Multi-Agency Contingency Plan for the Management of Outbreaks of Communicable Diseases or Other Health Protection Incidents in Prisons in Wales
Acknowledgements

This document is based on the ‘Multi-Agency Contingency Plan for the Management of Outbreaks of Communicable Diseases or Other Health Protection Incidents in Prisons in England and Wales’ published by the Health Protection Agency, England, and is in line with Welsh Government’s ‘The Communicable Disease Outbreak Plan for Wales’.

This document was reviewed and approved by the Welsh Custodial Public Health Advisory Board

Document Control Information

Synopsis Outbreak or Other Health Protection Incidents Plan for Prisons

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1. INTRODUCTION

Background
Effective pre-planning and robust collaborative arrangements between partner organisations with responsibility for the health & welfare of prisoners need to be in place to manage outbreaks of communicable diseases, water contamination incidents (HSG (93) 56) or other events that pose a risk to health of staff, prisoners & others entering the prison. This document provides an outline plan to manage such events and has been developed in partnership with Offender Health (Department of Health), HM Prison Service (HMPS) and Public Health Wales. It has been signed off locally by the Governing Governor/Director, the Health Protection Director and the Local Health Board Director of Public Health.

The document describes both specific actions required to identify and manage an incident or outbreak, as well as describing the roles and responsibilities of partner organisations involved.

The Governing Governor/Director has a statutory responsibility to ensure the health & safety of both prisoners and staff in his/her care and a duty to cooperate with appropriate agencies to ensure that any threats to health are identified and effectively managed.

The Health Board has a statutory duty to protect the health & well-being of prisoners in any prisons in its jurisdiction and to work collaboratively with partners to manage any health protection issues identified.

Public Health Wales, through its Health Protection Teams (HPT’s), works with both Health Boards, prisons and appropriate others, to investigate and manage incidents and outbreaks of communicable diseases, or other threats to health protection, in the community. The HPT’s will also provide strategic coordination for the multi-agency management of such events, often relying on the NHS and other partners to provide resources and support

Aims of the Contingency Plan:
1. To ensure that the roles and responsibilities of all partner organisations involved in protecting the health of prisoners are explicit, mutually agreed and well understood by all;
2. To ensure that any outbreaks or health protection incidents are identified in a timely way and that processes for notification, collaborative work and investigation are in place to investigate the outbreak/incident, and to assess the risks to health;
3. To ensure that effective measures are taken to control the outbreak/incident, to mitigate the health risks, to limit the spread of infection and to prevent its recurrence;
4. To ensure that appropriate arrangements are in place for timely, effective and satisfactory communications with all relevant external agencies and the public.

The plan builds on, and is supplementary to the Communicable Disease Outbreak Plan for Wales, which sets out the core principles for how all outbreaks in Wales are managed. This plan should be read and used in conjunction with the Communicable Disease Outbreak Plan for Wales.

2. ACTIVATING THE PLAN

2.1 Definitions of Outbreak/Incident
Any incident which may have the potential to develop into an outbreak will be reported by the prison to local HPT’s, similarly if the HPT becomes aware of a single case or cluster of cases from the prison they will inform the prison Governor/Director/Healthcare Manager immediately. The incident will be assessed and monitored closely by the Consultant in Communicable Disease Control (CCDC) and Governor/Director in conjunction with relevant partners (e.g. Consultant Microbiologist/Virologist, Director of Public Protection and Environmental Health).

The following are examples of incidents which may need to be assessed:

- An incident in which two or more people experiencing a similar infectious illness are linked in time/place;
- A greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred;
- A single case for certain rare diseases such as diphtheria, botulism, rabies, viral haemorrhagic fever or polio.

HM Prison Service has previously circulated a list of communicable diseases which, if identified in the prison, should prompt the governor to seek advice from the local HPT (See Appendix 8).

2.2 Preliminary Assessment
In making the decision to activate the plan the following factors will be considered:

- Does the disease / incident pose a risk to health of staff, visitors or prisoners?
- How many people are potentially affected?
- Is there evidence of spread within more than one location in the prison?
- Is the disease or incident unusual?
- Does the disease/incident create significant operational difficulties for the prison?

