The Communicable Disease Outbreak Plan for Wales

Approved Version: 1

5 December 2023

Contents

FOREWORD

One of the most important functions of the Health Protection system in Wales is to protect the public from communicable disease outbreaks. This requires the health protection system to establish and implement effective outbreak control arrangements for communicable disease threats as they arise. To respond effectively, the Health Protection system needs a single, comprehensive Communicable Disease Outbreak Plan to inform such a response, whether to a discrete local incident or to a major national outbreak.

The management of all such outbreaks requires a collaborative, system wide approach, with all agencies working together to protect public health.

Such an approach requires the continued strengthening of key values such as openness, trust and respect, together with supporting behaviours between all relevant organisations and individuals.

The previous version of our Communicable Disease Outbreak Plan for Wales has been reviewed regularly and was already considered to be 'fit for purpose'. However, this comprehensive review, undertaken in partnership, has ensured that our collective learning from the recent Covid-19 pandemic response, recommendations from independent, external reviews of our health protection system and practices, together with changes to legislation, have been appropriately considered and reflected in a revised plan.

Following feedback, the layout and accessibility to information in the document has been further improved. The adoption of a set of 'standards for outbreak management', will also facilitate continuous improvement of our arrangements for planning, response, and engagement, in line with our commitment to embracing the recently introduced 'Duty of Quality' and 'Duty of Candour'.

Wales already has strong collaborative working relationships, enshrined in the principles of the Well-being of Future Generations (Wales) Act 2015, and this revised plan seeks to consolidate and further strengthen our commitment to partnership working arrangements in protecting the population of Wales from communicable diseases.

Sir Dr Frank Atherton, Chief Medical Officer for Wales.

ABBREVIATIONS

Please see Appendix 1 for a list of organisational abbreviations.

ACKNOWLEDGEMENTS

The review and revision of the Communicable Disease Outbreak Plan for Wales was co-ordinated by a multi-agency Task and Finish Group, supported by a number of sub-groups and also involved engagement with a wide range of organisations, stakeholders and professionals including Local Resilience Fora.

Please see Appendix 2 for full details of Task and Finish Group membership.

INTRODUCTION AND BACKGROUND

The Communicable Disease Outbreak Plan for Wales has been in place as a single generic plan for over 10 years. It has been used as the template for managing all communicable disease outbreaks with public health implications across Wales and has been reviewed regularly. This latest review has sought to further consolidate this single 'all disease' plan and ensure that learning from the recent Covid-19 pandemic response, external reviews of our health protection system and changes to legislation have been appropriately considered and reflected.

PURPOSE OF THE PLAN

The Communicable Disease Outbreak Plan for Wales, hereafter referred to in this document as the 'Plan', should be used as the framework for managing all communicable disease outbreaks with public health implications across Wales.

The Plan aims to ensure an effective and co-ordinated approach is taken to outbreak management, from initial detection and outbreak declaration to formal closure and review of lessons identified. It promotes a consistent approach and now references a set of standards for outbreak response to facilitate continuous improvement. The Plan describes the overall approach and responsibilities of different parties in responding to communicable disease outbreaks. It clarifies how partner agencies, who all have invaluable contributions to achieve control when it is needed, work together to provide effective action.

The Plan contains core content which describes the key principles, details and algorithms for outbreak management which should be followed (Part 1: When and how to use this plan; Part 2: The outbreak control team and Part 3: Specific roles and responsibilities), the essential function of Communication (Part 4) and End of Outbreak actions and learning (Part 5).

These sections are supported by a number of additional links or appendices, which provide additional information and complimentary detail to support outbreak management and investigation for example in relation to:

- roles and responsibilities of key organisations in health protection
- convening an outbreak control team
- communications strategy, including media relations.

Additional guidance and arrangements in relation to specific settings (including outbreak management in acute healthcare premises, prison and environmental settings) is accessed through Part 6 of the Plan.

Where additional supporting information and guidance has been included, this must be read in conjunction with the core parts of the Plan during any response. Other additional setting-based guidance, including web-based information and additional appendices can be added to the Plan in future if required.

Clear processes for appropriate escalation are outlined within the Plan, and specifically Part 7 provides specific guidance on communicating with and activating civil contingency arrangements in Wales, and the wider UK, if required.

The Plan applies to situations at local, regional, and national level, but does NOT especially address the planning for and response to situations of 'Pandemic' communicable disease, where for example, a communicable disease is declared by the World Health Organisation (WHO), as a 'Public Health Emergency'. Additional work is being undertaken (at Wales and UK level) to develop and exercise specific plans and related system wide 'surge capacity' response for such scenarios.

APPROVAL, REVIEW AND EXERCISING

The Communicable Disease Outbreak Plan for Wales:

- will be approved by the Chief Medical Officer for Wales, Health Protection Advisory Group
- will be reviewed formally every 3 years, or sooner if it has been identified that key changes are required. This will include review of all appendices and additional supporting information.

If required, additional appendices or links to information can be added to the document between such reviews.

Appropriate multi-agency exercises to test the efficiency and effectiveness of the 'Communicable Disease Outbreak Plan for Wales' will be held at least every two years.

POLICY AND LEGAL CONTEXT

The Plan outlines a way of working that follows the principles enshrined in the Well-being of Future Generations (Wales) Act 2015 (Appendix 3). In particular, the Plan acknowledges and links to other responsibilities of and actions taken by partner organisations relating to the ongoing proactive prevention of communicable disease in Wales.

The Plan has also been reviewed in the context of changes to legislation brought about by the UK leaving the European Union. The Plan reflects the legal requirements of The Health Security (EU Exit) Regulations 2021 and the non-legislative agreements contained in the Health Protection and Health Security Common Framework Outline Agreement (and Memorandum of Understanding). In particular, the 'Cross Border' section of the Plan is intended to fulfil the requirements relating to 'serious cross border threats to health'.

In addition, the Food Standards Agency Framework Agreement on Official Feed and Food Controls by Local Authorities, requires Local Authorities to have plans in place to deal with foodborne outbreaks. This document supports these statutory requirements.[1]

The Plan has also been reviewed with regard to the Health and Social (Quality and Engagement) (Wales) Act 2020, which aims to improve and protect the healthcare and wellbeing of the current and future population of Wales. This includes the Duty of Quality to

[1] This Plan is in line with the Food Standards Agency's (FSA) Framework Agreement on Official Feed and Food Controls by Local Authorities. The FSA has a statutory duty to monitor the performance of food enforcement authorities. This includes a Local Authority's handling of cases and outbreaks, of foodborne illness. There may be occasions where Agency officials will need to visit an LA in connection with an outbreak – where this need arises, the Agency will have regard to the priority of managing the incident and will do everything possible to ensure that the roles of the FSA official co-opted to the OCT and the FSA official undertaking any monitoring are kept separate.

improve health services and the Duty of Candour which relates to openness and acknowledging when things go wrong.

In this regard, amendments to the Plan have been made to reflect the recommendations arising from recent external reviews which have taken place in Wales (notably the Independent Review of the Health Protection System in Wales (David Heymann), the External Review of the Llwynhendy TB Outbreak[2], and other learning from the response to Covid-19.

PART 1: WHEN AND HOW TO USE THIS PLAN

1.1 Context

1.1.1 The Plan should be used as the framework for managing all communicable disease outbreaks with public health implications across Wales.

