasant and comfortable environment for passengers and crew, it is important to remember that communal living in an enclosed space such as a ship does raise issues around infection / disease control. The philosophy of the infection control guideline is to encourage individual responsibility by every member of crew. The guidelines should be regarded as a guide to best practice, but cannot cover all eventualities and may need to be modified in certain circumstances.
Cruise liners and passenger ferries, by reason of being communal places, are liable to have a disease / infection spread to significantly larger numbers of people than would occur in individual shoreside households, if the principles of good practice are not adhered to at all times. Smaller cargo vessels also carry larger numbers of people living in close proximity when compared to domestic households.

This Outbreak Control Plan is based on the model "The Wales Outbreak Plan", 2014 developed from the amalgamation of the following plans:

- Plan for handling Major Outbreaks of Food Poisoning (2004)
- The Emergency Framework for health-related incidents and outbreaks in Wales and Herefordshire potentially caused by contaminated drinking water ("Water Framework") (January 2008)
- Model Plan for the Management of Communicable Disease Outbreaks in Wales (1995 and draft update 2007)

When to use this plan

The Plan describes arrangements in outbreaks where the Outbreak Control Team (OCT) is the decision-making body in controlling the outbreak.

There will be rare occasions where an outbreak, or incident, may develop into an overwhelming communicable disease emergency or there is suspicion of a bioterrorism event. In such a scenario, the Wales Resilience Emergency Planning structures may need to be invoked and the OCT would need to consider escalation to involve the Local Resilience Forum (LRF) Chair. The Wales Framework for Managing Major Infectious Disease Emergencies document describes the overarching arrangements that apply. In these exceptional circumstances there are also specific UK plans for bioterrorism or other particular infectious disease threats which would also take precedence over this plan.

1. INTRODUCTION

1.1 This plan adapts the plan developed by the South Wales Health Infectious Disease (Human) Emergency Planning Group on behalf of the South Wales Local Resilience Forum.

1.2 The plan sets out the generic arrangements for managing major infectious disease emergencies, including co-ordination, operational responsibilities of NHS organisations and the role of partner agencies. Disease-specific arrangements are set out in the relevant sections annexed to that plan.

1.3 The content has been developed in accordance with the requirements of the Civil Contingencies Act 2004 and the principles contained in a range of supporting documents as set out in Appendices.

1.4 The plan will be updated as necessary to take account of lessons learned from infectious disease outbreaks, exercises and further research.

2. AIM OF THE PLAN

2.1 The aim of this plan is to establish widely understood arrangements for responding to a major infectious disease emergency within or adjacent to the port district, enabling partner organisations to undertake an integrated response to a major infectious disease outbreak in conjunction with this Authority.

3. DEFINITION

The term outbreak is used for a situation when diseases, or health events, occur at a greater than normal rate in a specific period and place. A major infectious disease emergency is defined as an outbreak that overwhelms, or has the potential to overwhelm, normal arrangements and requires implementation of extra-ordinary control measures. This could arise from a disease that:

- infects humans
- spreads from person to person
- causes illness in a high proportion of the people infected, and
- spreads widely because a high proportion of the population is susceptible, with little or no immunity from previous infection or immunisation.

3.1 In a major infectious disease emergency all resources are likely to be fully stretched and the impact on health and social care is likely to be intense, sustained and nation- wide

3.2 The scale of such an emergency will require national and international co-ordination. The Welsh Government will activate the "Wales National Emergency Co-ordination Arrangements" and at UK level, the Civil Contingencies Committee and Cabinet Office Briefing Room (COBRA) will be established.

3.3 The Department of Health will provide the health lead into COBRA, co-ordinating with the other UK Health Departments. The DOH will also lead on international issues and liaise with the World Health Organisation (WHO) and European Community Communicable Disease Network.

3.4 WHO will co-ordinate the international response in relation to surveillance, information, investigation and advice on control measures. They will provide expert field assistance and international response teams on request.

4. BUSINESS CONTINUITY MANAGEMENT

4.1 A major infectious disease outbreak such as an influenza pandemic will place considerable pressure on organisations including this Authority, emergency and essential services and the business sector, resulting from staff absence, travel disruption and supply chain difficulties. Robust business continuity management will help organisations to mitigate the impact of a major outbreak on services – see SBPHA Business Continuity Plan file ref S5/4(c) - adopted by the Authority in June 2006 and integrated in the Authority's Service Delivery Plan.

4.2 To control or delay the spread of an infectious disease, organisations will also need to be aware of and plan for the consequences of measures that government may recommend. Decisions on such actions will normally remain for local determination based on advice and recommendations issued by Health Departments.

4.3 Chapter 6 of Emergency Preparedness, HM Government's statutory guidance to the Civil Contingencies Act 2004, provides detailed planning information for local responders on business continuity management.

5. TRAINING AND EXERCISING

5.1 All organisations are responsible for ensuring that their staff are trained to fulfil their role in an emergency. This Authority is committed to staff training and professional development. PHOs represent the Authority at LRF 'Risk Assessment' (South Wales & Swansea / Neath Port Talbot) Groups & SWLRF Training and Co-ordination Group , and on the DPPW Communicable Disease Panel & the related South West Wales Task Group.

5.2 Exercises to validate infectious disease response planning need to be undertaken within organisations and jointly with response partners. This Authority is committed to work with Health Emergency Planning Co-ordination Groups and the LRF to identify and address local multi – agency training and exercise needs and to test communication channels for local dissemination of alerts, information and advice.

Abbreviations

CCDC	Consultant in Communicable Disease Control
CDSC	Communicable Disease Surveillance Centre
CMO	Chief Medical Officer of Wales
CSSIW	Care and Social Service Inspectorate Wales
DCWW	Dŵr Cymru Welsh Water
DEFRA	Department for Environment, Food and Rural Affairs
DML	Director of Public Health Wales Microbiology Laboratory
DPHS	Director Port Health services
DPP	Director of Public Protection (Director of Environmental Health or nominated Deputy)
DPPW	Directors of Public Protection Wales
DWI	Drinking Water Inspectorate
EDPH	Executive Director of Public Health (of the Health Board)
EHO	Environmental Health Officer
FSAW	Food Standards Agency Wales
PHE	Public Health England
IMT	Incident Management Team
LA	Local Authority (including Port Health Authority)
HB	Health Board
LRF	Local Resilience Forum
MCA	Maritime Coastguard Agency
NHS	National Health Service
OCT	Outbreak Control Team
PCT	Primary Care Trust
PMO	Port Medical Officer
PO	Proper Officer
SBPHA	Swansea Bay Port Health Authority
STAC	Scientific and Technical Advice Cell
APHA	Animal and Plant Health Agency

1. INTRODUCTION

1.1. This document sets out arrangements for managing all outbreaks of communicable disease within the district of Swansea Bay Port Health Authority. It is based on the model for all outbreaks led by or within Wales.

1.2. The plan comprises two parts. Part 1 is the outbreak plan for how all outbreaks will be handled. Part 2 deals with the OCT and the roles of various organisations. It includes incident / disease specific appendices providing additional technical detail for certain specified circumstances.

1.3. Responsibility for managing outbreaks is shared by **all** OCT members. This responsibility includes the provision of sufficient financial and other resources necessary to bring the outbreak to a successful conclusion. Others can make a request to join the OCT if there is a case to do so.

1.4. An outbreak is usually declared jointly by the DPHS, the CCDC acting as PMO and the DML after these individuals have jointly considered the facts available. However, any one of these can declare an outbreak if required.

1.5. The core members of all OCTs are the DPHS, the PMO, the Director of Microbiology / Consultant Microbiologist, Lead Officer for Communicable Disease of any other Local Authority involved and the Executive Director of Public Health (EDPH) for the HB.

1.6. This plan is intended to be a framework for the OCT to discharge their duties in relation to the management and control of communicable disease outbreaks. To facilitate this, the appendices contain procedures, guidance and other information that these organisations may refer to as appropriate.

2. MANAGEMENT & ORGANISATION ARRANGEMENTS

2.1. **Public health protection**
The primary objective in the management of an outbreak is to protect public health by identifying the source of the outbreak and implementing necessary measures to prevent further spread or recurrence of the infection. The protection of public health takes priority over all other considerations and this must be understood by all members of the OCT.

2.2. **Surveillance**
The secondary objective is to improve surveillance, refine outbreak management, add to the evidence collection and learn lessons to improve communicable disease control for the future.

2.3. **Communication**
The successful management of outbreaks is dependent upon good and timely communication between this Authority, LAs, HBs, Public Health Wales and all other relevant parties.

2.4. On occasions when there are cross boundary interests, e.g. place of residence in one LA and place of employment/schools/other associations in a different LA, the investigation processes would usually be undertaken by the LA where the individual is resident. If exclusion is necessary this would usually be undertaken by the LA where the risk is located i.e. place of employment, school, etc following discussions with the resident LA. This will apply to cases, contacts and controls. Active communications between this Authority all the LAs involved are essential.

3. DETERMINATION OF AN OUTBREAK

Detection and Assessment

3.1 Where it appears to any one of the DPHS, PMO or DML that an outbreak may exist, immediate contact will be made with the other two parties. The three parties will jointly consider the facts available and will determine whether or not an outbreak does exist. Any one of the parties can declare an outbreak, if required. The PMO will inform the DPH (or another senior representative of the relevant HB).

3.2 In reality, there are many minor outbreaks and clusters of disease that occur that are managed satisfactorily without the formal declaration of an outbreak and the convening of an OCT. When a decision has been made not to formally declare an outbreak, it is the duty of the three parties above to keep the situation under review to determine if the formal declaration of an outbreak and an OCT is needed subsequently.

Declaration

3.3 The decision to declare an outbreak and to subsequently convene an OCT as necessary may be made jointly by the three parties or by any one of the above parties. Even if the other parties do not agree there is an outbreak, there is a duty on them to attend the OCT meeting and formally explain their opinion and to discuss this further.

3.4 The establishment of an OCT as soon as possible will normally be considered if an outbreak is characterised by one or more of the following:

a) immediate and / or continuing communicable disease hazard significant to the population at risk;
b) one or more cases of serious communicable disease;
c) large numbers of cases or numbers greater than expected;
d) involvement of more than one LA.

3.5 Core membership of the OCT will be in accordance with Appendix 1

3.6 If a microbiologist in any hospital local to the outbreak is not involved in the discussions, then the Lead Infection Control Specialist for the hospital should be informed promptly of the situation by the PMO.