As a guide, the calling of an Incident Team or Outbreak Control Team (OCT) will be considered when one or more of these conditions apply:

- The disease poses an **immediate health hazard** to the prison population;
There is a significant number of cases;
- The disease is important, in terms of its severity and/or its capacity to spread.

In close consultation with the Governor/Director, the Director of Public Protection (DPP), CCDC, and Consultant microbiologist will jointly consider the facts (See Appendix 8). Other parties may need to be consulted depending on the nature of the incident. These include the Head of Health Services (if prisoner and/or visitor related), Health Board, and Occupational Health (if employee related) The initial steps, contact lists and outbreak record are outlined in appendices 1, 2 and 3.

3. FRAMEWORK OF THE PLAN
Once an outbreak/incident has been declared, the CCDC, DPP and Consultant Microbiologist, in close consultation with Governor/Director, will convene an Outbreak Control Team (OCT). A draft agenda, which can be adapted for the first meeting, is shown in Appendix 4.

3.1 Membership of the Outbreak/Incident Control Team
Membership will vary dependent on the circumstances but would normally include the following core members: (if a core member is unable to attend meetings, then a representative should be asked to attend)

Members from non-prison agencies
- CCDC
- Consultant Microbiologist
- Executive Director of Public Health for the Health Board
- Director of Public Protection (or their nominated officer of sufficient seniority)
- Health Board representative
- Environmental Health Officer
- Nominated press officer(s)

Core members from the Prison Service
- Governor or Deputy Governor/Director or Deputy Director
- Administrative and secretarial support
- Healthcare Manager
- Prison medical service representative/GP
- Representative from Prison Officers’ Association

Dependent on the nature and size of the outbreak / incident others may need to be invited to be members of the OCT. Possible inclusions for the OCT are:

- Healthcare Manager
- Prison medical service representative/GP
- Regional Epidemiologist from the Health Protection Agency
- Senior manager of any area involved
- Occupational Health Advisor
- Pharmaceutical Advisors
- Head of relevant departments
- Representative from Health and Safety
- Others as appropriate.

If an outbreak / incident is likely to lead to significant numbers of individuals needing hospital care then professional and management representation from the local hospital trusts is likely to be needed.

Contact details for the relevant individuals are included in Appendix 2.

3.2 Establishment of the Outbreak/Incident Control Team
Responsibility for managing outbreaks is shared by all the organisations who are members of the Outbreak Control Team (OCT).
- Core OCT Members are responsible for ensuring that all relevant organisations are co-opted on to the OCT.
- 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 but the final decision on membership resides with the core OCT.
- The Chair of the OCT will be appointed at the first meeting. The Chair will normally be the DPP or the CCDC as appropriate, but there may be occasions when it is more appropriate that another core member of the OCT is appointed as Chair.
- It shall be the duty of the Chair to ensure that the OCT is managed properly and in a professional manner.
- Responsibility for handling the outbreak must be given to the OCT by the parent organisations, and representatives must be of sufficient seniority to make and implement decisions and to ensure that adequate resources are available to undertake outbreak management.

Communication
- 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 PHW) and Appendix 4 (Media Relations).
- The Chair will ensure that minutes will be taken at all meetings of the OCT and circulated to participating agencies. The minute taker is accountable to the Chair for this function.
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 proactive versus reactive media engagement in any outbreak.

Conclusion

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

Outbreak Report

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 the Welsh Government, the HB, the Food Standards Agency Wales (FSAW) (where food is the implicated vehicle), Drinking Water Inspectorate (DWI) (where drinking water is the implicated vehicle), all local authorities involved and any other parties as deemed appropriate by the OCT.

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

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).

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.

Tasks undertaken by the OCT/ICT may include:-

- Agree a case definition
- Assess the risk for the population and ensure case ascertainment is carried out.
- Monitor epidemiological progress of the incident/outbreak.
- Agree and co-ordinate policy decisions on the investigation and control of the outbreak and ensure the decisions made are implemented, allocating responsibility to specific individuals who will then be accountable for taking action.
- Determine the resource implications of the outbreak / incident and how they will be met including the possible need for an incident room e.g. board room.
- Ensure that adequate communication arrangements are in place, these will include:
- Nominating a lead person to be the point of contact with the MoJ Press Office who will lead on briefing the news media throughout the duration of the outbreak / incident;
- Accurate and consistent information for prisoners, employees, relatives and other internal and external agencies.