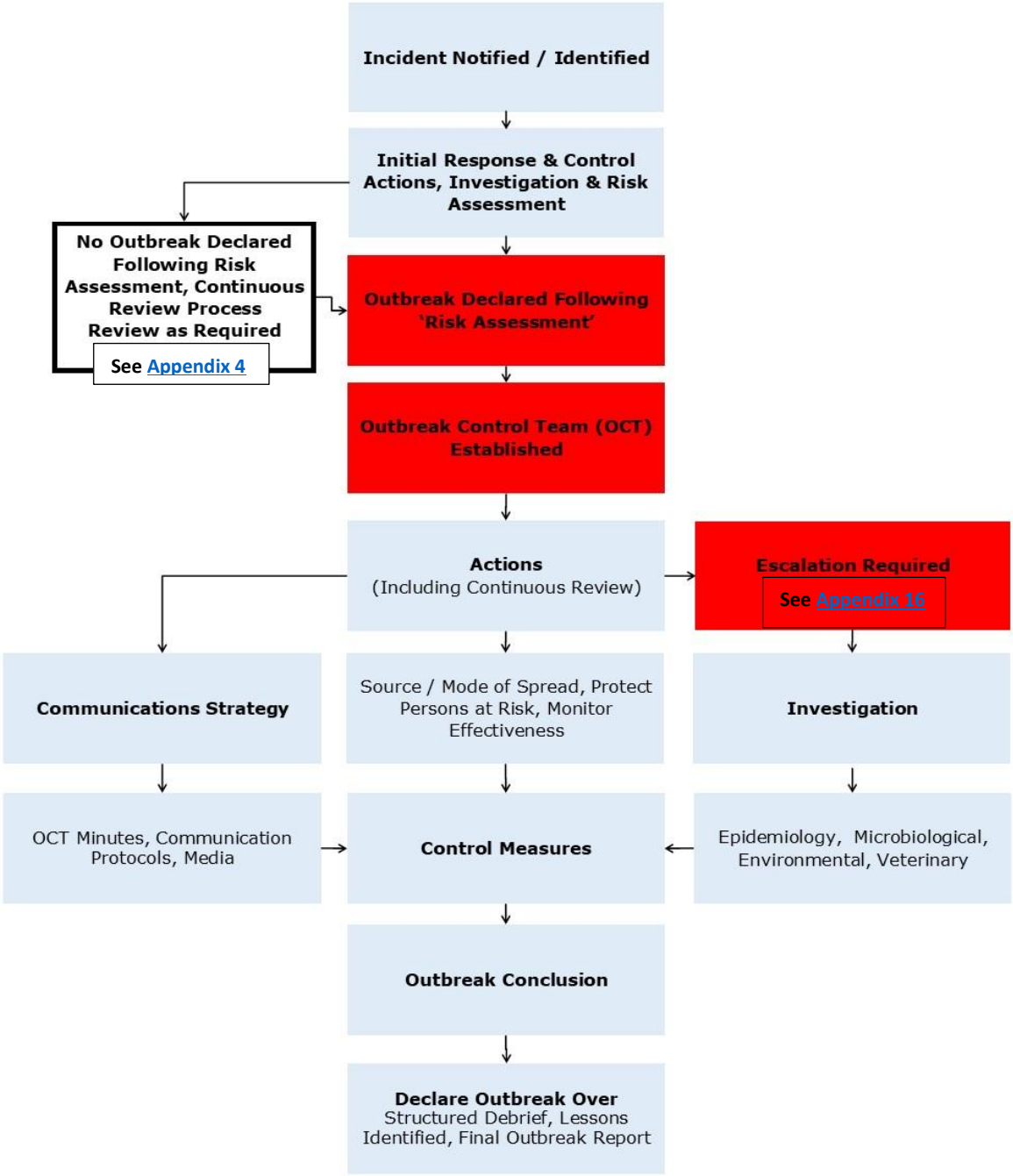
1.1.2 The core process for outbreak management is now described in an algorithm, supported by narrative for each stage of the process. A set of standards for outbreak management will facilitate review and continuous improvement in implementation.

1.2 Management Arrangements for Responding to Outbreaks

1.2.1 An algorithm summarising the process and core steps in outbreak management is provided below:

[2] Llwynhendy Tuberculosis Outbreak External Review Report, 2nd December 2022. Jointly Commissioned by Public Health Wales and Hywel Dda University Health Board. Lead Reviewer: Professor Mike Morgan.

Algorithm for Declaring an Outbreak



1.3 Standards for the Management of Communicable Disease Outbreaks

1.3.1 A recognised set of standards have now been adopted for the management of an outbreak in Wales. These complement the process for investigating and managing any outbreak (summarised in the algorithm above) and facilitate review, audit, and continuous improvement. The standards are summarised below in Table 1 and an audit tool has been developed to support review, see Appendix 5.

Table 1: Standards for the Management of Communicable Disease Outbreaks

The following agreed standards will be applied to the management of communicable disease outbreaks in Wales. The standards should be reviewed at the end of 12 months and thereafter every 3 years.

Outbreak recognition

- Investigation to clarify the nature of the incident and initial risk assessment completed.
- If outbreak declared following receipt of initial information, this is recorded and communicated to all relevant colleagues/key partners within 24 hours.

Outbreak declaration

- Decision made, recorded, and communicated to all partners at the end of the initial investigation regarding outbreak declaration and convening of Outbreak Control Team.
- In the event of alternative infection management action (to an OCT) being agreed, decision recorded and communicated to all partners at the end of the initial investigation.

Outbreak Control Team (OCT)

- OCT held as soon as possible and at least within three days of decision to convene.
- All agencies/disciplines involved in investigation and control represented at first OCT meeting.
- Roles and responsibilities of OCT members agreed and recorded at first meeting.
- Chair of OCT agreed and recorded at the first meeting.
- Agree key objectives of the OCT.

Outbreak investigation and control

- Outbreak case definition agreed and recorded.
- Descriptive epidemiology undertaken and reviewed in OCT, within three days of first OCT meeting. (To include number of cases in line with case definition; epidemic curve; description of key characteristics including gender, geographic spread, pertinent risk factors; severity; hypothesis generated).
- Risk assessment reviewed and outcome documented at each OCT meeting and/or on receipt of new information received.
- Relevant resources to facilitate control (agreed by OCT) documented and made available to OCT in timely manner by all partners.
- Analytical study considered and rationale for decision to undertake or not recorded.
- Investigation protocol prepared where an analytical study or other investigative activity is agreed, within 24 hours of decision being made.
- Control measures documented in the OCT minutes including clear timescales for implementation and responsible agency.

Communications • Communications plan agreed at first OCT meeting and reviewed at each subsequent OCT meeting throughout the investigation. • Include key messages - to the public or internal/external stakeholders – (refer to Communication Part 4). • Lead agency for the communications plan agreed. • Clear, documented communication about the outbreak leadership arrangements, including any appropriate handover arrangements (consistent with handover standards). • Evidence of timely communication of OCT minutes, actions, and other update information to each agency and within all partner agencies during the response. • Spokespersons to be agreed.
End of outbreak • If recommended by OCT chair, lessons identified process completed at the last OCT meeting or within 6 weeks of the formal closure of the outbreak. Key lessons identified to be communicated immediately/sharing initial lessons identified. • If recommended to be written by OCT chair, a final outbreak report to be completed within 6 months of the formal closure of the outbreak. OCT chair to establish report writing group for this purpose. • Lessons identified and outbreak report recommendations reported to Communicable Disease subgroup of HPAG upon completion. • Communicable Disease subgroup of HPAG to review all received lessons identified every 12 months. • Review after 12 months following audit of outbreak response.

1.4 Recognition of an outbreak, initial identification, and response

1.4.1 Potential outbreak situations may be recognised by Public Health Wales (PHW) Health Protection services, Local Authorities or Health Board/PHW Microbiology services. Each organisation/function has its own procedures for surveillance, detection, and control. Immediate contact between these partners is essential as soon as it becomes apparent that an outbreak may exist.

1.4.2 Locally confined outbreaks will usually be recognised and declared by the PHW Consultant in Communicable Disease Control/Health Protection (CCDC/CHP) however, for more widespread outbreaks, such as those that are national or cross borders, an outbreak may be recognised by PHW Communicable Disease Surveillance Centre (CDSC) or a consultant epidemiologist, who would work with the Health Protection team in agreeing response. For example, it is possible that a widespread outbreak may be initially recognised from small local outbreaks. In responding to and communicating such situations (e.g., to partners), reference should also be made to paragraphs 1.10 relating to escalation in situations where Wales wide or other additional co-ordination is required.

1.4.3 Immediate control measures should be implemented as per relevant guidance and investigation to clarify the nature of the potential outbreak should begin within 24

hours of receiving the initial report. The following should be considered to establish key facts and inform the decision to declare an outbreak:

- confirm the validity of the initial information (e.g., ascertainment bias, laboratory false positives)
- consider the tentative diagnosis and whether all cases have the same diagnosis.
- conduct preliminary interviews with cases to gather basic information including any common factors.
- collect relevant clinical and/or environmental specimens.
- form preliminary hypotheses.
- consider the likelihood of a continuing risk to public health.
- carry out an initial risk assessment (see Appendix 6)
- manage initial communication issues.

1.4.4 An urgent incident meeting may be held with some (or all) of the individuals in 2.1 in attendance to consider the facts and decide if an outbreak needs to be declared.

1.5 Situations where an outbreak is not declared.

1.5.1 It is recognised that many cases and 'reported incidents' of communicable disease are handled within routine business without the need to declare an outbreak or formally convene an Outbreak Control Team (OCT). The same infection prevention, management, and control principles, aims and objectives (outlined in this Plan) should be followed in these situations. It is important that such decisions and situations are appropriately recorded and managed for audit purposes and to support ongoing review, surveillance, and any future outbreak management.