Outbreak Control Team

3.7 The OCT Chair will be appointed at the first meeting and will normally be the DPHS or the PMO as appropriate. There may be occasions when it is more appropriate that another core member of the OCT is appointed as Chair.

3.8 It shall be the duty of the Chair to ensure that the OCT is managed properly and professionally.

3.9 Responsibility for handling the outbreak **must** be given to the OCT by the parent organisations. Representatives **must** be of sufficient seniority to make and implement decisions and to ensure that adequate resources are available to undertake outbreak management.

Communication

3.10 It is essential that effective communication be established between all members of the team and maintained throughout the outbreak in accordance with Appendix 3 (Tasks of the Outbreak Control Team) and 4 (Media Relations). The Chair will ensure that minutes will be taken at all OCT meetings and circulated to participating agencies.

3.11 It is recommended that whenever possible the OCT should meet in person rather than communicate through telecom conferencing. It is recognised that this may not always be practical but face to face meetings should be utilized where possible particularly when difficult decisions are being considered.

3.12 Use of communication through the media may be a valuable part of the control strategy of the outbreak. The OCT should consider the risks and benefits of pro-active versus reactive media engagement in any outbreak.

3.13 A member of the OCT should be asked to liaise with the manager of any premise/organisation involved in the outbreak to explain how an OCT works and the potential consequences of declaring an outbreak.

Conclusion

3.14 At the conclusion of the outbreak the OCT will prepare a written report. The minutes and report should be anonymised as far as possible.

4. OUTBREAK REPORT

4.1 Where an OCT is convened, a record of proceedings will be made and circulated to a distribution list agreed by OCT members. In the event of a significant outbreak, a report will in addition be circulated to Communicable Disease Surveillance Centre (CDSC) in Wales, to WG, the HB, the FSAW and / or the DWI as appropriate, all LAs involved and any other parties as deemed appropriate by the OCT.

4.2 This report will contain details of the investigation, compilation of the results and conclusions. Minutes of all outbreak control team meetings will be appended.

4.3 The suggested format is contained in Appendix 9 (Format for Outbreak Reports).

4.4 Where an OCT is not convened the CDSC green form will be sent to CDSC (Wales) and the Welsh Government by the CCDC. In addition, local authorities will complete the Outbreak Report Form and send it to CDSC (Wales).

4.5 The OCT report is owned jointly by all the organisations represented on the OCT. The OCT should agree when and how the report is to be first released, paying due consideration to impending legal proceedings and freedom of information issues.

5. REVIEW

5.1. This Plan will be reviewed formally every 3 years or sooner if it has been identified that changes are required.

5.2. The review will include a consultation between the relevant parties and any other organisations or individuals as appropriate regarding organisational arrangements for the management of an outbreak.

5.3. Simulation exercises to test the efficiency and effectiveness of the plan will be held in accordance with Best Practice identified by the All Wales Port Health Technical Panel in the event of the plan not having been activated during that time.

5.4 Document reviews:

Version	Date
1	May 2006
2	March 2011

APPENDIX 1	OUTBREAK CONTROL TEAM

1. MEMBERSHIP OF THE OUTBREAK CONTROL TEAM

Core Members (All Outbreaks)

- Director Port Health Service & relevant LA Director of Public Protection
- Port Medical Officer & relevant Consultant in Communicable Disease Control
- Director Microbiology Laboratory / Consultant Microbiologist
- Lead Officer for Communicable Disease of the LA as relevant
- HB Executive Director of Public Health

Additional Core Members (Some Outbreaks)

- Secretariat
- Resource Team provided by:
  a) Port Health & Local Authority;
  b) Public Health Wales;
  c) Microbiology Laboratory; and
  d) Health Board.
- Regional Epidemiologist / CDSC
- Public Relations Officer

Co-opted Members as necessary e.g.:

- Animal Health
- MCA, Harbour Authority / shipping agency
- DWI
- FSAW
- Meat Hygiene Service
- Public Analyst
- Food Examiner
- Water Company plc
- Natural Resources Wales
- Health and Safety Executive
- Representatives from other Outbreak Control Teams / LAs
- Infection Control Team
- Immunisation Co-ordinator
- Animal and Plant Health Agency
- Others as appropriate eg police, Healthcare Inspectorate Wales, Care and Social Services Inspectorate Wales (CSSIW)

2. DUTIES OF THE OUTBREAK CONTROL TEAM

These may include:

1. Appointing a Chair.
2. Taking minutes to record decisions and actions.
3. Reviewing evidence and confirming that there is an outbreak or a significant incident which requires Public Health intervention.
4. Defining cases and identification of cases or carriers as appropriate.
5. Identifying the population at risk.
6. Identifying the nature, vehicle and source of infection by using microbiological, epidemiological and environmental health expertise.
7. Stopping the outbreak if it is continuing.
8. Developing a strategy to deal with the outbreak and allocating individual and organisational responsibilities for implementing action.
9. Investigating the outbreak, implementing control measures and monitoring their effectiveness, using laboratory, epidemiological and environmental health expertise.
10. Ensuring adequate manpower and resources are available for the management of the outbreak.

11. Ensuring that in the absence of a team member a competent deputy is made available.
12. Ensuring appropriate arrangements are in place for out of hours contact with all members.
13. Preventing further cases elsewhere by communicating findings to national agencies.
14. Keeping relevant local agencies, the general public and the media appropriately informed.
15. Providing support, advice, and guidance to all individuals and organisations directly involved.
16. Considering the potential staff training opportunities of the outbreak.
17. Identifying and utilising any opportunities for the acquisition of new knowledge about communicable disease control.
18. Declaring the conclusion of the outbreak and preparing a final report.
19. Evaluating lessons learnt.

3. ROLES AND RESPONSIBILITIES OF OCT MEMBERS

3.1 At the first meeting of the OCT, all members (whether core or co-opted) will agree to work to this plan. No organisation will attend in an observer capacity. The primary duty of each OCT member is to play their part in the control of the outbreak and protect public health. All other duties will be secondary.

3.2 The OCT will work without undue interference. Each member will recognise the roles and duties of other members, particularly where an outbreak crosses LA boundaries or involves a hospital(s).

3.3 OCT members must declare any interest in any organisation or premises which is the subject of the outbreak investigation. Anyone who declares such an interest should not chair the OCT. A person having an interest in the premises and being part of an OCT shall have no vote in determining a policy or action by the OCT. Alternatively, the OCT Chair may require the nomination of an additional person from that organisation to the team.

3.4 Any OCT member, whether core or co-opted, **must** disclose any relevant information about any organisation or premises they regulate which is the subject of the outbreak investigation.

3.5 In the early stages of an investigation, it is not always apparent whether any serious criminal offence has been committed. However the police may conduct an investigation where there is an indication of the commission of a serious offence. The police investigation may overlap with the OCT work and may need to be considered in the wider context of managing the outbreak. Any information collected in the outbreak therefore may be used as evidence in a criminal prosecution.

a) Director Port Health Service

1. Together with the PMO / CCDC and Local DML to jointly consider the facts, declare an outbreak and convene the OCT.
2. To provide facilities and resources for the OCT including administrative support for team meetings, if appropriate eg the outbreak is centred within the port district.
3. Where necessary, to organise an outbreak control centre or helpline.
4. Where appropriate, to make available staff to assist in the investigation of the outbreak as required by the OCT.
5. To provide specialist information or action on port / environmental health aspects of any disease control.
6. To initiate case finding as appropriate.
7. To arrange for the inspection of vessels & premises considered to be implicated in any outbreak and to receive reports thereon.
8. To consider the use of appropriate statutory powers.
9. To make available to other LAs any extra resources or assistance they may require.
10. To inform the SBPHA Chairman of the outbreak and action taken in response.
11. To inform the FSAW at an early stage in the investigation of any outbreak where food is implicated providing suitable and sufficient initial information
12. To liaise with FSAW where regional or national withdrawal of food may be required.
13. To liaise with other DsPP and WG if the outbreak is wider than of local significance.

14. Where appropriate, to carry out environmental investigations and where necessary to exercise powers of entry, closure, detention of vessels (in conjunction with the MCA), or prosecution.
15. To liaise with WG, other HM Government departments such as, Defra, and agencies such as the FSAW, NRW, DWI, HSE, APHA and other bodies, such as Dwr Cymru, as appropriate.
16. Where appropriate, to arrange for the transport of clinical and / or environmental specimens to recognised laboratories for examination.
17. Where appropriate, to investigate the availability of cleansing and / or other treatment of vessels, premises, articles, equipment, land and animals, seeking specialist advice as appropriate.
18. To provide local information including that on passengers / crew, vulnerable groups, businesses and institutions where appropriate.
19. To prepare the final report with other members of the OCT and to distribute and publish as appropriate.

b. Consultant in Communicable Disease Control / PMO

1. Together with the DPHS and DML jointly consider the facts, to declare an outbreak and convene the OCT.
2. To provide facilities and resources for the OCT including administrative support for team meetings, if appropriate.
3. Where necessary, to organise an outbreak control centre or helpline.
4. Where appropriate, to make available staff to assist in the investigation of the outbreak as required by the OCT.
5. To provide expert medical and epidemiological advice to the OCT on the management of the outbreak including the interpretation of the clinical data, methodology of investigation and control measures to minimise spread and prevent recurrence.
6. To initiate case finding as appropriate.
7. To inform the Chief Medical Officer at WG, the HB's EDPH and PHW Director of Health Protection of the outbreak.
8. To consult and liaise with CDSC (Wales) and with other CCDC's.
9. To assess and collate epidemiological information and to carry out epidemiological studies.
10. Where appropriate, to arrange for medical examination of cases and contacts and the taking of clinical specimens.
11. Where appropriate, to arrange immunisation and / or prophylaxis for cases, contacts and others at risk.
12. To prepare the final report with other members of the OCT and to distribute and publish as appropriate.

c. Director of Public Health Wales Microbiology Laboratory / Consultant Microbiologist

1. Together with the PMO and the DPHS jointly consider the facts, to declare an outbreak and convene the OCT.
2. To provide expert microbiological advice to the OCT on patient management, interpretation of clinical data, methodology of investigation, collection of specimens and control measures required to minimise spread and prevent recurrence.
3. To provide an outbreak number for outbreaks on request from the DPHS or the PMO.
4. To arrange prompt examination/analysis and reporting of clinical and/or environmental samples.
5. To advise on the inspection of vessels / premises and other implicated settings as appropriate and collection of appropriate samples, as required.
6. Where necessary, to provide certificates of examination / analysis in respect of samples examined.
7. Where appropriate, to arrange for any further testing or typing of organisms identified or isolated.