- Arrange for the necessary interviews, inspections and other investigations, such as samples to identify the nature, extent and source of the outbreak / incident.
- Arrange for an outbreak number (a unique identifier for samples that are part of an outbreak) to be obtained from the regional HPA laboratory.
- Prevent further cases of infection / illness by taking all necessary steps to ensure that the source of the outbreak is controlled and the risk of secondary person to person transmission is minimised.
- Ensure that arrangements are in place for the appropriate treatment for those infected or affected by the outbreak.
- Liaise with local hospitals where there may be increased demand on hospital services
- Consider the need for and, if necessary, arrange long-term follow up of those affected.
- Collect the contact details within and out of working hours for all agencies involved.
- Declare the end of the outbreak / incident.
- Develop systems and procedures to prevent further occurrence of similar episodes.
- At the end of an outbreak / incident review the management of the outbreak / incident. If required, an outline for a full report is attached in appendix 6.
- Ensure that the lessons identified from the review are reported to the management of the partner organisations as appropriate, so that they can be disseminated and acted upon.

3.3 Roles and Responsibilities
The roles and responsibilities of the core members of the OCT/ICT are included with this plan as Action Cards in Appendix 5.

Whichever organisation hosts the OCT meetings will normally also provide administrative support and refreshments as appropriate.

4. REVIEW OF THE PLAN
This plan will be reviewed alongside review of ‘The Communicable Disease Outbreak Plan for Wales’; after each occasion when the plan is put into operation or earlier if new national guidelines are issued by the Welsh Government or Public Health Wales.
Appendix 1 - Outbreak Diary of Events

<table>
<thead>
<tr>
<th>OUTBREAK SUSPECTED/CONFIRMED AS</th>
<th>Date</th>
<th>Time</th>
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Signed by  
Medical Lead/MO/HHS/OHA  Date: Time: 

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<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
<td>Governor/Director informed</td>
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<td>XX HPT informed</td>
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<td>XX HB informed</td>
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<td>Regional Director informed</td>
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<td>Medical Lead informed</td>
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Information & communication for employees, prisoners and visitors
Consideration of movements in and out of prison, e.g. courts, discharges, visits
Isolation commenced of known cases within the establishment, if appropriate
Outbreak control team convened
Interim report completed
Debriefing meeting for conclusion and recommendation
Final report completed

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<thead>
<tr>
<th>Date/Time</th>
<th>Action Log of Outbreak</th>
<th>Signature</th>
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## Appendix 2 - Contact List

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<th>XX HEALTH PROTECTION TEAM</th>
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<th>XX LOCAL HEALTH BOARD</th>
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<tr>
<td>Director of Public Health</td>
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<td>Community Infection Control Team</td>
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<td>Senior Environmental Health Officer</td>
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<th>ACUTE HOSPITAL TRUSTS &amp; MICROBIOLOGY</th>
<th>CONTACT NAME</th>
<th>CONTACT DETAILS</th>
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<td>XX General Hospital Number Microbiology</td>
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<td>HPA LABORATORY</td>
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<td>General Hospital Number Microbiology</td>
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<th>OTHER TELEPHONE NUMBERS</th>
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<th>CONTACT DETAILS</th>
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Appendix 3A

OUTBREAK RECORD: PRISONER DETAILS

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<tr>
<th>Name</th>
<th>DOB</th>
<th>Prison No</th>
<th>Location</th>
<th>Date/time of onset</th>
<th>Date/time of recovery</th>
<th>Symptoms (diarrhoea, vomiting, fever etc)</th>
<th>Date specimen sent</th>
<th>Result</th>
<th>Comments</th>
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Appendix 3B

OUTBREAK RECORD: STAFF DETAILS

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<th>Name</th>
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<th>GP</th>
<th>Date/time of onset</th>
<th>Date/time of recovery</th>
<th>Symptoms (diarrhoea, vomiting, fever etc)</th>
<th>Date specimen sent</th>
<th>Result</th>
<th>Comments</th>
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Appendix 4 - Draft Meeting Agenda for Outbreak Control Teams (to be tailored according to the incident/outbreak)

Minutes
The Chair should ensure that a person not directly involved takes minutes of each meeting and that these are circulated with action points to all members usually within one working day after the meeting.