1.5.2 If a decision is taken that no formal outbreak is to be declared and an OCT is not to be convened it is likely it will still be necessary to:

- take public health actions.
- ensure appropriate liaison between core partners and others described in this Plan.
- establish other appropriate prevention and infection management arrangements to control the situation.

An algorithm relating to such circumstances is provided at Appendix 4.

1.5.3 It is acknowledged that the participation of partner agencies e.g., Local Authorities (LA's) in such arrangements may vary depending on the nature of the communicable disease and any given situation. Engagement between partners remains a key priority and as a minimum, all core partners should receive appropriate communication for situational awareness.

1.5.4 When a decision has been made not to declare an outbreak, a nominated responsible organisation/individual (often the PHW Consultant in Communicable Disease Control/Consultant in Health Protection) should:

- record the decision.
- ensure appropriate communications including to partners.

- review the situation at appropriate intervals.
- be prepared to follow the process for declaring an outbreak (and further escalation) if required in accordance with the algorithm on Page 9
- put in place alternative, appropriate arrangements, and structures to manage and control the situation/incident as appropriate.

1.5.5 This may involve engagement and consultation with the other partners to assist with ongoing surveillance, appropriate response, and communication.

1.6 Declaration of an Outbreak

1.6.1 Following the initial reporting or identification of an incident/situation the process below should be followed in relation to declaring a formal outbreak.

1.6.2 Following a risk assessment an outbreak is usually declared jointly by the PHW Consultant in Communicable Disease Control/Consultant in Health Protection (CCDC/CHP), Director of Public Protection (DPP) and the Clinical Lead for Microbiology (PHW or Health Board), in conjunction with the health board Executive Director of Public Health (EDPH) after these individuals have jointly considered the information available. However, any (or combination) of these specialists can declare an outbreak if required, for example during Out of Hours periods. The principles outlined in this Plan will always apply.

1.6.3 From the point at which an outbreak is declared in an incident meeting, the meeting becomes a formal OCT meeting and attendees become formal members of an OCT.

1.6.4 An algorithm outlining the process for the declaration of an outbreak is provided on Page 9. This includes the identification/notification of the issue and any initial investigation. Once an OCT has been formed all activities should be underpinned by a comprehensive risk assessment. Risk assessments should be agreed by the OCT and regularly reviewed throughout the outbreak investigation. It is acknowledged that organisations may use different risk assessment frameworks. The OCT should therefore agree a standard format for risk assessment. An example risk assessment is provided at Appendix 6.

1.6.5 Following a thorough consideration of the risk assessment of the situation, using the process outlined above, the formal declaration of an outbreak as soon as possible will normally be considered. Factors that may influence the decision to declare an outbreak include:

a) a significant immediate and/or continuing communicable disease health hazard.
b) large numbers of cases *or* numbers greater than expected *or* 2 or more cases of infectious disease clustered by person, time, or place where there is a wider public health implication[3]
c) one or more cases of high consequence infectious disease

[3] An outbreak is academically/epidemiologically defined as an observed number of cases greater than that expected for a defined place and time period, or two or more cases with common exposure. However, since that occurs on countless occasions in Wales annually, the need to activate this plan and formally declare an outbreak requires an expert risk assessment and consideration of wider public health impact.

d) involvement of more than one LA/HB area where the response needs coordination.

1.7 Cross Border (Including All Wales)

1.7.1 Where an outbreak in Wales crosses Health Board and/or LA boundaries then there will need to be close liaison with neighbouring Health Board and LA organisations and a decision made as to who will lead the investigation. Agreements will be made in relation to membership of any OCT and supporting arrangements, ensuring effective communication and situational awareness reporting. Regardless of where the cases reside, the OCT will take responsibility for the investigation, management, and control of the outbreak. All involved LAs and HBs will participate fully in the OCT process.[4]

1.7.2 Where a situation arises which requires co-ordination, planning, preparation or resource mobilisation on an All-Wales basis, the OCT shall escalate this to the Public Health Wales Senior Management and the Health Protection Directorate in Welsh Government in accordance with paragraph 1.10 below. It will then be usual for Public Health Wales to take a lead on co-ordinating any All-Wales response including:

- establishment of an additional co-ordination group
- partnership approach to general public communications, e.g., to manage any rise in health care service demand.
- proactive vaccination catch-up efforts
- case management pathway development
- provision of advice to a Welsh Government 'Health Policy Oversight cell, if established.

1.7.3 This strategic level co-ordination will not be mobilised by the individual OCT but will utilise a wider strategic group to co-ordinate the response as the need requires.

1.8 Cross Border (UK and International)

1.8.1 In implementing the commitment to responding to 'serious cross border threats' to health, as laid out in the Health Protection (EU Exit) Regulations 2021[5], the Plan forms part of UK wide control arrangements. As such it has been shared with key partners in the 4 Nations of the UK and will be used to inform and undertake exercises to test outbreak control arrangements on a 4 Nation basis.

1.8.2 Serious cross border threats to health have been defined by Regulation 5 of the Health Security (EU Exit) Regulations 2021 to mean:

1.8.3 A life-threatening or otherwise serious health threat specified in paragraph 2 which:

- spreads or entails a significant risk of spreading across the borders of the United Kingdom and at least one member State; or

[4] An example, the investigation of a case of hepatitis A in a food handler will be led by their LA of residence. Discussion with, or action against, the employer regarding their duties as a food business operator will be led by the relevant food authority as this may involve customer notification, remedial action or work activity considerations. Action under health protection legislation to ensure the case does not pose a risk to public health through their work or other activities will, however, be led by the resident LA as it is directed at the individual.

[5] The Health Security (EU Exit) Regulations 2021 (legislation.gov.uk). (accessed 15 November 2023)

- may necessitate a co-ordinated response by the UK authorities in order to ensure a high level of human health protection.

1.8.4 This Plan is also the route through which Wales health protection system will also discharge its responsibilities under the International Health Regulations (2005)[6] and in relation to 'serious cross border threats to health' as defined in the Health Protection (EU Exit) Regulations 2021 including:

- Regulation 9 - for Wales as one of the UK Authorities, to co-ordinate our efforts to develop, strengthen and maintain their respective capacities for monitoring, early warning and assessment of, and response to, serious cross-border health threats ("preparedness and response planning")
- Regulation 10 - for Wales to alert the UK focal point of any serious cross-border health threat; and
- Regulation 11 - for Wales following the identification of any alert to co-ordinate efforts to make appropriate responses within the United Kingdom to any serious cross-border health threat.

1.8.5 Where there is a cross border outbreak affecting people living in one or more of the other UK countries or cases are part of an international outbreak, the participating Outbreak Control Team's arrangements may differ. For example, if the response is led by a team from another country, it may be chaired by a representative of an agency outside Wales, but the principles of this plan should still apply, and the Wales response should be guided by the requirement to protect the public's health.

1.8.6 In circumstances where co-ordination, general response and planning is required in Wales, these will be led by Public Health Wales, who will co-ordinate actions across Wales and inform wider 4 Nation situational awareness reporting and response.

1.9 Emerging/Rare Pathogens (Including defined High Consequence Infectious Disease (HCID))

1.9.1 On occasions, a situation may arise which relates to an unusual, emerging or rare pathogen (including defined High Consequence Infectious Disease High consequence infectious diseases (HCID) – GOV.UK (www.gov.uk)). In such circumstances, to complement the core elements of this Plan, additional guidance will be developed, based upon the above UK HCID management resources e.g., in relation to ensuring effective NHS response, including health care isolation facilities and access to specialist isolation and care services within Wales and the wider UK. (NB This guidance will replace and update related guidance currently contained in the Welsh Government document titled '*Wales Framework for Managing Major Infectious Disease Outbreaks 2014'* which has been cross referenced in Appendix 7 prior to its review or possible withdrawal.

[6] The International Health Regulations (2005) (IHR) provide an overarching legal framework that defines countries' rights and obligations in handling public health events and emergencies that have the potential to cross borders. The IHR are an instrument of international law that is legally-binding on 196 countries, including the 194 WHO Member States. International health regulations (who.int) (accessed 15 November 2023).

1.10 Escalation Arrangements

1.10.1 Many outbreaks will be managed locally within a defined geographical area. However, circumstances may arise where further co-ordination and escalation arrangements are required. Such situations requiring escalation may include:

- A situation where co-ordination is required at All Wales level.
- A response to rare or emerging pathogens including defined HCID.
- Formal implementation of regional or Pan Wales civil/contingency emergency response arrangements / structures (Part 7)
- International outbreak or situation affecting or threatening the UK (e.g., invoking COBR).