8. To liaise with other public health, hospital and reference laboratories.
9. The local Microbiology Laboratory will normally:
   i) provide suitable specimen containers and request forms;
   ii) provide laboratory testing facilities;
   iii) arrange for any special investigations required to be carried out by ref laboratories;
   iv) be responsible for arranging transport of specimens / isolates to ref laboratories; and
   v) provide both rapid and written confirmation of results.
10. Prepare the final report with other members of the OCT and to distribute and publish as appropriate.

d. Communicable Disease Surveillance Centre (Wales)

1. To provide expert epidemiological advice and assistance to the OCT for the investigation and management of the outbreak.
2. To liaise with the PHW Centre for Infections and where appropriate other national & international public health agencies.
3. Where trainees are seconded to Public Health Wales, CDSC will agree with the PMO the nature and extent of their role in an outbreak.
4. Where appropriate, to assist in the dissemination (or collection) of information about the outbreak to colleagues in Wales and elsewhere.
5. To consider and utilise any opportunities for training public health and environmental health staff.
6. If PMO staff are involved in field investigations the OCT may expect:
   i) expert advice from a consultant;
   ii) a field visit by a public health trainee either on short or long-term attachment accompanied, if appropriate, by a consultant;
   iii) support with study design and assistance with questionnaire development, interviews, data processing and analysis;
   iv) attendance at initial OCT and subsequent meetings as necessary;
   v) a preliminary and final report of CDSC's involvement including recommendations;
   vi) copies of outbreak master file data or other material collected by CDSC, if requested;
   vii) assistance in preparing a scientific report for publication, if appropriate; and
   viii) advice on improving local surveillance.
7. Prepare the final report with other members of the OCT and to distribute and publish as appropriate.

e. Health Board Executive Director of Public Health

1. To ensure that a senior HB representative is always available to respond in the event of an outbreak.
2. To attend (or nominate a sufficiently senior member of staff to attend) OCT meetings.
3. To enable the OCT (usually via the PMO / CCDC) to call on and deploy resources controlled / contracted by the HB at short notice to investigate and control communicable disease outbreaks, including skilled staff and resources (e.g. for urgent immunisation sessions / clinical examinations / chemoprophylaxis) as necessary.
4. To provide / facilitate access to patients suffering from infection, their health records, clinical colleagues and information held on databases if necessary for outbreak investigation and control.
5. To disseminate information to the public or health professionals locally as directed by the OCT.
6. To liaise with other HB EDPHs if required.
7. Prepare the final report with other members of the OCT and to distribute and publish as appropriate.

APPENDIX 2 | ROLES OF LAS, HBS, PUBLIC HEALTH WALES AND OTHER AGENCIES

1. Local Authorities (inc Port Health Authorities)

1.1 LAs have statutory responsibility for notifiable infectious disease in their locality (inc food poisoning) under the Public Health (Control of Disease) Act 1984 as amended by the Health and Social Care Act 2008 and the Health Protection (Notification) (Wales) Regulations 2010.

1.2 LAs have enforcement duties under the Health and Safety at Work etc. Act 1974. They also have an important role in the control of some zoonoses as the licensing authority for animal establishments. LAs / PHAs also have duties under the Water Industry Act 1991, sections 77-79, relating to the wholesomeness of public water supplies. They also have responsibility for private water supplies under the Private Water Supplies (Wales) Regulations 2010.

1.3 The Local Government Act 1972 enables the LA / PHA to appoint individuals as Proper Officer's (PO) to carry out certain functions. It also enables the LA / PHA to delegate powers to individual officers in order to ensure the effective and efficient operation of its functions.

1.4 The LA normally appoints the DPP (DPHS in the case of SBPHA) as a PO with delegated authority to sign notices, issue licences and to lay information and make complaints to the Justices for the prosecution of offenders without reference to the LA / PHA, in respect of relevant public / environmental health legislation.

1.5 The LA normally appoints and authorises the Public Health Wales' CCDC as PO under the terms of the Public Health (Control of Disease) Act 1984. LAs may appoint a sufficient number of Alternate POs who will act in the absence of the PO. All PO appointments are made in writing and confirm specifically the enactments in which they will act.

1.6 Similarly, the PHA normally appoints and authorises the Public Health Wales' CCDC as PMO under the terms of the Public Health (Control of Disease) Act 1984. PHAs may appoint a sufficient number of Alternate PMOs who will act in the absence of the PMO.

1.7 The PO / PMO normally reports to the LA / PHA through the DPP / DPHS.

1.8 The CCDC when acting as PO / PMO does so as an officer of the LA / PHA.

1.9 Other suitably qualified public health professionals in Public Health Wales may be appointed and authorised as alternates to act in the absence of the PO.

2. Health Boards

2.1 The HB has a number of responsibilities in relation to the public health function, and has overall responsibility for the health of the population within its geographical boundaries. These responsibilities include: the direct provision of healthcare through hospitals and community services; the commissioning of other services relating to health including disease prevention; involvement in promoting health and a role in relation to primary care provision.

2.2 The HB has the services of an appropriately qualified CCDC with executive responsibility for the surveillance, prevention and control of communicable disease within the HB's boundary. CCDCs are appointed as PO of the LAs (PMO in the case of a PHA) within the HB area for communicable disease control purposes. Alternate PO / PMO CCDCs are available if the CCDC who normally covers the relevant HB is unavailable. (Note: 'Control' includes surveillance and prevention as well as control).

2.3 The HB will collaborate with all relevant agencies (including PHAs, LAs, PHW and others) to ensure that appropriate arrangements are in place for the prevention, surveillance and control of communicable disease for their population and ensure that the responsibilities for these are clearly defined.

2.4 In the event of an outbreak, the HB will provide all necessary support to the OCT. This includes ensuring that the CCDC has access to patients suffering from infection and to advice from clinical colleagues as required.

2.5 The HB may commission health care services through formal contracts with other health care providers. Contracts should ensure that satisfactory infection control arrangements are in place, including a requirement that the CCDC be informed of any notifiable disease, or infection problems, with implications for the public health.

2.6 Outbreaks may occur in hospitals managed by the HB. Most hospital outbreaks have minimal or no wider public health implications and will be dealt with using that hospital's own internal outbreak plan. However, if a communicable disease outbreak within a hospital has any potentially serious public health implications, responsibility for outbreak control passes to an OCT convened in accordance with the All Wales plan.

3. Public Health Wales

3.1 The following elements within the Health Protection Division of Public Health Wales currently have a role in the prevention, surveillance and control of communicable disease:

a) the CCDC and health protection team;
b) the Microbiology Laboratories;
c) the Communicable Disease Surveillance Centre,

The CCDC and the health protection team

3.2 This group supports the HB in the discharge of its duties. It is one of the initial points of contact for any possible outbreak, conducts the initial investigation as appropriate and participates in the OCT. It will liaise and communicate with the HB, WG and others where appropriate.

The Microbiology Laboratories

3.3 Public Health Wales Microbiology Laboratories are responsible for maintaining a national capability for the detection, diagnosis, treatment, prevention and control of infections and communicable disease.

3.4 The Public Health Wales network of laboratories provides comprehensive laboratory facilities for the identification of infection and infectious agents in humans and the environment.

The Communicable Disease Surveillance Centre (Wales)

3.5 CDSC provides epidemiological expertise for population surveillance, investigation of outbreaks and development of strategies for prevention and control. It also offers training for public health doctors and EHOs in outbreak management.

3.6 CDSC (Wales) conducts surveillance in Wales, and provides expert epidemiological advice and assistance in the control of outbreaks upon request.

3.7 CDSC should be involved in the following types of incident:

a) outbreaks of unknown cause involving severe morbidity or mortality;
b) outbreaks due to relatively rare pathogens;
c) outbreaks suspected to involve other districts or be the herald of a large scale incident;
d) outbreaks which are attracting public or national media concern;
e) outbreaks of particular interest to national surveillance.

3.8 CDSC may also ask to assist with incidents that provide opportunities for training or advancing public health knowledge.

3.9 In national or international outbreaks, CDSC may be best placed to co-ordinate the outbreak investigation with the co-operation of CCDC, DPHS & DPP.

4. Food Standards Agency Wales

4.1 The FSAW protects the public's health and consumer interests in relation to food. In conjunction with local authorities, it has developed a 'Framework Agreement on LA Food Law Enforcement' requiring Las / PHAs to set up, maintain and implement a documented procedure which has been developed in association with all relevant organisations in relation to the control of outbreaks of food related infectious disease in accordance with relevant central guidance – see Port Health Officer manual file ref S6/5.

4.2 The FSAW will, when notified by a LA / PHA of an outbreak of food-related infectious disease which has wider implications, offer support to LAs during their investigations. Its response will be dependent upon the particular circumstances and may include provision of scientific advice and communication links with LAs in other parts of the UK. The Agency will, where necessary, facilitate the issue of a food alert or a RASFF (Rapid Alert System for Food and Feed).

5. Care & Social Service Inspectorate Wales (CSSIW)

5.1 CSSIW has responsibility for registering and inspecting nursing and residential care homes under the Registered Homes Act 1984 and regulations made thereunder.

6. Public Health England

6.1 PHE is made up of a number of centres, namely the Centre for Radiation, Chemical and Environmental Hazards, Local and Regional Services, the Centre for Infections and the Centre for Emergency Preparedness and Response. However, the remit of PHE in Wales is limited to those services which are not provided by Public Health Wales.

6.2 With regard to the management of communicable disease outbreaks, this includes specialist and reference microbiology tests and services provided in PHE laboratories, and expert advice. Access to PHE and its services for these functions is usually made though Public Health Wales Microbiology Laboratories.

6.3 In addition, PHE provides expert advisory services to Wales for chemical and radiological issues via the Centre for Radiation, Chemical and Environmental Hazards, which is made up of a number of specialist centres. Services provided include expert advice on human health effects from chemicals in water, soil, air and waste as well as information and support to the NHS and health professionals on toxicology. There is a specialist centre for Chemical Hazards and Poisons in Cardiff – contact details are listed in the Port Medical Officers Handbook.