Agenda
1. Chair’s introduction, including terms of reference
2. Minutes of last meeting (if applicable)
3. Review membership
4. Outbreak résumé and update
   4.1 General situation report
   4.2 Case report and epidemic curve
   4.3 Microbiological report
   4.4 Environmental health report
   4.5 Water utility report
   4.6 Other relevant reports
   4.7 Case definition and case finding
5. Management of outbreak and allocation of responsibilities
   5.1 Implications for public health
   5.2 Care of patients (prison hospital and community)
   5.3 Control measures including contact tracing
   5.4 5.6 Further investigations:
   Epidemiology
   Environmental Health
   Microbiology
   Microbiological aspects (specimens, analysis and resources)
   5.5 Environmental Health Aspects
   5.7 Advice to boil water or provision of alternative water supplies
6. Communications
   Issuing information/advice
   6.1 Information and advice to employees and prisoners
   6.2 Information to the public (need for press release)
7. Media arrangements and spokesperson (interviews, press conferences and so on) if any
8. Consider arrangements for enquiries from the public e.g. relatives (the need for a helpline)
9. Date and time of next meeting
Appendix 5 - Action Cards: Roles and Responsibilities

**Governor / Director**
1. To work in consultation with the CCDC to establish the status of the outbreak/incident.
2. To oversee the effective delivery of all necessary control measures from within the prison setting.
3. To co-ordinate effective communications within the prison and with the MoJ press office.
4. To contribute to the written final report on the outbreak / incident and ensure that the response to the outbreak / incident is audited.
5. To ensure that the lessons identified are communicated to the management of partner organisations, as relevant.

**Consultant in Communicable Disease Control (CCDC)**
1. Together with the, DPP and Local Consultant Microbiologist and in close liaison with the Governor/Director, jointly consider the facts, to declare an outbreak and convene the OCT if needed.
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 Welsh Government, the HB’s EDPH and Public Health Wales 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.

Health Board Executive Director of Public Health
1. To ensure that a senior representative of the HB 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 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. To prepare the final report with other members of the OCT and to distribute and publish as appropriate.

Health Board Infection Control Nurse
1. To provide specialist infection control advice on, and input to, management of the outbreak/incident.

2. In conjunction with the prison ensure that all appropriate infection control action is taken.

Prison Health Care Manager
1. To implement recommendations as agreed by the OTC

2. To collect & document relevant information/data on prisoners (see Appendix 3a)

3. To organise provision of appropriate nursing and medical staff to Manage increased workload relating to symptom relief and infection Control stock requirements etc.
Heads of Prison Departments

1. To implement recommendations as agreed by OCT.

2. To ensure that relevant information/data is collected and documented (see Appendix 3a/b)

3. To monitor the recommendations implemented.

4. To ensure effective communication within your area[s].

Prison Occupational Health Advisor (OHA)

1. To ensure that relevant information/data on employees is collected and documented (see Appendix 3b)

2. To implement recommendations as agreed by OCT.

3. To monitor the recommendations implemented.

Director of Public Protection

1. Together with the CCDC and Local DML/Consultant Microbiologist 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.

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 environmental health aspects of any disease control.

6. To initiate case finding as appropriate.

7. To arrange for the inspection of premises considered to be implicated in any outbreak and to receive reports thereon.

8. To consider the use of statutory powers as appropriate.

9. To make available to other LAs any extra resources or assistance they may require.

10. To inform the Chair/Leader of the Council and Chief Executive of the Authority of the outbreak and action taken in response

11. At an early stage in the investigation to inform the FSAW 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 the Welsh Government 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 or prosecution.

15. To liaise with other bodies including government departments such as the Welsh Government, DEFRA, FSA and government agencies such as the Environment Agency, Drinking Water Inspectorate, Health & Safety Executive, Veterinary Laboratory Agency 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 premises, articles, equipment, land and animals, seeking specialist advice as appropriate.

18. To provide local information including that on 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.

**Director of Public Health Wales Microbiology Laboratory/Consultant Microbiologist**

1. Together with the CCDC and the DPP 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 DPP or the CCDC.

4. To arrange prompt examination/analysis and reporting of clinical and/or environmental samples, as required.

5. To advise on the inspection of 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 submitted for examination.

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 reference laboratories;
   iv) be responsible for arranging transport of specimens/isolates to reference laboratories; and
   v) provide both rapid and written confirmation of results.