1.10.2 NB. Additional work is being undertaken in relation to response to pandemic disease situations and separate plans are envisaged to be put in place for such scenarios in future.

1.10.3 An algorithm for escalation is provided at Appendix 16. In these examples further escalation arrangements may include:

- The establishment of a single (e.g., Wales national) co-ordination arrangement including engagement with Welsh Government. This may require engagement with other partners, including all Wales organisations not currently engaged in outbreak management, e.g., GPC Wales, WAST/NHS 111, WLGA
- A single co-ordinated communication strategy
- The establishment of a Welsh Government Health Policy Oversight Cell.

1.10.4 It would be usual for Public Health Wales to be requested to lead such co-ordination and for an OCT to escalate to senior colleagues, for example: PHW Director of Health Protection and/or Director of Infection and Directorate of Health Protection (Welsh Government) for discussion and decision on the co-ordination of the wider response and the need to establish an additional strategic level group to co-ordinate actions at the All Wales level.

1.10.5 Civil Contingencies Act 2004. There will be rare occasions where any disease outbreak may necessitate the activation of Wales civil contingency arrangements. This is likely to be where the nature and scale of the communicable disease overwhelms services, or where it creates wider strategic issues or risks that may have a serious impact on the public. As with any emergency, such a scenario could occur at regional or All Wales level. In such a scenario Part 7 of this plan should be followed.

PART 2: THE OUTBREAK CONTROL TEAM, INVESTIGATION AND CONTROL

This section outlines the detail in relation to convening an OCT and its membership together with the roles, responsibilities, and actions of the multi-agency team.

2.1 Convening the Outbreak Control Team (OCT)

2.1.1 The OCT comprises of three categories of members: **core members**, who are involved in all outbreaks, **professional support members,** who support the functions of the OCT, and **co-opted members**, who are co-opted as necessary when the outbreak requires their expertise or lies within their sphere of operations.

2.1.2 Core members:

- PHW Consultant in Communicable Disease Control or Consultant in Health Protection or Consultant Epidemiologist[7]
- Director of Public Protection
- Local Clinical Microbiology Consultant (PHW or Health Board)
- Executive Director of Public Health of the Health Board
- Lead Officer for Communicable Disease of relevant LAs.

2.1.3 Core members may nominate a deputy of appropriate seniority to attend and act on their behalf. This shall be clearly noted in the minutes of the appropriate meeting and deputies must have the authority and seniority to act on behalf of their organisation. Core members remain accountable for any decision made on their behalf.[8]

2.1.4 The Chair of the OCT will be appointed at the first meeting. The Chair will normally be the CCDC/CHP or the DPP as appropriate. For certain specific diseases, e.g., TB, it has been recommended by external review that PHW should always lead by providing the OCT chair role.

2.1.5 It shall be the duty of the Chair to manage the OCT in an accountable and professional manner.

2.1.6 A variation to the OCT membership for outbreaks in healthcare and prison settings is outlined in the additional guidance at Part 6.2 and Part 6.3 respectively.

2.1.7 Professional Support Members

These are essential experts that would be expected to be involved in the majority of outbreaks but do not comprise the core group and would normally include:

- A PHW/CDSC Epidemiologist (of appropriate seniority) to provide appropriate epidemiological advice.
- A PHW Clinical Microbiology/Infectious Diseases consultant.

[7] Recognises the role of PHW Consultant epidemiologist in PHW HP OOH service provision (see also OOH section 2.6).

[8] In particular, the microbiology input required may vary depending on the outbreak and may include the need for local or national expert microbiological or virological advice, sample testing arrangements, and/or local microbiology management. Hence, microbiology attendance at the OCT may be more appropriately delegated to another individual or organisation with the necessary skills and resources. However, the health board Clinical Lead for Microbiology is still responsible for ensuring the OCT has access to these resources and skills and retains the core membership responsibilities and accountability outlined on page 25.

- A Communication Specialist.

2.1.8 Co-opted members

These experts are co-opted, with the approval of the OCT chair, as necessary when the outbreak requires their expertise or lies within their sphere of operations. Examples include:

- Regulators such as Food Standards Agency, Care Inspectorate Wales, Health and Safety Executive, Natural Resources Wales and Drinking Water Inspectorate will be co-opted where matters within their jurisdiction are being considered and their powers or responsibilities may contribute to management and control of the outbreak.
- PHW antimicrobial stewardship / prescribing and Infection Prevention and Control expertise from the HCAI & AMR HARP Programme where outbreaks involve antimicrobial resistant organisms / specialist IPC advice is needed.

Appendix 8 provides a list of potential co-opted members as a prompt but is not exhaustive.

2.2 Responsibilities of the OCT

2.2.1 Core members

Responsibility for managing outbreaks is shared by all organisations who are members of the OCT. This responsibility includes the provision of sufficient financial and other resources necessary to bring the outbreak to a successful conclusion. NB: Following an external review recommendation it is expected that each organisation will ensure that decision making processes for accessing funding for outbreaks of communicable diseases, should be identifiable ahead of time, so that such outbreaks can be managed in a timely and effective manner.

When working together as an OCT, core members are expected to:

- Be required to be OCT members for all declared outbreaks.
- Have specified roles and responsibilities under this Plan as laid out in Part 3.
- Where it is felt that a core member will have little to no involvement in the situation being managed following their involvement in ensuring the OCT is properly convened, they may, only where they agree, cease to attend meetings, and be updated through receiving appropriate communication including the Situational Update Reports (SitReps) mentioned below.
- Achieve consensus on decisions about the management and control of the outbreak and are jointly accountable for decisions made by the OCT.
- Be responsible for ensuring the OCT functions correctly and in accordance with this Plan.
- Ensure that co-opted members appropriate to the outbreak are invited to join the OCT and are given the opportunity contribute fully on matters within the sphere of their expertise or field of operations.

- Support the OCT Chair by ensuring that multi-agency updates (SitReps) are provided to the OCT chair following meetings where matters of interest are discussed.
- Ensure in accordance with any agreed Communication Plan, that accurate and timely situational updates arising from the OCT, are effectively communicated within their own organisations.
- Support the OCT Chair in escalating any issues to a partner organisation, in the event that there are unresolved issues regarding measures that have not been implemented or where there is serious disagreement within the OCT.

2.2.2 Professional Support Members

When working as part of an OCT, professional support members are expected to:

- Provide support to the OCT in their area of professional expertise to manage the outbreak.
- Undertake tasks as directed by the OCT in a timely fashion.

2.2.3 Co-opted members

When working as part of an OCT, co-opted members are expected to:

- Provide support to the OCT to manage the outbreak.
- Undertake tasks as directed by the OCT in a timely fashion.
- Achieve consensus on decisions about the management and control of the outbreak and are jointly accountable with Core and other Co-opted members for these decisions.
- Follow the rules of engagement and principles laid out in this Plan.

2.3 Role of the OCT

2.3.1 The primary objective in the management of an outbreak is to protect public health by identifying the source and/or main determinants of the outbreak and implementing necessary control measures to prevent further spread or recurrence of the infection. The protection of public health takes priority over all other considerations.

2.3.2 The OCT must, however, always give due consideration to their responsibilities in supporting investigations which may result in legal proceedings, for example under the:

- Corporate Manslaughter and Corporate Homicide Act 2007 (as guided by the Work-related Death Protocol)
- Food Safety Act 1990 and associated regulations
- Health and Safety at Work etc. Act 1974 and associated regulations.

2.3.3 These responsibilities include obtaining and ensuring the continuity, or chain, of evidence for presentation in concurrent or subsequent legal proceedings as well as civil proceedings or a Coroner's Inquest. Evidence may include information relating to patients and contacts obtained during the course of the investigation of an outbreak. The OCT should, if required, seek guidance regarding the chain of evidence for a potential prosecution.

2.3.4 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.

2.3.5 The purpose of the OCT is therefore to agree and co-ordinate all the activities involved in the management, investigation and control of the outbreak. The OCT will therefore:

- assess the risk to the public's health.
- ensure that the cause, vehicle and source of the outbreak are investigated, and control measures implemented as soon as possible.
- seek legal advice where required.

2.3.6 It is important that the OCT is allowed the time to collect and interpret the intelligence and agree appropriate actions without undue interference. The successful management of outbreaks is dependent upon good and timely communication, collaboration, and action between the LA, the HBs, Public Health Wales and all other interested parties.