7. Water Companies

7.1 The number of private water supplies in Wales means that careful consideration is needed to ensure all relevant water sources are identified. Water companies have statutory duties under the Water Industry Act 1991 to supply safe and wholesome water, as defined in the Water Quality Regulations, within their respective regions. When a breach of a water quality standard has occurred that might have a potential impact on public health, water companies are required to inform the relevant LAs and CCDCs and to agree, and undertake, the appropriate investigations and mitigation measures to control or prevent potential risk e.g. Boil Water Notices. In the event of a continuing risk to the safety of public water supplies and an escalation to 'Incident' or 'Outbreak' status, the water companies shall appoint one or more senior responsible officers to the Incident Management Team (IMT) or OCT to fulfil specific operational and customer related requirements.

7.2 The water company representative(s) will have sufficient authority and knowledge to:

a) Understand the cause, effects and extent of the issue and inform the IMT / OCT fully of any events before the incident or outbreak was declared.
b) Make the appropriate operational decisions on behalf of the IMT / OCT and ensure that they are immediately and fully implemented by the water company.
c) Provide the IMT / OCT with a water company perspective on the management of the incident.
d) Be adequately briefed and ensure that the IMT / OCT are made aware of, and have access to, all relevant water quality and operational data.
e) Facilitate the diversion and commitment of water company resources i.e. equipment and manpower to manage the incident.
f) Inform customer communications and other stakeholder briefings and, if necessary, enlist the support of the media communications personnel within the Company. This will include agreeing 'lines to take' for customer call centres and sharing this with the IMT / OCT.
g) Share any necessary information from their customer database.
h) Ensure that all alliance partners (eg onward distributors) and other experts, contractors, etc. assist the IMT / OCT and ensure that any relevant information is shared with all members.

8. Drinking Water Inspectorate (DWI)

8.1 DWI acts for and on behalf of the Secretary of State and Welsh Ministers to ensure that water companies in England and Wales meet their statutory obligations relating to drinking water quality. In this capacity DWI has a technical audit role for public water supplies, including inspection, investigation and powers of enforcement, plus a technical advice role to Ministers and other Government bodies – see DWI returns file ref W2/3. In addition the Chief Inspector of Drinking Water has independent powers of prosecution relating to the duties of water companies under the Water Industry Act 1991.

APPENDIX 3	TASKS OF THE OUTBREAK CONTROL TEAM

To deal effectively with an outbreak, the following tasks should be considered. The step-by-step approach does not imply that each action must follow the one preceding it. In practice, some steps must be carried out simultaneously and not all steps will be required on every occasion.

1. Preliminary Phase

1. Consider whether or not cases have the same illness and establish a tentative diagnosis.
2. Establish case definition (clinical and/or microbiological).
3. Determine if there is a real outbreak.
4. Case finding and establishing single comprehensive case list.
5. Collect relevant clinical and/or environmental specimens for laboratory analysis.
6. Conduct unstructured, in-depth interviews of index cases.
7. Conduct appropriate environmental investigation including inspection of involved or implicated premises and other relevant environments including land, water, air, plant or equipment.
8. Identify population at risk and a representative(s) of that population.
9. Identify anything, including people, water, location, premises, equipment and food, posing a risk of further spread and Initiate immediate control measures.
10. Form preliminary hypotheses on the cause of the outbreak.
11. Make decision about whether to undertake detailed analytical studies.
12. Assess the availability of adequate resources to deal with the outbreak.
13. The OCT should alert hospital pharmacists urgently about any outbreaks where mass immunisation sessions are a possibility.
14. The OCT should ensure that the PHW Virology Service is promptly and formerly briefed even if the outbreak is being supported directly by Local Microbiology Services.

2. Descriptive Phase

1. Identify and investigate the food distribution chain/water supply network or other potential routes of transmission.
2. Identify as many cases as possible.
3. Describe cases by 'time, place and person'.
4. Construct epidemic curve.
5. Collect clinical and/or epidemiological and/or environmental data from affected and unaffected persons using a standardised questionnaire.

3. Collation

1. Calculate attack rates.
2. Confirm factors common to all or most cases.
3. Categorise cases by 'time, place or person' associations.
4. Test and review hypotheses.
5. Collect further clinical, environmental or any other relevant specimens for laboratory analysis.
6. Ascertain source and mode of spread.
7. Carry out analytical epidemiological study.

4. Control Measures

1. Control the source: animal, human or environmental.
2. Control the mode of spread by:
   a) Isolation, exclusion, screening and / or monitoring of cases and contacts
   b) Protection of contacts by immunisation or prophylaxis
   c) Giving infection control and other advice to cases and contacts
   d) Examination, sampling and detention and where necessary seizure, removal and disposal of foodstuffs
   e) Giving advice in respect of closure and / or disinfection of premises
   f) Giving advice on prohibition of defective processes, procedures or practices
   g) Or any other measure that needs to be taken
3. Monitor control measures by continued surveillance for disease.
4. Declare the outbreak over.

5. Communication

1. Consider the best means of communication with colleagues, patients/cases and the public, including the need for an incident room and/or helplines
2. Ensure appropriate information and advice is given to the public, especially those at high risk
3. Ensure accuracy and timeliness
4. Include all those who need to know
5. Use the media constructively
6. Liaise with all relevant agencies including:
   a) Other LAs / PHAs
   b) Other HBs
   c) CDSC (Wales)
   d) PHW
   e) General Practitioners
   f) Education and Social Services Departments
   g) Public Analyst
   h) Government Agencies e.g. DEFRA, Natural Resources Wales
   i) Welsh Government
   j) Divisional Veterinary Officer
   k) Water Company plc
   l) Health and Safety Executive
   m) FSAW
   n) CCSIW
   o) DWI
   p) MCA
   q) Harbour Authority / shipping agencies
7. Prepare a written report.
8. Disseminate information on any lessons learnt from managing the outbreak

APPENDIX 4 — MEDIA RELATIONS

1. The OCT will endeavour to keep the public and media as fully informed as necessary without prejudicing the investigation and without compromising any statutory responsibilities or legal requirements and without releasing the identity of any patient/case.
2. At the first meeting of the OCT arrangements for dealing with the media should be discussed and agreed. This will include a nominated spokesperson and a process for arranging press conferences and releasing press statements.
3. Early and proactive engagement with the media and public is recommended wherever possible. However, it is recognised that there are some outbreaks in which early or proactive media engagement may have significant disadvantages. In these cases the OCT should formally discuss and document the rationale for not proactively involving the media in the OCT minutes and review it at every meeting.
4. Press statements should be prepared and agreed by the OCT or a small subgroup previously agreed by the OCT.
5. OCT Press statements will normally only be released by the nominated Public Relations Officer. If the OCT considers this inappropriate, or the nominated Public Relations Officer is not available, the Team will nominate an alternative spokesperson. **No other member of the OCT or the participating agencies will release information to the press or arrange press conferences without the agreement of the Team.**
6. With the agreement of the OCT, press spokespersons will be appointed for specific purposes.
7. Notwithstanding the above, in the case of food poisoning outbreaks, all media statements should be prepared having regard to the provisions contained in the current Food Law Code of Practice – see file ref F2/2(b).
8. Copies of press statements will be sent to WG and other organisations as appropriate.
9. Consideration should be given as to whether it would be appropriate to purchase local media space to provide clear public health messages in the event of a large outbreak with significant implications to the public generally.

APPENDIX 5 — CROSS BOUNDARY OUTBREAKS

1. The CCDC must inform the office of the WG Chief Medical Officer (CMO) of any cross boundary outbreak and should invite the CDSC to assist in its investigation and management.
2. Regardless of where the cases lie, the OCT will take responsibility for the investigation, management and control of the outbreak. All involved LAs / PHAs will participate fully in the OCT process.
3. The initial meeting of the OCT will normally be chaired by the CCDC or DPHS / DPP for the most appropriate LA / PHA on the information available at the time. The Chair for the remainder of the outbreak will usually stay with this individual unless agreed otherwise.
4. It is the duty of the chair of the OCT to invite officers from local authorities and agencies to be part of the OCT where appropriate.
5. Other involved authorities will be invited to participate at an appropriate level and to provide resources at a proportionate level.
6. The organisation of cross boundary arrangements between LAs / PHAs will be in accordance with (page 13) in the All Wales Plan.

APPENDIX 6 — OUT OF HOURS SERVICE AND EMERGENCY ARRANGEMENTS

1. All core members must make suitable and sufficient arrangements for providing an effective service to deal with incidents and outbreaks at times outside normal office hours. These will include:
   - In the evening and night times after normal office hours have finished
   - At weekends
   - During bank holidays
   - During extended periods of office closures, e.g. Christmas, Easter.
2. The arrangements must include references to communications, resources and equipment, and enforcement activity administration.
3. All core members will ensure that effective communication systems are in place and take responsibility for updating contact points whenever necessary.
4. LAs should ensure that the resources necessary for out-of-hours actions can be quickly put into place. This should include:
   - Meeting rooms
   - Administration support
   - Officers with necessary competencies and delegated authority.
5. Please refer to Port Medical Officer Handbook for current out of hours contact detail.

APPENDIX 7 — FORMAT FOR OUTBREAK REPORTS

All OCT reports and other documents the must comply with the requirements of the Data Protection Acts 1994 and 1998. For that purpose reports and other documents will anonymise any sensitive personal information and references to patients and businesses will be numerical and alphabetical, respectively. Reports will comprise:

1. Executive Summary

2. Introduction / Background: Brief narrative of circumstances of outbreak

3. Investigation:
- Case Definition
- Epidemiological
- Microbiological
- Environmental
- Chemical

4. Results:
- Epidemiological
- Microbiological
- Environmental
- Chemical

5. Control Measures

6. Conclusions / Recommendations:
a) a statement on the causes of the outbreak, including any failures of procedures or breaches of legislation
b) identification of culpable persons or businesses
c) referrals to other agencies for their actions
d) comments on the conduct of the investigation
e) comments on any training needs identified and performance against agreed standards

7. Appendices:
- Minutes of OCT meetings
- OCT evaluation of the outbreak
- Results of statistical analyses
- Epidemiological Report
- CDSC Report form

APPENDIX 8	COMMUNICATION FOR RELEASE OF OUTBREAK REPORTS

All outbreaks are different. The decision about how to handle the release should start with an **assessment of the media/political and public significance of the outbreak.**

In all significant outbreaks there should be a brief **Communications Plan** around the release of the report. (Note: the declaration of the end of a significant outbreak may require a similar type of communication planning)

The plan should include consideration of communication with:

a) Cases
b) Public and media
c) NHS partners
d) Other public agencies
e) Politicians
f) Board members

The media option around release include:

a) Nothing (if outbreak has not been feature in the public domain)
b) Web story
c) Press release (consider including FAQs if the outbreak is complex to guide reporters to key facts)
d) Press briefing (however, the right spokespeople are necessary before considering such a briefing)

Whatever option is used, it is important to reinforce the message that the OCT report is a **multi-agency** report.