10. To prepare the final report with other members of the OCT and to distribute and publish as appropriate.

**Administrative and Clerical Support to the Outbreak Control Team**

1. To take minutes of each meeting of the OCT and to produce a timely written record of the meeting.

2. To be involved in other administrative and clerical functions as appropriate to the incident/outbreak.

**Local Press/Public Relations Officers**

1. To advise and assist the MoJ Press Office in the preparation of communications for the media.

2. To communicate with the media if directed by the OCT and authorised by the MoJ Press Office.

3. To liaise closely with Press/Public Relations Officers of partner organisations as appropriate to ensure that all information is agreed and consistent
Appendix 6 - Outline for Full Outbreak Report

The need for, and the contents of, a report should be proportionate to the scale of the incident/outbreak. If produced, a report may include the following suggested headings, although the list is not exhaustive.

Terms and Abbreviations

Summary

1. Introduction

2. Background to the outbreak
   2.1 Population demographics
   2.2 Background rates of relevant infection
   2.3 How the incident/outbreak was recognised
   2.4 A chronological sequence of events could be included

3. Epidemiological investigations
   3.1 Descriptive epidemiology
   3.2 Case Control or Cohort Study

4. Environmental Health Investigations

5. Microbiological Investigations

6. Outbreak control
   6.1 Co-ordination and management of outbreak
   6.2 Action taken
   6.3 Advice and control measures
   6.4 Media
   6.5 Advice to the public and relevant agencies.

7. Actions by other External Agencies

8. Discussion
   8.1 Environmental Health
   8.2 Microbiology
   8.3 Epidemiology
   8.4 Other issues/findings – if appropriate
   8.5 Control measures
   8.6 Relevant information from other outbreaks

9. Lessons identified, recommendations and conclusions

10. References

11. Appendices
   11.1 Chronology of events
   11.2 General background on relevant infection
   11.3 The Outbreak Control Team – membership and terms of reference
   11.4 Detailed epidemiology
Appendix 7 - Useful References

Publications


http://www.food.gov.uk/multimedia/pdfs/outbreakmanagement.pdf


HPA. Prevention of infection and communicable disease control in prisons and places of detention: A manual for healthcare workers and other staff, 2011


Other Relevant Plans
The Communicable Disease Outbreak Plan for Wales (The Wales Outbreak Plan)

Websites

Health Protection Agency (HPA) home page
www.hpa.org.uk
(Please refer to the HPA web site for the latest guidance on relevant health protection topics)

HPA prison health pages: http://www.hpa.org.uk/infections/topics_az/prisons/prisons.htm

Department of Health
www.dh.gov.uk

DEFRA
www.defra.gov.uk

Food Standards Agency
www.fsa.org.uk

Public Health Wales Prison Health Webpage (for further copies of this document)
www.publichealthwales.org/prison-health
Appendix 8

NOMS COO LETTER 18 SEPTEMBER 2007

From: Michael Spurr
Deputy Director General
Room 506, Cleland House
020 7217 6393 FAX: 020 7217 2890
(SPS: Lisa Eames 020 7217 6756)

18th September 2007 cc Phil Wheatley
Area Managers
Richard Bradshaw
Dr Mary Piper
Dr Eamonn O’Moore

Governors

LEGIONELLA PNEUMOPHILIA

Concerns were raised last month that a member of staff had contracted Legionnaire’s disease. This was in the context of a water tank supplying showers in one wing of the prison being contaminated by legionella. The prison failed to notify the Consultant in Communicable Disease Control (CCDC) in the local Health Protection Unit (HPU).

I am therefore writing to remind you of the necessity of sharing such information about cases or suspected cases of infections (of legionnaires or other diseases) with your local HPU who can provide expert advice and help inform risk assessments.