2.3.7 Details regarding the organisation, functioning and key tasks actions for the OCT are contained Appendix 9 and Appendix 10. However key points include:

- The chair of the OCT should be appointed at the first meeting (including consideration of continuity). This will often be the CCDC/Consultant in Health Protection (CHP); however, it may be another OCT member if appropriate.
- Membership of the OCT should be in accordance with section 2.1 above.
- The chair and members should ensure that all key individuals are invited members and must be of sufficient seniority to implement decisions and allocate resources.
- At the first meeting terms of reference should be agreed, and a preliminary risk assessment conducted.
- A communications strategy should be agreed early and reviewed as necessary.

2.4 Rules of engagement of the OCT

2.4.1 At the first meeting of the OCT, all members (whether core, professional or co-opted) will agree to work to this plan. No organisation will attend in an observer capacity (except by invitation of the Chair). The protection of the public's health takes priority over all other considerations.

2.4.2 Each member will recognise the roles and duties of other members, particularly where an outbreak crosses LA/HB boundaries or involves a hospital(s).

2.4.3 Members of the OCT must declare any known interest in any organisation or premises that is the subject of the outbreak investigation. This is likely to occur if the premises are owned by the HB, Public Health Wales, or LA. Anyone who declares such an interest should not chair the OCT. Where an interest is declared, the Chair of the OCT should consider the potential conflict of interest and make the final decision as to participation in the OCT. A person having an interest in the premises and if permitted to participate in the OCT, shall refrain from voting on a policy or action by the OCT. Alternatively, the Chair of the OCT may require the nomination of an additional person from that organisation to the OCT or ask for that individual to be replaced on the OCT.

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

2.4.5 In the early stages of an investigation, it is not always apparent whether any criminal offence has been committed. However, the OCT is reminded that the police or other relevant enforcing agency may initiate an investigation where there is an indication of a criminal offence. The relevant enforcing agency investigation may overlap with the work of the OCT and may need to be considered in the wider context of managing the outbreak.

2.4.6 OCT members should be aware that in these circumstances, the relevant enforcing agency has primacy so will lead the overall investigation and may use some of the evidence already gathered as part of the OCT response. They may want to lead on interviewing some of those affected by or involved in the outbreak, such as cases, Food Business Operators and/or staff.

2.4.7 Information gathered as part of an outbreak investigation may also be used as evidence in a criminal prosecution. OCT members should be aware that all notes and records are potentially disclosable to the defence team if the case proceeds to a court of law. This may lead to medical confidentiality conflicts for NHS staff with regard to patient identifiable information. Members of the OCT may also be asked to provide witness statements.

2.4.8 It is important that the points highlighted in paragraphs 2.4.5 to 2.4.7 do not hamper **either** essential outbreak management and control **or** the parallel investigation. Urgent legal advice may be necessary to resolve any issues that arise.

2.4.9 If measures required to bring an outbreak under control are not available or cannot be accessed, the OCT chair should initially escalate this to the organisational Chief Executive level, and thereafter to inform the Directorate of Health Protection (Welsh Government).

2.4.10 The OCT will decide when the outbreak is over and will make a statement to this effect. The decision to declare the outbreak over should be informed by on-going risk assessment and epidemiology. Please see Part 5 for detail on processes for lessons identified and report writing.

2.5 Investigation and Control of Outbreaks (Tasks of the OCT)

2.5.1 Outbreak investigations will vary depending on circumstances; however, the OCT will generally follow the principles and actions of outbreak investigation identified through a well-established and accepted practice involving the following 10 steps:

1. Confirm outbreak and diagnosis.
2. Define a case (Case Definition).
3. Identify cases and obtain information.
4. Describe data collected (Descriptive Epidemiology).
5. Develop hypothesis.
6. Test hypothesis: analytical studies.
7. Microbiological investigation and additional studies.

8. Document control measures with clear responsibilities and timescales for implementation.
9. Communicate results, including lessons identified and an outbreak report.
10. Evaluate and report.

A more detailed outline of tasks for the OCT, to follow is outlined in Appendix 10

2.6 Out of Hours Service and Emergency Arrangements

2.6.1 All core members must make suitable and sufficient arrangements for providing an effective service to deal with outbreaks at all times, including 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.

2.6.2 The arrangements must include references to communications, resources and equipment, and enforcement activity administration.

2.6.3 All core members will ensure that effective contact arrangements and communication systems are in place and take responsibility for updating out of hours contact details/arrangements whenever necessary.

2.6.4 All core members should ensure that the resources necessary for out-of-hours actions can be quickly put into place. These should include:

- meeting rooms
- administration support
- officers with necessary competencies and delegated authority.

PART 3: SPECIFIC ROLES AND RESPONSIBILITIES

3.1 Introduction

3.1.1 This section details the specific roles and responsibilities of core members of Outbreak Control Teams.

3.1.2 The roles and responsibilities of partner organisations in outbreak management are also summarised. These organisational roles and responsibilities should be seen within the context of the wider roles and responsibilities of organisations in the overall health protection system in Wales. These wider roles are described in the Welsh Government document entitled 'Health Protection System in Wales: Roles and Responsibilities' which has been produced in response to the recommendation of an external review of health protection in Wales. One of the core findings of the review was the need for clarity of roles and responsibilities across the health protection system, to take account of changes in working practices during the pandemic.

3.2 Consultant in Communicable Disease Control/Consultant in Health Protection

- Together with the DPP and Clinical Lead for Microbiology, jointly consider the facts, to declare an outbreak in conjunction with the Executive DPH and convene the OCT.
- To inform Public Health Wales, the Health Protection Directorate (Welsh Government), the Health Board's Executive DPH, and LA colleagues of the outbreak and follow any escalation processes as appropriate.
- To act as a Proper Officer of the LA.
- To initiate case finding as appropriate.
- Where appropriate, to facilitate the deployment of the resources of Public Health Wales to support the OCT. This shall include:
    - facilities and resources for the OCT including administrative support for team meetings.
    - organise an outbreak control centre or helpline.
    - provide staff to assist in the investigation of the outbreak as required by the OCT.
    - secure sufficient epidemiological, analytical, and other specialist professional advice/assistance available
    - act to co-ordinate the available resources of Public Health Wales on behalf of the OCT.
- To provide or source expert advice on communicable disease control/health protection/epidemiology to the OCT on the management of the outbreak, including:
    - interpretation of clinical data, methodology of investigation and control measures to minimise spread and prevent recurrence.
    - assess and collate epidemiological information and to arrange epidemiological studies.
    - request/require medical examination of cases and contacts and the taking of clinical specimens either directly or in collaboration with the relevant health board and/or LA.
    - request immunisation and/or prophylaxis for cases, contacts, and others at risk in collaboration with the relevant health board.

- To liaise with other partners including Welsh Government departments e.g., Office of Chief Veterinary Officer (OCVO), government sponsored agencies such as the Food Standards Agency (Wales), Natural Resources Wales, and a range of other stakeholders for example, Drinking Water Inspectorate, Health & Safety Executive, Animal and Plant Health Agency, Dŵr Cymru, as appropriate.
- To inform the Director of Health Protection, PHW of the outbreak, action taken in response and provide situational updates as appropriate.
- Formally notify the Health Protection Directorate (Welsh Government), when an outbreak has been declared, providing regular updates when there is pertinent information and provide formal notification that the outbreak has been declared over.
- To escalate issues (notably to Public Health Wales & WG), when appropriate and as described in algorithms above.
- To consult and liaise with CDSC and with other CCDC/CHP's regarding the support that is available to the OCT and to ensure they remain informed of developments.

3.2.1 To contribute to the preparation of the final report with other members of the OCT and to facilitate its distribution and publication as appropriate.

3.3 Director of Public Protection (DPP)

3.3.1 For the purposes of this Plan, the DPP is defined as 'the relevant Director with strategic oversight and responsibility for the Public Protection functions of the Local Authority, and the ability to commit the LA's resources in support of the investigation of the outbreak, its management and control'.

- Together with the CCDC/CHP and Clinical Lead for Microbiology, to jointly consider the facts, declare an outbreak in conjunction with the Executive DPH and convene the OCT.
- To facilitate the provision of LA resources for specialist information or action on environmental health and other aspects of any disease control.
- To facilitate the provision of LA facilities and resources for the OCT including administrative support for team meetings, if appropriate.
- Where necessary, to organise an outbreak control centre or helpline.
- Where appropriate, to make available Environmental Health staff to assist in the investigation of the outbreak as required by the OCT and facilitate access to other LA professional staffing expertise, e.g., in education.
- To provide resources for the prompt inspection of premises considered to be implicated in any outbreak and to receive reports thereon.
- To consider the use of statutory powers as appropriate.
- To liaise with other LAs as necessary and secure appropriate mutual aid should additional resources be required. (See below)
- To inform the Chair/Leader of the LA and Chief Executive of the LA of the outbreak, action taken in response and provide situational updates as appropriate.
- To liaise with FSA (Wales), primary authority, NRW or other statutory bodies as appropriate.