If the OCT report is to be released to the media and the public proactively, then communication with cases/relatives about OCT report release should consider the following:

a) EHOs are often the key individuals in communicating with cases/relatives in many outbreaks. They should be supported in assessing the appropriate approach which may be different for individual cases depending on (for example) outcome of illness, degree of contact with OCT members, previous appearances in the press, whether they would welcome contact and also the total number of cases in outbreak (issues of practicality).
b) Health literacy issues should be considered in any approach made
c) Cases do not necessarily need the report, particularly if it is complex. Consider the following options as alternatives to simply sending the report:

- A letter signposting key findings and that the report has been published and how to obtain it - possibly together with the press FAQs
- Verbal contact by telephone/personal visit
- E-mail contact with the above and an electronic link to the report

All methods of communication should clarify the point that the report is first and foremost a scientific document not intended for a general audience.

EHOs and Health Protection Team members should consider acquiring e-mail addresses routinely for cases on interview if appropriate.

As a general principle, avoid Mondays for report release and check key spokespeople available for day of release.

There is the potential for use of social media (secure web pages for cases, outbreak twitter account etc) for communications with some cases in the future.

Template for outbreak/significant incident evaluation

Introduction

The Chair of the Outbreaks and Incidents subgroup of the Welsh Government Health Protection Committee should be sent a copy of all OCT reports. Those from significant outbreaks should be formally reviewed to fulfil the following objectives:

a) To draw out key positive and negative elements of the outbreak/incident response;
b) To consider ways to enhance and improve the repose;
c) To consider future challenges in achieving improvements; and
d) To draw out learning points for future outbreak responses.

The OCT's own evaluation plays a key role in informing this process. Therefore, after the conclusion of an outbreak, the OCT should undertake its own internal evaluation, using the template in The Wales Outbreak Plan and include this in full in the OCT report.

The OCT evaluation should cover the following headings:

a) Cause of the outbreak
b) Surveillance and detection of the outbreak
c) Preparedness for the outbreak
d) Management of the outbreak
e) Control measures

The specific issues under each heading that should be evaluated include:

a) timeliness of detection and response
b) effectiveness
c) cost
d) lost opportunities
e) new/revised policies

As appropriate, pertinent findings from the evaluation should inform the discussion, conclusion and recommendations sections of the OCT report.

APPENDIX 9	AUTHORISATION

1. The Local Government Act 1972 allows LAs / PHAs to appoint POs / PMOs to perform certain functions to discharge the duties that a LA / PHA has to carry out. Determined by the specific policies of each individual Authority, certain powers will be delegated to the DPP / DPHS to enable to the discharge of the communicable disease function. Section 1 of the Public Health (Control of Disease) Act 1984 requires Las / PHAs to execute the provisions of that Act. To assist the DPP / DPHS in the performance of the function, EHOs /PHOs are appointed and authorised to carry out specific functions. Each EHO / PHO will be authorised by a committee minute or report depending on the level of delegation within that authority.

2. Similarly, SBPHA can appoint a medically qualified person to act as a PMO to assist in discharging the functions of the Act and associated regulations. Guidance was given on this matter in circular WHRC(73)33. The appointment and level of authorisation will be confirmed by a committee minute or delegated power as appropriate. In addition, the PHA / LA should appoint other medically qualified persons to act when the PMO / PO is not available. These "Proper Officers" must be similarly appointed and authorised. Guidance was given on this matter in circular WHC(94)27.

3. Please refer to file ref S6/3 for minutes detailing authorisations relating to PHOs and to the Port Medical Officer Handbook for minutes detailing authorisations relating to PMOs serving this authority.

1. Lead Officer in Communicable Disease

1.1 The development of the Lead Officer for Communicable Disease concept has 2 functions:

a) the appointment of officer(s) within LAs / PHAs who have specific expertise and responsibilities in the Communicable Disease function; and

b) to work with others as a cohort of specialists in the communicable disease function to be used on various locations in Wales to assist in the investigation, control and management of outbreaks.

1.2 The initiative is supported by all LAs in Wales, and given approval by the DPPW and included in the WG CMO's Communicable Disease Strategy, published in July 2001.

1.3 This is part of the continuing development of the communicable disease function in LAs and in particular the implementation of the All Wales Communicable Disease Outbreak Plan. It is considered an important aspect of an LAs role in providing effective and sufficient resources to enable it to respond to major outbreaks of communicable diseases.

1.4 The CMO's Communicable Disease Strategy has recommended the adoption of the principle of a "Lead Officer" and WG has provided a level of funding through PHW to facilitate their training.

2. Lead Officer appointment

2.1 Each LA in Wales will appoint a named "Lead Officer" for communicable disease. This officer will be an existing employee of a LA working in the communicable disease / food safety section within the public protection department.

Qualifications

2.2 The Lead Officer will normally be a qualified EHO with a degree in Environmental Health or the EHORB Diploma and preferably additional qualifications in a related subject. The Lead Officer should have extensive experience in the communicable disease function as a field officer and preferably in a management / supervisory role. Although communicable disease is not limited to food poisoning, the officer should have extensive experience in food safety.

2.3 Job Description

- To provide expert advice and information on all aspects of the communicable disease function within the LA
- To advise on specific aspects of investigation of serious or major incidents of communicable disease
- To provide advice and support to the Chair of the OCT during major outbreaks of Communicable Disease.
- To lead the investigative processes for such outbreaks on behalf of the LA.
- To assess the effectiveness and progress of such investigations.
- To be available for secondment to another LA following a request from that authority. This secondment is to assist that authority in the performance of tasks outlined in this document.

2.4 It is anticipated that this officer will be a named person in the Communicable Disease Outbreak Plan but will not assume the responsibility of chairing the OCT convened to manage and control the outbreak. This function has already been dealt with.

3. Further aspects to consider

Level of appointed person:

The person designated "Lead Officer" should be the officer who normally carries out the investigative work in an outbreak situation. The Lead Officer would not normally be a person at the head of the organisation whose role is essentially managerial neither should they be a recently qualified officer.

Type of specialism required:

It is anticipated that the Lead Officer will be or have had experience in the food safety / communicable disease functions.

Additional qualifications are not required but are desirable and additional training will be provided by the LA / PHA as described above.

4. Arrangements for Collaborative Working

4.1 A further aspect of a PHAs / LAs competence to successfully control and manage a major food poisoning outbreak is to have sufficient number of trained staff available when required. It is possible that either because of job vacancies, holidays or sick absence or because the outbreak is so large that an individual authority may be unable to provide sufficient internal staff resources. It is in these instances that resources may be obtained from a neighbouring LA through a process of collaborative working.

4.2 The collaborative working may take several forms, namely:
- assistance in the various investigative processes of the outbreak investigation;
- carrying out other routine communicable disease investigation work which is not part of the substantive outbreak; or the secondment of an officer to assist in the control and management of an outbreak

4.3 To facilitate this process, local authorities should have in place appropriate administrative processes to enable these collaborative actions to occur as soon as they are required. Issues such as travelling arrangements, costs, indemnify, authorisation must be resolved by the LAs involved. Any such arrangements must be explicit and date limited. Port Health Expert Panel members are in agreement to provide such arrangements in assisting other PHAs subject to the exigencies of maintaining their local service. However, their respective heads of service were reluctant to enter any formal contingency arrangement specifically relating to the port health function.

4.4 In terms of the any secondment arrangements, the seconded officer must be:
- A qualified EHO
- Experienced in food safety and / or communicable disease and outbreak investigation. Ideally, the officer should have experience in the port health function.

4.5 It is envisaged that the role of the seconded officer will be to work alongside the Chair of the OCT to support and direct the investigation. It is not expected that the routine tasks of the outbreak investigation such as case interviews, sampling or premises inspection will be performed by the seconded officer.

1. Background

1.1 The specific statutory responsibilities, duties and powers which are significant in the handling of an outbreak of food poisoning are set out in the Public Health (Control of Disease) Act 1984, the Health Protection (Local Authority Powers)(Wales) Regulations 2010, Health Protection (Part 2A Orders)(Wales) Regulations 2010,the Health Protection(Notification) (Wales) Regulations 2010, the Food Safety Act 1990, the Public Health (Ships) Regulations 1979 as amended, the Public Health (Aircraft) Regulations 1979 as amended and the International Health Regulations 2005.

1.2 The responsibilities, duties and powers are placed either upon the LA / PHA or upon a PO / PMO or an authorised officer of the LA / PHA.

1.3 The FSA has a statutory duty to monitor the performance of food enforcement authorities. This includes a LAs handling of cases and outbreaks of food borne illness. There may be occasions where Agency officials will need to visit a LA in connection with an outbreak but if this arises will do everything possible to ensure the role of the monitoring official and the role of the official co-opted to the OCT are kept separate.

2. Definitions

2.1 **Food Poisoning** - Any disease of an infectious or toxic nature caused by or thought to be caused by the consumption of food or water - (CMO (92) 14.WO).

3. Guidance

3.1 The guidance listed below will assist in the management and control of a food poisoning outbreak. It is recommended that documents below (3.2, 3.3 and 3.4) are kept with and used alongside this outbreak plan. Document 3.2 in particular is a key document in the control of an outbreak. Other documents listed should be used where appropriate.

3.2 **Preventing person-to-person spread following gastrointestinal infections:**
Guidelines for public health physicians and environmental health officers – Communicable Disease and Public Health Vol 7, No 4 December 2004.
This guidance is directed at doctors and EHOs for the purpose of controlling infection in general populations. It covers advice for enteric precautions, specifies 'at risk' groups and gives guidance on exclusions in specified cases - see copy in PHO Manual.

3.3 **Management of Outbreaks of Foodborne Illness in England and Wales - FSAW:**
This guidance provides a framework for health professionals to assist them in the management of outbreaks of infectious disease caused by ingestion of microbiologically contaminated food. It is designed to assist the OCT in dealing with an outbreak and provides an aide memoir for medical and nursing staff, environmental health professionals, scientists and others involved in the investigation - see copy in PHO Manual.

3.3 **Food Handlers:**
Fitness to Work. A Practical Guide for Food Business Operators 2009 - FSAW
This guidance helps managers and staff to prevent infected food handlers spreading illness through food that they work with - see copy in PHO Manual.