Information on Legionella pneumophilia:

- Legionnaire’s Disease is caused by an organism called Legionella pneumophilia. Legionella is widespread in both natural water sources and artificial water systems. It proliferates where temperatures are favourable (20-450C), nutrients available and water is stagnant or recirculates. Infection can then occur by the inhalation of aerosols or particles generated from the source.
- Good practice guidelines dictate that suspected cases of legionnaire’s disease should be reported to the Consultant in Communicable Disease Control (CCDC) of the HPU in which the prison sits.
- The CCDC initiates an investigation into the specifics of the case, including the confidence of diagnosis (i.e. is it a ‘clinically suspicious’ case or a case confirmed by specific laboratory tests), potential or known sources of exposure, and the potential risk to other people, including staff and prisoners.
- The CCDC may convene an incident or outbreak (if two or more linked cases are identified) control meeting to protect public health and prevent further infection. To achieve this, its aim is to identify the source and control the risk from that source.
- The people who can notify the CCDC of a case include an attending physician (e.g. prison doctor, on clinical suspicion alone), a microbiology lab (on receipt of positive samples), or a governor (as there are clear overlapping responsibilities in terms of duty of care).
It is therefore important that you are aware of the need to notify the Consultant in CCDC of cases or suspected cases of infections that are either statutorily notifiable and/or have a specific risk of significant public health consequences in prisons. For future similar incidents you should follow the algorithm set out in Annex 1. A revision of PSI 2002 11 (Accident Reporting) to include this information will be issued in due course.

MICHAEL SPURR
Annex 1: Algorithm for Governors/Directors concerning notification of Consultants in Communicable Disease Control (CsCDC) regarding an infectious disease with actual or potential significant operational as well as public health consequences*.

Notifiable Diseases And Syndromes 2010

Anthrax
Botulism
Brucellosis
Cholera
Diphtheria
Encephalitis (acute)
Enteric fever (typhoid or paratyphoid fever)
Food poisoning
Haemolytic uraemic syndrome (HUS)
Infectious bloody diarrhoea
Infectious hepatitis (acute)
Invasive group A streptococcal disease and scarlet fever
Legionnaires’ Disease
Leprosy
Malaria
Measles
Meningitis (acute)
Meningococcal septicaemia
Mumps
Plague
Poliomyelitis (acute)
Rabies
Rubella
SARS
Smallpox
Tetanus
Tuberculosis
Typhus
Viral haemorrhagic fever (VHF)
Whooping cough
Yellow fever

**Step 1**
Governor informed** of a case or cases involving infectious diseases on Official List affecting either staff or prisoners.

**Step 2**
Contact CCDC or their deputy of their local Health Protection Team

* Primary responsibility for informing CCDC of any of the diseases listed rests with the attending physician. However, some infections may have significant operational consequences and so it may be appropriate for the Governor to discuss directly with the CCDC.

** Person informing governor may include:
  - Prison GP;
  - Healthcare Manager or their deputy;
  - Occupational Health or GP for member of staff
  - Self-notification by member of staff.
Appendix 9 – Guidance for the Management of Gastro Intestinal (G.I.) Infection Outbreaks in Prisons and other Custodial Settings

Outbreaks of diarrhoea and vomiting can occur in prisons, as in other institutional settings. Micro-organisms causing illness can be spread:

- from person to person;
- from infected food;
- from contaminated water supplies;
- from other contaminated drinks (milk, fruit juices etc.)
- from a contaminated environment;
- through all these means.

All of the bugs have the propensity to cause diarrhoea and vomiting, but some can cause very serious disease, including high fever or shock. However, most will be mild and self-limiting in nature and can be managed within the prison estate. More serious cases may need care in hospital.

This Appendix provides quick guidance on how to deal with such outbreaks in prisons and other custodial settings.

However, ON DETECTION OF AN OUTBREAK, PRISONS SHOULD URGENTLY SEEK ADVICE FROM THEIR LOCAL HEALTH PROTECTION AGENCY.

ACTIONS TO TAKE IN RESPONSE TO AN OUTBREAK OF G.I. INFECTION*:

The NOMS (HMPS) Single Incident Line (020 7233 7366) should be informed of significant outbreaks, especially if they involve closure of part or all of the prison to transfers and/or receptions and/or risk to order and control.