- To liaise with other DPPs and the Health Protection Directorate (Welsh Government), if the outbreak is wider than of local and/or other significance.
- To liaise with other partners including Welsh Government departments e.g., Office of Chief Veterinary Officer (OCVO), government sponsored agencies such as the Food Standards Agency (Wales), Natural Resources Wales, and a range of other stakeholders for example, Drinking Water Inspectorate, Health & Safety Executive, Animal and Plant Health Agency, Dŵr Cymru, as appropriate.
- Where appropriate, to provide resources to carry out environmental investigations and where necessary to exercise powers of entry, improvement, closure, or prosecution.
- Where appropriate, to provide resources for the transport of clinical and/or environmental specimens to recognised laboratories for examination.
- Where appropriate, to provide resources to investigate the availability of cleansing and/or other treatment of premises, articles, equipment, land, and animals, seeking specialist advice as appropriate.
- To facilitate the provision of LA local information, including that on vulnerable groups, businesses, and institutions where appropriate.
- To contribute to the identification of lessons identified and preparation of the final report with other members of the OCT and to facilitate its distribution and publication as appropriate.

3.4 Arrangements for Local Authority Mutual Aid

3.4.1 A further aspect of a LA's competence to successfully control and manage a communicable disease outbreak is to have a sufficient number of competent staff available when required. It is possible that either because of job vacancies, holidays, or sickness 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. The collaborative working may take several forms, namely:

- to assist in the various investigative processes of the outbreak investigation
- to carry out other routine Communicable Disease investigation work which is not part of the substantive outbreak.
- or to the secondment of an officer to assist in the control and management of an outbreak.

3.4.2 To facilitate this process, LAs 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, indemnity, authorisation must be resolved by the LAs involved.

3.5 Clinical Lead for Microbiology (PHW or Health Board)

- Together with the CCDC/CHP and the DPP, jointly consider the facts, to declare an outbreak in conjunction with the EDPH and convene the OCT.
- 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.

- To liaise promptly with the Director of Infection, Public Health Wales, to ensure appropriate specialist advice and support is made available from services within Wales and UKHSA if appropriate.
- To provide an outbreak number or advice on labelling outbreak microbiology samples on request from the DPP or the CCDC/CHP and communicate this to the OCT.
- To arrange prompt examination/analysis and reporting of clinical and/or environmental samples, as required.
- To advise from a microbiological perspective on the inspection of premises and other implicated settings as appropriate and collection of appropriate samples, as required.
- Where necessary, to provide certificates of examination/analysis in respect of samples submitted for examination.
- Where appropriate, to arrange for any further testing or typing of organisms identified or isolated.
- To liaise with other public health, hospital and reference laboratories as necessary.
- The local microbiology laboratory will normally:
    - provide suitable specimen containers and request forms if appropriate.
    - provide or facilitate laboratory testing facilities.
    - arrange for any special investigations required to be carried out by reference laboratories.
    - be responsible for arranging transport of specimens/isolates to reference laboratories; and
    - provide both rapid and written confirmation of relevant results to the OCT. An agreed process should include both positive and negative results on suspected cases and contacts for the organism under investigation.
- To prepare the final report with other members of the OCT and to distribute and publish as appropriate.

3.6 Executive Director of Public Health of the Health Board

[Out of Hours, this role should be temporarily covered by the Health Board Executive Director on Call until EDPH available]

- To consult with the CCDC/CHP, the DPP and the Clinical Lead for Microbiology on their initial assessment.
- In conjunction with these individuals, to agree or confirm the declaration an outbreak.
- Support the health board to fulfil its statutory responsibilities that are applicable to outbreak management and Control.
- To ensure that a senior representative of the HB is always available to respond in the event of an outbreak.

- To attend (or nominate a sufficiently senior member of staff to attend) OCT meetings.
- Where appropriate, 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.
- 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.
- To disseminate information to the public or health professionals locally if required as part of the agreed communication strategy.
- To inform the LHB CEO and Chair, of the outbreak, action taken in response and provide situational updates as appropriate.
- To facilitate liaison with other Executive DPHs as required.
- To contribute to the lessons identified process and preparation of the final report with other members of the OCT and to facilitate its distribution and publication as appropriate.

3.7 Lead Officer for Communicable Disease of the Local Authority

- Attend any preliminary investigation meeting, provide appropriate information and advice, collaborate with other agencies and report to the DPP.
- To provide specialist information or action on environmental health aspects of communicable disease control including proactive/dynamic investigations and prevention activities.
- To initiate case finding as appropriate.
- To arrange, with the DPP, for the prompt inspection of premises considered to be implicated in any outbreak and to receive and interpret reports thereon.
- At an early stage in the investigation, to arrange to inform the FSA of any outbreak where food is implicated, providing suitable and sufficient initial information.
- To ensure the FSA (Wales) is informed of suspected or emerging foodborne incidents as required by the Food Law Code of Practice (Wales).
- Where appropriate, to carry out environmental investigations and where necessary, to consider use of statutory powers including exercising powers of entry, improvement, closure, or prosecution.
- To provide expert advice on the use of health protection legislation and an awareness of how other areas of legislation may be applied to meet the aims of the OCT.
- To liaise with other partners including Welsh Government departments e.g., Office of Chief Veterinary Officer (OCVO), government sponsored agencies such as the Food Standards Agency (Wales), Natural Resources Wales, and a range of other stakeholders for example, Drinking Water Inspectorate, Health & Safety Executive, Animal and Plant Health Agency, Dŵr Cymru, as appropriate.

- Where appropriate, to arrange for the transport of clinical and/or environmental specimens to recognised laboratories for examination.
- Where appropriate, to investigate the availability of cleansing and/or other treatment of premises, articles, equipment, land and animals, seeking specialist advice as appropriate.
- To facilitate, with the DPP, the provision of LA local information including that on vulnerable groups, businesses and institutions where appropriate.
- To contribute to the preparation of lessons identified and the final report with other members of the OCT.

Additional information on the LA Lead Officer function is also contained in Appendix 11

3.8 Roles of Local Authorities, Health Boards, Public Health Wales and other Agencies

3.8.1 The table in Appendix 12 below summarises the roles and responsibilities of key organisations during the control of an outbreak of communicable disease. This summary compliments and should be read in conjunction with the more detailed descriptions of organisational roles and responsibilities, contained in the Welsh Government document entitled *'National Health Protection Framework'*.

PART 4: COMMUNICATION

4.1 Introduction

4.1.1 Communication is a critical function of the OCT during a Communicable Disease Outbreak Response. As such a specific section of the plan is dedicated to Communication. This section describes:

- Internal OCT Communication.
- Communication with Partners (including clinical professionals).
- Communication with those directly affected.
- Public & Media Communication.
- Communication guidelines.

4.1.2 It is essential that effective communication is established between all members of the OCT, partners, the public and the media and maintained throughout the outbreak.

4.1.3 A comprehensive communication strategy covering bullet points above should be discussed and agreed at the first OCT meeting. A communications lead should be part of the management of each outbreak from the outset and communication teams of organisations involved should be in contact with each other to ensure all communication messaging is consistent.

4.2 Internal OCT Communications

4.2.1 The widespread adoption of Microsoft Teams and similar packages enables remote attendance at meetings and means 'virtual' meetings are now the accepted practice even when difficult decisions are being considered. However, face to face meetings can be utilised, if OCT members feel it will support collaboration or the sensitive nature of discussions mean being co-located is desirable.

4.2.2 The Chair will ensure that minutes will be taken at all meetings of the OCT. These draft minutes will normally be agreed as final at the next OCT meeting. The minute taker is accountable to the Chair for this function. The minutes and a full record of proceedings will be distributed as soon as possible to a distribution list agreed by OCT members, which will include all core, professional support, and co-opted member organisations.

4.2.3 At the first meeting of the OCT, a communications strategy should be agreed including arrangements for dealing with the media. This should include a nominated spokesperson(s) and a process for arranging press conferences and releasing press statements, social media content and other public messages.

4.3 Partnerships Communications (including Clinical Professionals)

4.3.1 The OCT chair will ensure that appropriate communication is made to all relevant partner organisations in a timely manner following an OCT.

4.3.2 The CCDC/CHP must inform the Health Protection Directorate (Welsh Government) of any outbreak, usually outlining in brief the public health risk and actions being taken to mitigate the risk.

4.3.3 Early communication will be made with Welsh Government Communications and copies of press statements will be sent to the Welsh Government and other organisations as specified by the OCT.