3.5 **The Investigation of Sporadic Cases of *E. coli O157* - South East Wales Communicable Disease Task Group 2004.**
This document is intended for use by EHOs when dealing with sporadic cases of E. coli O157. However, some of the investigative suggestions and controls are transferable and useful to utilise to an E. coli O157 outbreak situation - see copy in PHO Manual.

Health related incidents potentially caused by contaminated shoreside drinking water supplies

1. Introduction

1.1. The Water Specific Appendices are derived from the July 2010 guidance document. *The Emergency Framework for health-related incidents and outbreaks in Wales & Herefordshire potentially caused by contaminated drinking water.*

1.2. This guidance was developed by a multi-agency group including representations from LAs, Public Health Wales, Dwr Cymru and an independent expert advisor.

2. Purpose

2.1. This Appendix sets out a multi-agency process for potential health-related incidents which involve public drinking water supplies **(for communicable disease outbreaks involving water, the Wales Outbreak Plan at the front of this document should be followed).**

2.2 It is designed to:

i) guide those involved, encouraging collaboration between agencies and bringing clarity of process and responsibility.

ii) inform the detailed procedures of the numerous organisations involved in protecting public health and resolving drinking water-related issues.

iii) facilitate rapid and effective responses to emergency situations.

2.3. The Appendix does not override national and local resilience plans or the statutory duties of individual organisations. It does not describe the detailed internal procedures of the water companies and the reporting requirements to the DWI.

2.4. The original document was endorsed by the Steering Group of the Water Health Partnership for Wales as a guidance document for use throughout Wales and Herefordshire.

3. Responsibilities

3.1. Responsibility for managing the public health aspects of events, incidents and outbreaks involving water supplies within the port district is shared by this Authority with LAs, HBs and Public Health Wales, with the full assistance of the relevant Water Company and their service providers, plus other experts or relevant consultants. This Appendix outlines those responsibilities and the process by which these organisations effectively work together.

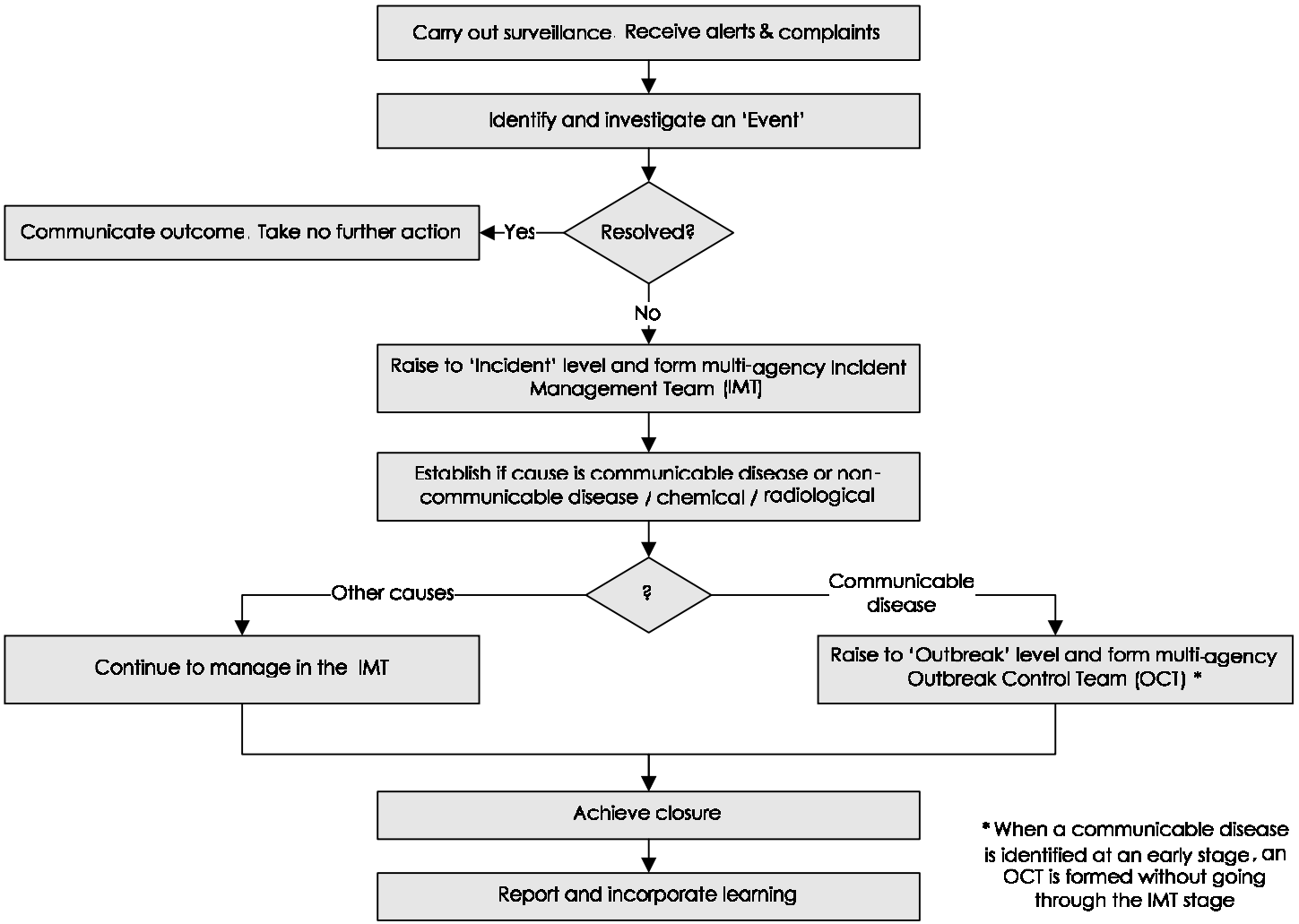
3.2 Water supply lines within the Port of Swansea and the marina at Porthcawl are maintained by Dwr Cymru. Water supply lines within the berths alongside the River Neath and at Port Talbot Dock & New Harbour are however maintained by the port / terminal operators.

A Service Agreement agreed between this Authority and Neath Port Talbot Council delegates authority to SBPHA to undertake duties in relation to these onward distribution lines under the Private Water Supplies (Wales) Regulations 2010.

3.3 Additionally, this Authority has powers under the International Health Regulations 2005 and associated Public Health Ships Regulations to ensure the wholesomeness of potable water supplies onboard vessels within its district. Onboard problems in this respect will necessarily involve close liaison with the MCA.

4. High-level Process Map

The process map below describes the basic steps in the overall process. Three sheets of more detailed maps are included on page 27 - 29.



5 Incident Management

5.1. The primary objective in an incident is to protect public health by identifying the source of the contamination, implementing the necessary measures to minimise exposure and prevent further spread or recurrence. Success is dependent upon effective and timely communication between this Authority, LAs, HBs, Public Health Wales and water companies / onward distribution suppliers, the MCA and other involved parties. Informal discussion of potential problems, including consideration of immediate control measures, is encouraged at an early stage.

5.2. When an event appears to have a significant potential impact on public health, it is escalated to an incident and an Incident Management Team (IMT) formed. Any party can notify other parties of an incident with potential public health implications and initiate an IMT. An 'incident' includes but is not limited to:

a) Any sudden and unexpected breach of the water supply or quality Regulations which is a potential danger to human health
b) Any unusual deterioration in water quality.
c) Any evidence of unusual and unexplained clustering of cases in the community
d) Any significant perceived risk to the health of consumers
e) Significant consumer perception of changes in water quality
f) Significant consumer concern about the quality of the water supplied
g) Any combination of the above

5.3. Appendix 11 outlines the membership and duties of the IMT. Clear roles should be assigned to IMT members. At the earliest opportunity, there needs to be agreement on public information for general release and how to handle on-going media contacts (see Appendix 4: Media Relations). Expert advice should be sought on whether it is appropriate to follow up by commissioning an epidemiological study. Advice will also be shared with experts retained by the water company, the CRCE for chemicals and radiological contamination, and NHS Medical Physicists when appropriate.

5.4. If chemical contamination (or other agents not causing an outbreak) requires an IMT to meet to assess the public health impact, the LA / PHA and Public Health Wales shall ensure adequate resources to facilitate this. A chair shall be agreed and minutes taken. Rapid decisions may need to be agreed with the water company to minimise exposure and the checklist (Appendix 11) should be considered. All information gathered should be shared amongst the IMT members. In some circumstances immediate mitigation actions may need to be taken by the water company, such as issuing precautionary boil water notices or alternative supplies to customers before the IMT convenes. The IMT will then need to agree on whether or not the water company actions are appropriate.

5.5. Once the incident is clearly under control, an interim report should be prepared and shared with all the relevant bodies including this Authority, WG, DWI, other affected LAs, as well as all IMT members (this is distinct from the reports which the water companies is required to submit to DWI). A final report may need to be delayed until any epidemiological studies can be completed. This could be followed by a peer-reviewed publication.

5.6. A record of an IMT proceedings will be made and circulated to an agreed distribution list. In the event of a significant emergency, the report will also be circulated to; WG, the HB, all LAs involved, DWI and other parties deemed appropriate by the IMT.