- Contact the local Health Protection Team (HPT) on suspicion of an outbreak;
- Details of cases, including date of onset, location within the prison, symptoms of illness and if cell-sharing with another case should be recorded by the prison healthcare team and reported to the local Health Protection Team (HPT) (A specially designed form for G.I. infection outbreaks is attached to this Appendix);
- The HPT will convene an outbreak control team (OCT), to determine and direct appropriate investigations and control measures.
- Stools should be collected from symptomatic cases, especially at the onset of the outbreak, to confirm microbiological diagnosis. Identification of the microorganism responsible for the outbreak is a priority, as some of the action necessary to control the outbreak and stop further spreading, depends on the type of microorganism responsible.**
- On advice of the OCT, it may be advisable to restrict movements within the prison (e.g. from a wing with a large number of cases to one with no or low numbers) or to avoid association activities e.g. education, training, exercise etc.
- On advice of the OCT, it may be advisable to close the prison (or part of the prison) to receptions and transfers for a period of time (usually until the end of the outbreak). The process to be followed is:
  i. The Outbreak Team should consider whether closure should be to both receptions and transfers out, or transfers out only i.e. is there an unaffected part of the establishment that can be used so the...
establishment can continue to accept new prisoners, thus maintaining NOMS’ service to the courts and other prisons?

ii. Should any closure be sought the Outbreak Control Team must obtain from the Population Management Unit (PMU) an impact assessment of closing to receptions and transfers. The assessment will outline the resulting population pressures from such action and state the approximate time period for which closure of the establishment can be sustained.

iii. The impact assessment must be considered by the Outbreak Control Team before deciding on whether to recommend to the Regional Manager Custodial Services (RMCS) to close. Any recommendation must contain all relevant information, including the assessment obtained from the PMU.

iv. Only the RMCS or above should take decisions on closing prisons to receptions and transfers, given their oversight of a greater proportion of the prison estate, the population of which will be impacted by any decision to close.

v. If however the Outbreak Control Team and/or the RMCS wishes to close the establishment for a period beyond that which the PMU deems sustainable (and in certain circumstances such action may not be deemed sustainable for any time at all) then the recommendation must be escalated to the Chief Operating Officer for a final decision (or for HSE the Director of High Security Prisons). If an urgent out of hours decision is required it should be made by the Duty Director

- If a decision to close has been taken then at least every three days a further impact assessment of continuing closure must be obtained from PMU. The assessment should be provided to the RMCS along with up to date information as to the current status of the outbreak. The RMCS should then maintain or withdraw his/her decision to close the establishment to receptions and transfers. Again, should the PMU assessment determine that continuing closure is unsustainable, any decision to extend closure must be made by the Chief Operating Officer (or for HSE the Director of High Security Prisons, or Duty Director in urgent out of hours circumstances).

- Where prisons remain open to transfers and receptions the Outbreak Control Team should decide whether incoming prison transfers should be screened for immuno-deficiency by the sending prison before being transferred. If so, PMU should be informed of this requirement, who will in turn inform appropriate prisons. It will not be possible to screen incoming prisoners in advance of their arrival from court, and so it may be appropriate to take decisions to close to court receptions separately from closure to prison transfers.

- Prisoners who are ill should be isolated in their cells, usually until free of symptoms for 48 hours however further advice should be sought from the CCDC/EHO

- Cell-mates of prisoners who are ill may be incubating the illness themselves and should be similarly confined;

- If there are no in-cell sanitation facilities, make sure to reserve some toilets facilities for the use of symptomatic prisoners only (e.g. all those with symptoms and up to 48 hours after symptoms have disappeared).

- Place appropriate and clear signage on the toilet areas, such as “for D&V patients only” or “for anybody else” respectively;
• Where toilet seats present, make sure they are down before flushing
• Make sure cleaner(s) cleaning affected areas does(do) not visit other parts of the prison
• Clean regularly and frequently throughout the day all hand held surfaces in affected areas with a bleach containing agent or other appropriate product as advised by the OCT;
• **Handwashing** is crucial for effective control: ensure that hand-cleaning facilities (liquid soap and warm water, paper towels, pedal-bins for the paper towels) are available and encourage people (both prisoners and staff) to wash hands often and every time they use the toilet and before eating;
• **Personal Protective Equipment (PPE):** Follow advice of the OCT on use of appropriate PPE such as disposable gloves, and aprons. These products should be available in the prison. If not, contact Greenhams and place an urgent order for next day delivery.
• **The OCT will declare when the outbreak is over;**
• Before resumption of normal regime, deep cleaning (terminal cleaning) may be needed (esp. in norovirus outbreaks). The OCT will provide details advice.