4.3.4 The OCT will consider the need for appropriate communications to clinical professionals for example GP's, other primary care professionals and hospital clinicians, and will ensure appropriate communication is made in a timely manner following an OCT.

4.3.5 In particular the CCDC/CHP must ensure that the relevant Health Board lead Infection Control Specialist is made aware of any community outbreaks of disease which may have potential impact on healthcare premises/settings.

4.4 Communications with those directly Affected

4.4.1 A member of the OCT should be nominated to liaise with the manager of any premise or organisation involved in the outbreak to explain how an OCT works and the potential consequences of declaring an outbreak (which include the potential impact of communication with the media and other stakeholders).

4.4.2 The OCT should consider how best to communicate with cases/those directly affected by the outbreak in relation to:

- the declaration of the outbreak and actions taken.
- the declaration of the end of the outbreak.
- the release of the OCT report outlining actions agreed and taken during the outbreak.
- the outcomes and lessons identified.

4.5 Public & Media Communications

4.5.1 Whenever this Plan is activated, the lead organisation for media and public communications will be agreed at the OCT meeting. This will usually align with the organisation leading the response, including for cross-border outbreaks, in order to facilitate rapid and effective co-operation between the OCT Chair and communications.

4.5.2 Public and Media communications will form part of the overall communications strategy agreed at the first OCT meeting. This will be led by the agreed communications lead of the outbreak (often PHW). This lead will ensure that the communication teams of relevant partner organisations are made aware of the outbreak and proposed public and media communications.

4.5.3 Local communications teams not leading on communications on behalf of the OCT may have a significant role in engaging with local audiences (media, community groups, elected officials, etc). In this instance, communications should be agreed with the OCT and with the lead organisation for communications, in line with this plan.

4.6 Proactive Media Communication

4.6.1 Early and proactive engagement with the media and public is recommended wherever possible. 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. Consideration of this should be given very early in the proceedings. Proactive public engagement may include a range of communication methods including social media. This may be instead of, or in addition to, press releases.

4.6.2 Press statements should be agreed by the OCT, or a small subgroup previously agreed by the OCT. The process for sign off should be agreed at the OCT meeting.

4.6.3 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.

4.6.4 Care should be taken when describing any situation in the media release, and the use of the term 'outbreak' should only be used when a formal outbreak has been declared.

4.6.5 Press statements on behalf of the OCT will normally only be released by the Communications Officer of the organisation nominated as lead by the OCT.

4.6.6 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 OCT.

4.6.7 With the agreement of the OCT, press spokespersons will be appointed for specific purposes.

4.6.8 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. Early, proactive communication should be considered to prevent speculation and an information vacuum and position the lead organisation as a trusted source.

4.6.9 Consideration should be given to which media outlets are most appropriate, such as whether press releases should be directed at national or local media. Hyperlocal bloggers should also be considered, as well as other publications and broadcasters that provide access to audiences in specific affected communities.

4.6.10 Targeted social media advertising directed at affected communities or groups should be considered where appropriate, as should communications through hyperlocal media and community groups. Communication through appropriate community languages should be considered where appropriate.

4.6.11 Consideration should be given as to whether it would be appropriate to purchase local print and/or social media, or other types of advertising to provide clear public health messages in the event of a large outbreak with significant implications to the public generally.

4.7 Reactive Media Communication

4.7.1 It is recognised that there are some outbreaks in which early or proactive media engagement may have significant disadvantages or cause issues. For example, where there are parallel police investigations or police primacy, or the outbreak is amongst a group often stigmatised in media reporting or is best communicated with by different channels.

4.7.2 If a situation evolves that the OCT decides not to proactively involve the media, this should be formally discussed, and the rationale documented in the OCT minutes and reviewed at every OCT meeting.

4.8 Management of Misinformation

4.8.1 Media and social media should be consistently monitored, especially where there is a risk of misinformation. Rapid rebuttal should be considered where misinformation represents a significant risk to public health, based on a balance of risks including whether engagement risks amplification.

4.8.2 In reality, information or misinformation may be circulating in the public domain prior to the declaration of an outbreak or before an OCT has met. It may be necessary for the communications team in any of the core members' organisations to release a holding social media post or statement promptly in response to such enquiries or circulating media stories. The communications team will make every effort to liaise with other relevant agencies before releasing this, but release of holding material in these circumstances should not be delayed while waiting for a response.

4.8.3 The communications team must promptly inform communication teams in other relevant agencies that such an action has been necessary and provide the material released. These communications teams must inform the relevant people in their organisation (potential core members as specified in this plan) that such an action has been necessary. See communication standards section for approved examples of holding social media posts.

4.9 Communication for Release of Outbreak Reports

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

4.9.2 This communication plan should include consideration of communication with:

- Cases and people directly affected.
- Public and media
- NHS partners including clinical and other staff.
- Other public agencies
- Politicians
- Board members
- Business or setting associated with the outbreak.

4.9.3 The media options around release include:

- Nothing (if outbreak has not been featured in the public domain)
- Web story
- Press release (consider including FAQs if the outbreak is complex to guide reporters to key facts)
- Press briefing (however, the right spokespeople are necessary before considering such a briefing)
- Use of social media.

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

4.9.5 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:

- Consideration should be given to the appropriate approach for communicating with those directly affected, 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).
- Health literacy issues should be considered in any approach made.
- 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.

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

4.9.7 EHOs and health protection team members should consider acquiring e-mail addresses routinely for cases on interview wherever possible.

4.9.8 Consideration should be given for the most appropriate day for release ensuring the ability to contact people directly affected in a timely manner prior and ensuring the availability of bilingual spokespersons.

4.9.9 The report will, in addition, be circulated to the Health Protection Directorate (Welsh Government), the FSA(Wales) (where food is the implicated vehicle), Drinking Water Inspectorate (DWI) (where drinking water is the implicated vehicle) and any other parties as deemed appropriate by the OCT.

4.10 Guidelines for Communication

4.10.1 Detailed information on standards for communication for social media (including examples) is contained in Appendix 13 and Welsh Language is contained in Appendix 14.

PART 5: END OF OUTBREAK (LESSONS IDENTIFIED AND OUTBREAK REPORTS)

5.1 End of Outbreak

5.1.1 The OCT will decide when the outbreak is over, and the OCT chair will record this and will make appropriate communications to this effect.

5.1.2 The decision to declare the outbreak over should be informed by on-going risk assessment and when:

- There is no longer a risk to the public health that requires further investigation or management of control measures by an OCT.
- The number of cases has declined.
- The probable source has been identified and withdrawn.

5.2 Constructive Debrief and Lessons Identified

5.2.1 It is recommended that all declared outbreaks should be debriefed using a constructive debrief and lessons identified process no more than 6 weeks after de-escalation and stand down. A similar approach is also recommended for situations where Incident management arrangements are put in place.

5.2.2 A Lessons Identified (LI) process should be followed in line with guidance (on EPRR and Lessons Learnt). This combines constructive debrief methodology and a logical framework approach to gather and implement LI.

5.2.3 A debrief facilitator who was not directly involved with the incident should support this process. For declared outbreaks this should be facilitated by the PHW EPRR department.

5.2.4 Following a constructive debrief the OCT Chair and debrief facilitator should meet to determine the key lessons identified.

5.2.5 The results of this process should be reported to the OCT members, shared with each partner organisations for learning, and where appropriate with agreement on actions to be taken and who will lead on them.

5.2.6 If an Outbreak Report is to be prepared, the lessons learnt should be presented in the outbreak control report. All lessons learnt should be routinely shared with HPAG Infectious Disease sub-group to facilitate sharing of lessons across Wales and beyond.

5.2.7 The recommendation to undertake a debrief and record lessons identified similarly applies to instances where it has been decided not to declare an outbreak.

5.3 Outbreak Report

5.3.1 At the conclusion of the outbreak the chair of the OCT will, in consultation with OCT members, agree the scope of the outbreak report to be written. The report will be tailored to the scale of the outbreak managed and should aim to complete within 6 months after the end of the outbreak (if there are no legal constraints). If the decision is made to prepare a written report, this should be anonymised as far as possible, and written in accordance with a format agreed by the OCT. An example of the detail that may be needed is contained below on this page and should be available within six months of the conclusion of the outbreak.

5.3.2 This final report must be submitted (including the evaluation of the response) to the Welsh Government for the attention and review by the Communicable Disease sub-group of CMO Health Protection Advisory Group. However, if urgent recommendations are identified during the outbreak, then the chair of the OCT (with support of OCT members) should formally write to the relevant organisation and the CMO as Chair of the Health Protection Advisory Group of Welsh Government about these within three months of the conclusion of the outbreak.