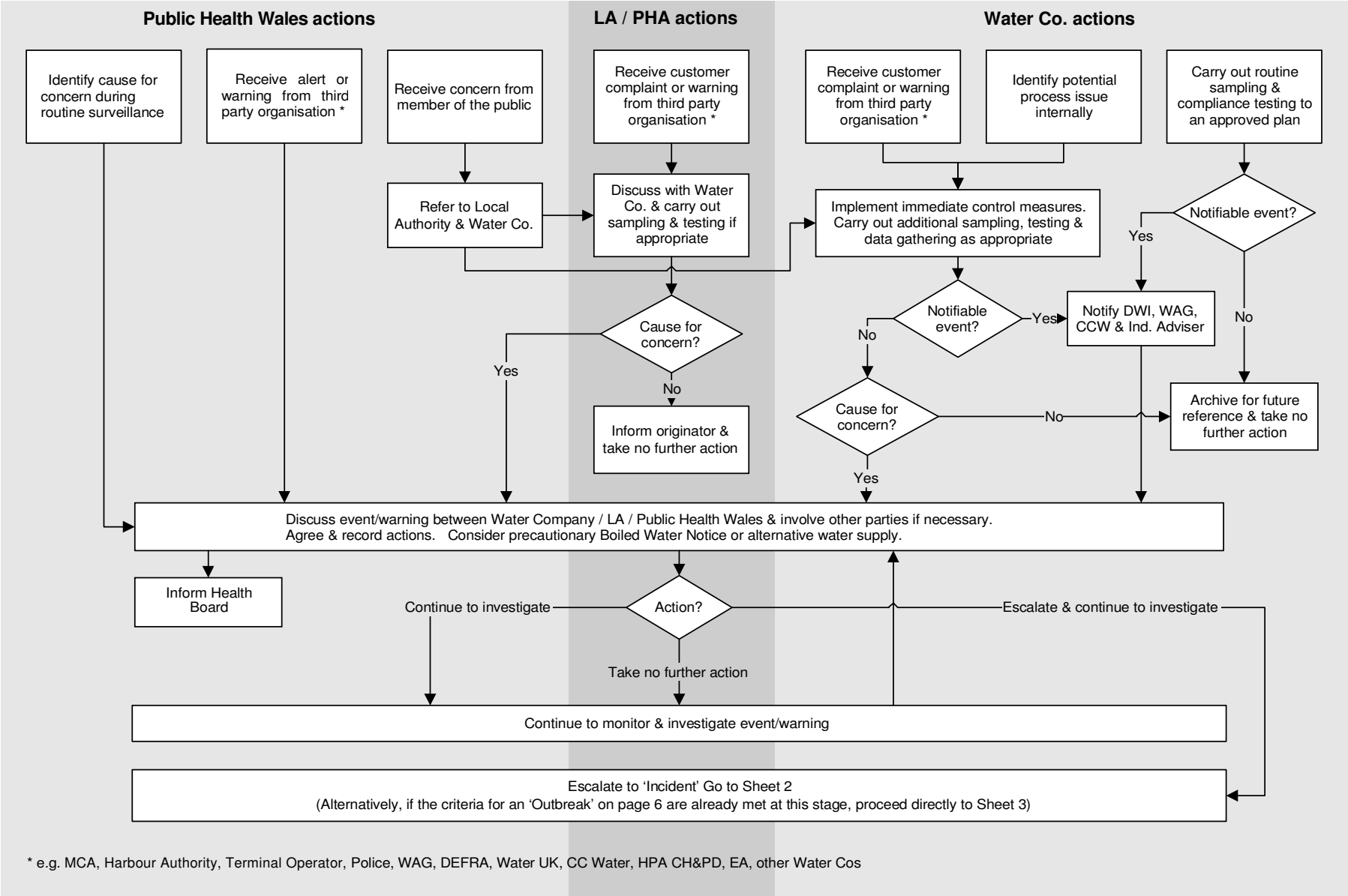
5.7. The IMT will be mindful of the water company's statutory requirement to report at 3 working days and 20 working days (and at other times as required) to the DWI. This report will contain details of the investigation, compilation of the results, conclusions, recommendations and lessons learnt. Minutes of all IMT and / or OCT meetings will be appended.

6 Outbreak Control

1. Where an outbreak is suspected or declared, the Generic Plan should be followed.

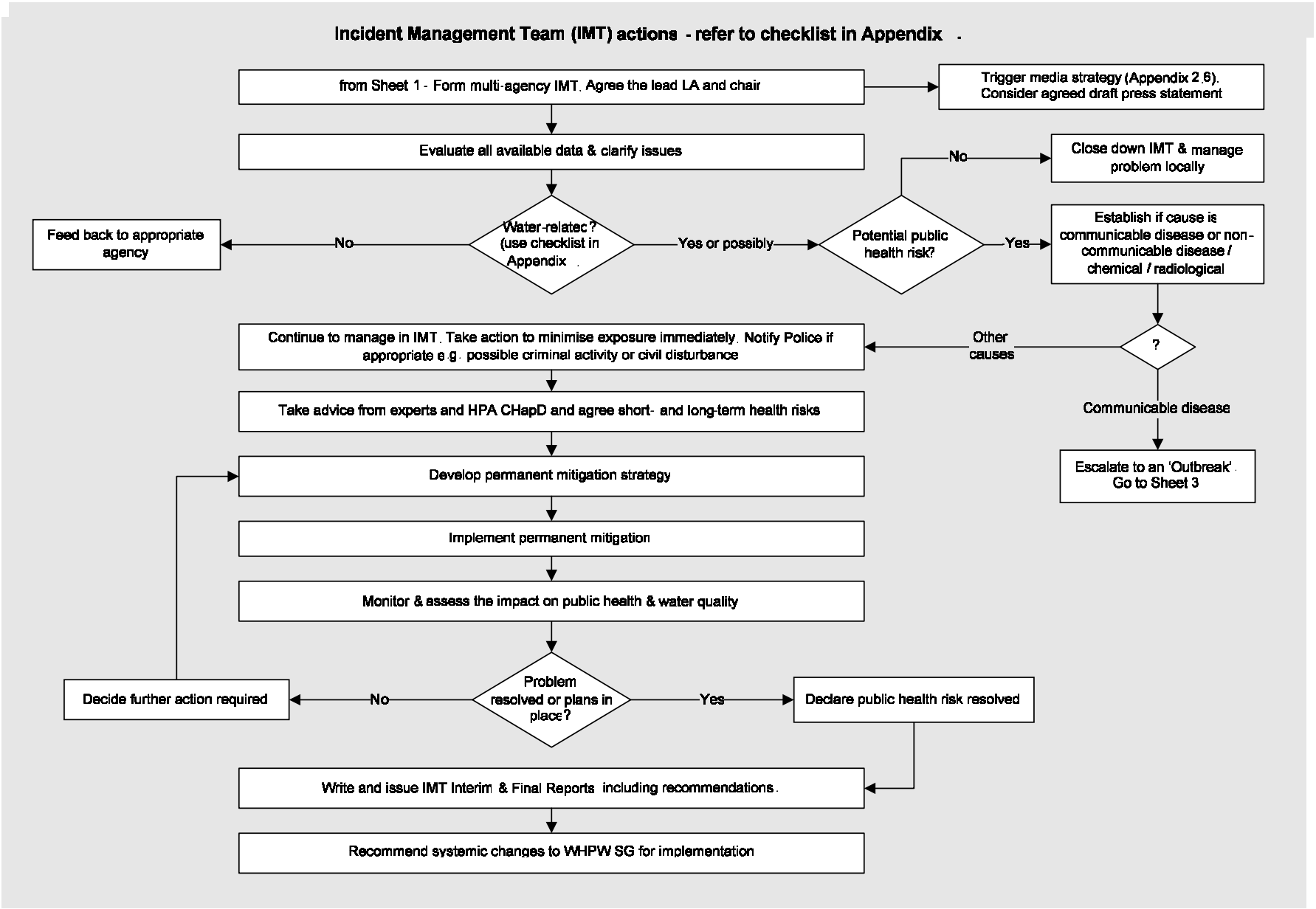
2. The OCT shall be mindful of the water company's statutory reporting requirement. Minutes of all IMT and / or OCT meetings will be appended.

7. Detailed Process Maps: Sheet 1 – Identifying Events and Escalating

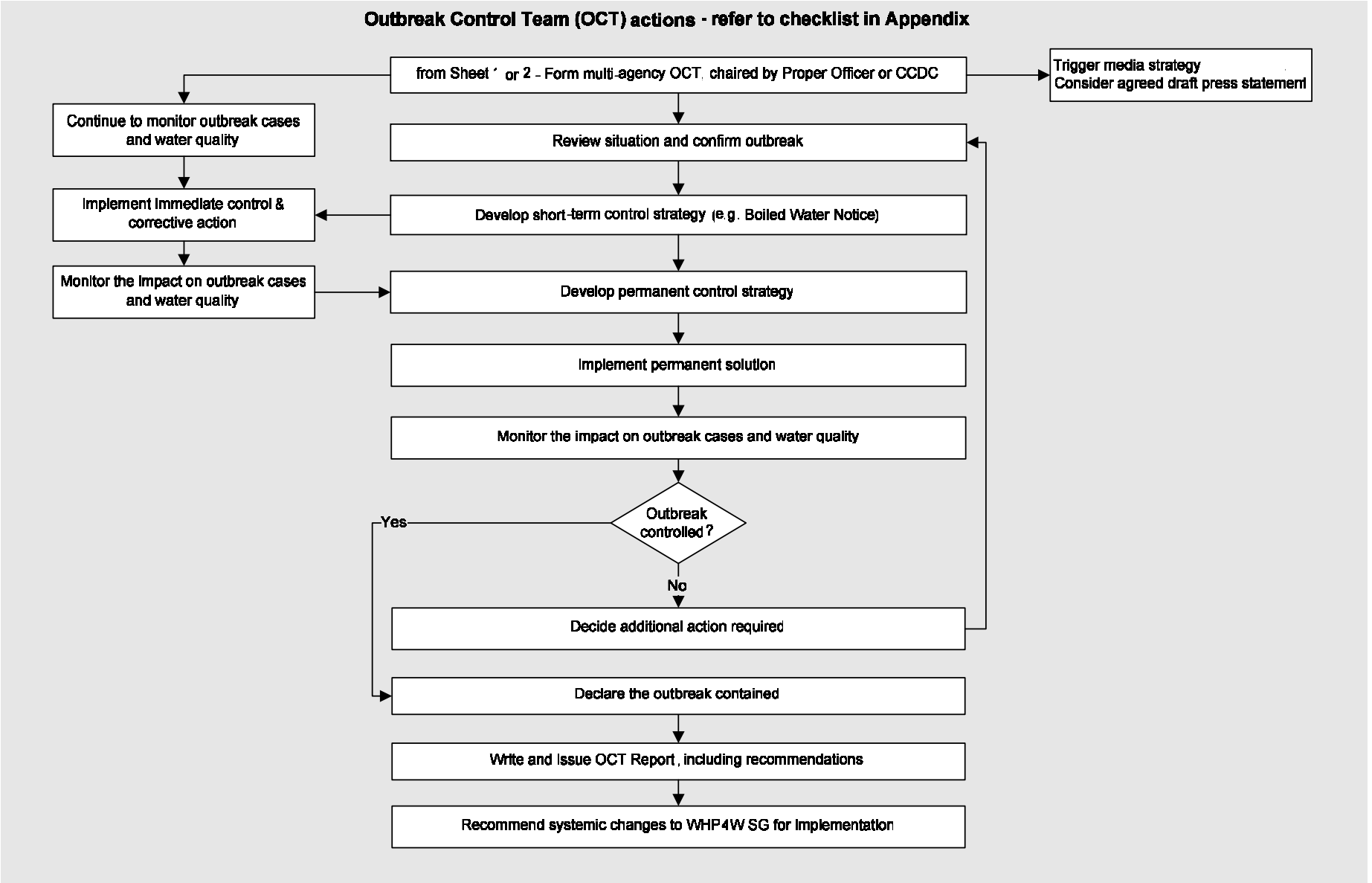


* e.g. MCA, Harbour Authority, Terminal Operator, Police, WAG, DEFRA, Water UK, CC Water, HPA CH&PD, EA, other Water Cos

8. Detailed Process Maps: Sheet 2 – Managing an Incident or Escalating



9. Detailed Process Maps: Sheet 3 - Controlling an Outbreak



10 Role of Water Company in IMT / OCT

10.1. Water companies have statutory duty under the Water Industry Act 1991 to supply safe and wholesome water, as defined in the Water Quality Regulations, within their respective regions. When a breach of a water quality standard has occurred that might have a potential impact on public health, water companies are required to inform the relevant LAs and CCDCs and to agree, and undertake, the appropriate investigations and mitigation measures to control or prevent potential risk e.g. Boil Water Notices. In the event of a continuing risk to the safety of public water supplies and an escalation to 'Incident' or 'Outbreak' status, the water companies shall appoint one or more senior responsible officers to the IMT or OCT to fulfil specific operational and customer related requirements.