*What follows is specifically designed for D&V (Norovirus) outbreaks, which are the most common G.I. infection outbreaks. However the recommended action is applicable to all other G.I. infection outbreaks. Additional & more specific action required by other specific bugs, will be decided by the OCT*

**Once first 2-3 stool samples are available, it is not always necessary to routinely test all other prisoners displaying similar symptoms, as microorganism responsible for outbreak has been identified and further testing would not probably add value to the control and management of the outbreak. Advice on testing strategy (after first few sample results have been obtained) should be sought from the local HPU, which will also convene the Outbreak Control Team (OCT) as appropriate.**

***Contact details for Population Management Unit:
  Jeanne Bryant (Head of PMU) - 5079
  Colin Hay (Dep Head of PMU) - 020 7217 2105
  Abu Nazi (Manager E, PMU) - 020 7217 2235
  Out of hours - Duty Population Manager (number available from Single Incident Line)
Record Keeping during Outbreaks of infectious diseases in Detention Settings

Prompt notification and reporting of cases of suspected infectious diseases to your local Health Protection Unit (HPU) is essential for monitoring the infection and allows the investigation and control of its spread.

High standards of record keeping are crucial during an outbreak of infection. Accurate records can be used to investigate an outbreak of infection and help to identify the source of infection. Names, symptoms, dates of onset of illness and the location within the detention setting of the ill person(s) are important.

The health care manager should complete the log sheets for prisoner and staff cases (see Appendices 1 and 1a) as soon as possible after contacting their HPU and fax these back to their HPU without delay. This helps HPU staff to get a full picture of events and informs them about the progress of the outbreak. Health care managers should keep a complete record of all prisoner and staff cases for each outbreak. The outbreak periods runs from the date of onset of the index case’s illness to the date at which no cases have been reported after 2 maximum incubation periods for the organism.
### INFECTION DISEASE OUTBREAK – DETENTION SETTING LOG SHEET – PRISONER CASES

Name of Prison_________________ Female/Male Establishment________________

Date of report________________

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<thead>
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<th>Surname (Print)</th>
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<td>DOB</td>
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<td>Date of reception</td>
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<td>Location_Wing</td>
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<td>Location_Cell</td>
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<td>Shares a cell with how many people?</td>
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<td>Did any of the cell mates have similar symptoms before illness onset in this case please indicate how many</td>
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<tr>
<td>Symptoms</td>
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<tr>
<td>Diarrhoea Y/N</td>
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<tr>
<td>Vomiting Y/N</td>
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<tr>
<td>Fever Y/N</td>
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<td>Other (s) (list)</td>
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<tr>
<td>Date/ Time of onset</td>
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<td>Date of recovery</td>
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<tr>
<td>Isolated Y/N</td>
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<tr>
<td>Duration of symptoms</td>
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<tr>
<td>If specimen taken please specify date specimen was sent for testing</td>
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<tr>
<td>State results of test</td>
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<td>Comments</td>
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**SHEET NO:**
**INFECTIOUS DISEASE OUTBREAK – DETENTION SETTING LOG SHEET – STAFF CASES**

Name of Prison: __________________________

Date of report: __________________________

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<td>Date/ Time of onset</td>
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<td>Date of recovery</td>
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<td>Food Handler</td>
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<td>Symptoms</td>
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<td>Diarrhoea Y/N</td>
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<td>Vomiting Y/N</td>
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<td>Fever Y/N</td>
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<td>Other (s) (list)</td>
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<td>Duration of symptoms (HRS)</td>
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<td>If specimen taken please specify date specimen was sent for testing</td>
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<td>State results of test</td>
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<td>Comments</td>
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SHEET NO:
Appendix 10 – Contact Details for Health Protection Teams in Wales

HMP Cardiff Local Health Protection Team
Temple of Peace and Health, Cathays Park, Cardiff
Tel: 02920 402478

HMP Parc and HMP Swansea Local Health Protection Team:
Orchard Street, Swansea
Tel: 01792 607387

HMP Usk/Prescoed Local Health Protection Team
Mamhilad House, Mamhilad, Pontypool
Tel: 01495 332219