10.2. The water company representative(s) will have sufficient authority and knowledge to:

a) Understand the cause, effects and extent of the issue and inform the IMT / OCT fully of any events before the incident or outbreak was declared.
b) Make the appropriate operational decisions on behalf of the IMT / OCT and ensure that they are immediately and fully implemented by the water company.
c) Provide the IMT / OCT with a water company perspective on the management of the incident.
d) Be adequately briefed and ensure that the IMT / OCT are made aware of, and have access to, all relevant water quality and operational data.
e) Facilitate the diversion and commitment of water company resources i.e. equipment and manpower to manage the incident.
f) Inform customer communications and other stakeholder briefings and, if necessary, enlist the support of the media communications personnel within the Company. This will include agreeing 'lines to take' for customer call centres and sharing this with the IMT / OCT.
g) Share any necessary information from their customer database.
h) Ensure that all alliance partners and other experts, contractors, etc. assist the IMT / OCT and ensure that any relevant information is shared with all members.

11 Incident Management Team for the Public Health Aspects of a Water Incident

11.1. Purpose

The overall purpose of the IMT is to protect public health during an incident by identifying the source of contamination, implementing the necessary temporary and permanent measures to minimise exposure and prevent further spread or recurrence.

11.2. IMT Members

11.2.1 Core members for all incidents:

- LA / PHA
- HBs and / or Primary Care Trusts
- Public Health Wales
- Water companies
- External Advisors (accessed through Water Company)

11.2.2 Co-opted members as necessary:

- Chemical Hazards and Poisons Division of PHW
- Natural Resources Wales
- Medical Physicist
- FSAW
- MCA
- Harbour Authority / Terminal Operator
- Emergency Planning Officers (Water Companies or LAs)
- Animal and Plant Health Agency
- DWI

11.2.3 Dependent upon the scale of the incident, representatives may require the support of additional staff to accompany them. The IMT will usually be chaired by a health or LA / PHA representative and the Chair will be agreed at the first meeting. However, any member of the IMT can chair by the agreement of the members of the IMT. If the incident becomes an outbreak, an outbreak should be declared, the IMT dissolved and an OCT formed. The OCT will operate as laid out in the Wales Outbreak Plan at the front of this document.

11.3. Duties of the IMT are to:

a) Appoint a chair, aiming for continuity whenever possible
b) Take minutes recording decisions (inc deferred decisions) and actions, together with their rationale
c) Maintain a log of actions and decisions as appropriate
d) Establish an Incident Room if appropriate
e) Review evidence for the incident and investigate source and cause
f) Identify and assess the risk to public health and likely illness in the community
g) Establish the cause of the risk and determine if it is drinking water-related
h) Escalate to an 'Outbreak' if the cause is a communicable disease

For other causes:

a) Agree and implement immediate protective action
b) Agree and implement longer-term actions to prevent recurrence
c) Identify the population at risk
d) Take advice from external experts
e) Draft statement for media (see Appendix 4) and information for consumers
f) Delegate all information releases to specific IMT members
g) Meet at appropriate intervals and record minutes
h) Issue a report on the outcome, including recommendations
i) IMT may need to escalate to an OCT for a communicable disease. This should be clearly recorded.

11.4. Checklist

The following is intended as a checklist of actions to be considered in order to deal effectively with an incident. The step-by-step approach does not imply that each action must follow the one preceding it. In practice, some steps must be carried out simultaneously and not all steps will be required on every occasion.

11.4.1 Assessment of situation:

a) Describe the incident (location, what's occurred, magnitude, nature and toxicity of chemical contamination, immediate control measures planned and implemented)
b) Obtain expert toxicological advice
c) What other information is currently available from the different agencies (Health, LA / PHA, MCA, NRW, APHA, SVS, water companies, PHW, etc.)?
d) What is the potential health impact for individuals or population on the information currently available?
e) Who are the population at risk (consumers supplied (businesses, vessels, households, schools, hospitals, etc.) industry, leisure?
f) Has the population been exposed already?
g) Is there on-going exposure?

11.4.2 Is there a potential health risk?

What else can be done immediately to minimise on-going exposure and effects on those exposed?

- Removal / treatment of contamination?
- Provision of clean drinking water for the consumer?
- Information and advice to public and media?
- Information and advice to health professionals?
- Agreement on further monitoring and analysis?
- All agencies on the IMT to consider implications impacting on their own particular remits?

11.4.3 On-going information requirements and considerations:

a) Is the current data set accurate and complete enough to assess hazard and risk?
If more information is needed, resources to gather more samples and analysis should be agreed.
b) Are there any possible by-products which should be identified or eliminated?
c) Have we taken additional expert advice from external sources?
d) Are we taking the option with the least impact on health?
e) Are there any long term health effects that also need to be considered?
f) Do we need additional epidemiological advice on any analytical epidemiological study that may be helpful?
g) Should a follow up study, e.g. bio-monitoring, be recommended? If so, how should this be undertaken?
h) The LA / PHA should ensure that adequate resources are available to facilitate the health response and record clearly the events and decisions particularly relating to health effects and protection.

11.4.4. **Communication**

a) Consider the best means of communication with colleagues, patients and the public, including the need for an incident room and / or helplines.
b) Ensure appropriate information and advice is given to the public, especially those at high risk.
c) Ensure accuracy and timeliness.
d) Include all those who need to know.
e) Use the media constructively.
f) Liaise with other agencies as appropriate:
- Other Las / PHAs
- Other HBs
- CDSC (Wales)
- PHW
- General Practitioners
- Education and Social Services Departments
- Public Analyst
- Government Agencies, e.g. DEFRA, Natural Resources Wales
- Welsh Government
- PHE CRCE
- Divisional Veterinary Officer
- DWI
- Health & Safety Executive
- FSAW
- MCA
- CSSIW

g) Prepare a written report.
h) Disseminate information on any lessons learnt from managing the incident.

11.4.5. **Control Measures to be Considered in Both Incidents and Outbreaks**

1. Control the source: animal, human, environmental, treatment type or distribution system.

2. Control the mode of spread by providing alternative supplies (re-zoning, overland mains, bowsers, bottles) and / or issuing Boil Water Notices, also:

a) Isolation or exclusion of cases and contacts
b) Screening and monitoring or contacts
c) Protection of contacts by immunisation or prophylaxis
d) Examination, sampling and corrective actions at treatment, catchment or distribution points
e) Diverting sources and / or disinfection of process / distribution
f) Giving advice on protection measures especially to immuno-compromised groups

3. Monitor control measures by continued surveillance for disease.

4. Evaluate the management of the outbreak and make appropriate recommendations for the future.

5. Lift Boil Water Notice subject to agreed criteria being met.

6. Declare the outbreak contained.

11.4.6. **Epidemiological Evidence Used to Determine Likely Association with Drinking Water**

The following evidence that may contribute to defining an outbreak as waterborne independently of findings related to water treatment and supply:

1. Numbers exceeding expected background level for time and place or linked cases.

2. Descriptive evidence (person, place, time): A large proportion of cases clustered in water distribution area.

3. Strength of statistical association by an analytical epidemiological approach (e.g. case-control or cohort), especially with dose response (risk increased with amount of water consumed).
4. Consistency with natural history of pathogen.
5. Plausibility in terms of descriptive details, outbreak dynamics etc.
6. Analogy with other waterborne outbreaks (including high proportion of adult cases in suspected Cryptosporidium outbreaks).
7. Strength of likely association increased by recovery of pathogen from supply.
8. Lack of evidence for plausible alternative explanation.
9. Case numbers decrease following the introduction of appropriate control measures.

12 Relevant Legislation & Guidance

1. Public Health (Control of Disease) Act 1984 as amended together with associated Health Protection Regulations
2. Food Safety Act 1990
3. Water Industry Act 1991
4. Civil Contingencies Act 2004
5. Cryptosporidium in Water Supplies. Report of the Group of Experts, Chairman - Sir John Badenoch. Department of Environment / Department of Health. HSMO London 1990.
6. Cryptosporidium in Water Supplies. Second Report of the Group of Experts, Chairman - Sir John Badenoch. DOE / DOH. HSMO London 1995.
7. Cryptosporidium in Water Supplies. Third Report of the Group of Experts to: Dept of the Environment, Transport and the Regions & Department of Health. Chairman - Professor Ian Bouchier. Nov 1998.
8. Dŵr Cymru Welsh Water Incident Response - Incidents Managed by Others (Section 4 of DCWW Incident Plan)
9. Private Water Supply (Wales) Regulations 2010
10. World Health Organisation Guidelines for Drinking Water Quality
11. Guidelines for Water Quality Onboard Merchant Ships including Passenger Vessels, HPA, 2003
15. The International Health Regulations 2005
16. Public Health Ships Regulations 1979 (as amended)
17. Merchant Shipping (Provisions & Water) Regulations 1989
18. Marine Guidance Note MGN 397

APPENDIX 13	POINTS OF CONTACT

Please refer to the Port Medical Officer Handbook – Appendix G pages 40 – 42 (File ref: E1(a2)).