5.3.3 Lessons identified and recommendations from the outbreak reports and constructive debrief process should be disseminated as widely as possible to partner agencies and key stakeholders. These should be reviewed within 12 months of the formal closure of the outbreak. Learning should be reviewed against local plans and plans updated in light of this where required. Partner organisations are responsible for sharing all such reports, lessons identified and recommendations within their own organisation governance arrangements.

5.3.4 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.

5.4 Outbreak Report Template

5.4.1 The Outbreak Report will contain details of the investigation, compilation of the results, conclusions and the evaluation.

5.4.2 The suggested format is contained in Appendix 15.

5.5 Template for Outbreak Evaluation

5.5.1 The chair of the Communicable Disease Subgroup of the Welsh Government Health Protection Advisory Group should be sent a copy of all OCT reports. Those from significant outbreaks should be formally reviewed to fulfil the following objectives:

- To consider the conclusions and recommendations of the OCT report and their implementation.
- To seek a response from relevant agencies to whom these recommendations are directed and to consider this response.
- To identify and address the procedural and other issues contributing to the outbreak.
- To consider ways to enhance and improve the response.
- To consider future challenges in achieving improvements; and
- To draw out learning points for future outbreak response.

5.5.2 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 below and include this in full in the OCT report.[9]

[9] Template adapted from: World Health Organization. Outbreak control. Evaluation. In: World Health Organization. Communicable disease control in emergencies. A field manual. [Ed M.A. Connolly] Geneva: WHO; 2005. Section 4.5, p.128-9. Available at:

5.6 Outbreak Evaluation Template

5.6.1 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.

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

http://apps.who.int/iris/bitstream/handle/10665/96340/9241546166_eng.pdf;jsessionid=509A2244BFE79F2E2A972E6E62A592F4?sequence=1 (Accessed 15th Nov 2023).

PART 6: ADDITIONAL SETTING BASED GUIDANCE

6.1 Introduction

6.1.1 The Plan and its core principles, applies to all communicable disease outbreaks, and must be considered in the response to any outbreak. However, it is recognised that in certain settings, there may need to be some variation in the approach supported by additional complimentary information and guidance.

6.1.2 Specific examples of such situations and settings where additional supporting guidance and complimentary information is available include:

- Health Care Premises/Settings
- Prison Premises/Settings
- Environmental Settings including:
    - Contaminated Drinking Water Specific Issues
    - Sampling at Industrial Premises
    - Acute Environmental Incident Management

6.1.3 The core sections of the Plan (Parts 1, 2, 3, 4 & 5 above) should always be considered. However, when appropriate (including cross-border outbreaks) this 'Additional Setting Based Guidance' should be considered alongside. NB: if any communicable disease outbreak within these settings has implications for the wider community, has serious public health implications, or if it is identified as being food or water borne it should be managed using the core 'Plan' and its core principles i.e., Parts 1-5 above.

6.1.4 Similarly, in the instance of any such setting-based outbreak requiring escalation or co-ordination at All Wales level, then the requirements of Section 1.10 above should be followed.

6.2 Healthcare Premises Outbreaks (Including Those with Potential Public Health Implication)[10]

6.2.1 In Health Boards/Trusts, ultimate responsibility for infection prevention and control lies with the Chief Executive and is normally delegated to an Executive Director (usually the Executive Director of Nursing). The operational responsibility for infection prevention and control is often delegated to a Lead Infection, Prevention and Control Specialist (e.g., Infection Control Doctor, Consultant Microbiologist or Lead Infection Control Nurse). The delivery of infection, prevention and control support is through the Infection Control Team, led by the Lead Infection Control Specialist. The Infection Control Team is responsible for investigating incidents and outbreaks, reporting to the executive lead for infection prevention and control and ultimately the Chief Executive.

6.2.2 In recognition of this, Wales has developed additional information for supporting the management of communicable disease outbreaks in acute healthcare premises titled:

'Framework for the Control of an Outbreak or Incident of Infection in Acute Healthcare Premises in Wales'

[10] Refer to Public Health Wales' HARP website for most up to date version: https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/guidance/framework-for-the-control-of-an-outbreak-or-incident-of-infection-in-acute-healthcare-premises-in-wales-march-2022/ (accessed 15 November 2023)

6.2.3 This guidance should be used to compliment the core sections of the Plan and includes acknowledgement for example that the core membership and chairing of an OCT in a local healthcare setting may vary from the core membership outlined in paragraph 2.1 above.

6.2.4 When hospital outbreaks have minimal or no external public health implications they can be dealt with using the additional information above in relation to outbreaks in acute healthcare settings. However, if a communicable disease outbreak within a healthcare setting has implications for the wider community, has serious public health implications, or if it is identified as being food or water borne, it should be managed using the core sections of the Plan (i.e., Parts 1-5 above). supplemented by the hospital outbreak plan as required.

6.2.5 The Lead Infection Control Specialist will make an initial assessment of the extent and importance of any infectious disease incident and will inform the CCDC/CHP **any incident of potential public health importance** in a timely manner. The CCDC/CHP will then be responsible for informing the DPP of the relevant LA. The CCDC/CHP, the Lead Infection Control Specialist and the DPP (as appropriate) will then agree (in consultation with others as required) any further action necessary with regard to the public health implications. This discussion will not prevent any immediate action which is required to manage the outbreak by any one of these parties, however, it may trigger the establishment of an Outbreak Control Team (OCT) as described in the *'Framework for the Control of an Outbreak or Incident of Infection in Acute Healthcare Premises in Wales'* above.

6.2.6 If it is agreed that there are potentially serious public health implications arising from the incident and an outbreak is declared, the core sections of the Plan will be followed (i.e., Parts 1-5). In the instance of any healthcare premises outbreak requiring escalation or cross Wales co-ordination, then the requirements of Section 1.10 above should also be followed.

6.2.7 It is expected that all hospital outbreak policies will stipulate that the local CCDC/CHP should be informed whenever a hospital OCT is convened regardless of the circumstances. The CCDC/CHP will assess whether there are any potential public health implications associated with any hospital outbreak. If any are identified, action should proceed as laid out in paragraph 6.2.1 and 6.2.2 above.

6.2.8 Due regard should be had as to the statutory obligations of the LA in respect of certain diseases of public health importance. It is also recommended that Local Authority (lead officers) are made aware of any gastrointestinal outbreaks in an acute hospital setting, which may be associated with links to the residential social care sector, for example, C difficile, Norovirus.

6.2.9 Similarly, it is also recommended that the relevant Health Board/Trust lead Infection, Prevention and Control Specialist shall be made aware of any community outbreaks of communicable disease which may have potential impact on healthcare premises/settings.

6.2.10 Whilst it is difficult to be prescriptive as to what constitutes a potentially serious public health threat, the following are suggestive features:

- The outbreak has significant implications for the community.
- A community outbreak has significant implications for hospitals.
- Involves many cases of notifiable disease.
- Involves even small numbers of a disease which constitutes a serious public health hazard.
- Involves food or water borne transmission of infection.
- Involves a new or emerging pathogen.

6.2.10 If the use of this Plan cannot be agreed, the issue should be referred to the Chief Executive of the Health Board involved.

6.2.11 The lead organisation for media and public communications will be agreed at the inaugural OCT meeting. All media and public communications will be agreed jointly between the organisations involved and will follow the principles laid out in Part 4.

6.3 Prison Premises Outbreaks (Including Those with Potential Public Health Implication)

6.3.1 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 incidents or outbreaks of communicable diseases, water contamination incidents or other events that pose a risk to the health of staff, prisoners and/or others entering the prison.

6.3.2 In recognition of this, Wales has developed additional information for supporting the management of communicable disease outbreaks in acute prison settings titled:

'Multi-agency Contingency arrangements for the Management of Outbreaks of Communicable Diseases or Other Health Protection Incidents in Prisons in Wales' – accessed here: https://phw.nhs.wales/topics/prisons-operational-detail/

6.3.3 This document provides additional supporting information to manage such events and has been developed in partnership between Public Health Wales and HM Prison & Probation Service (HMPPS), (HM.PPS in Wales; National Operations Unit; and Health and Care Partnerships Team). The additional information describes both specific actions required to identify and manage an incident or outbreak, as well as describing the roles and responsibilities of additional partner organisations involved.

6.3.4 However, if a communicable disease outbreak within a prison setting has implications for the wider community, has serious public health implications, or if it is identified as being food or water borne, it should be managed using the core sections of the Plan (i.e., Parts 1-5 above).

6.3.5 In the instance of any prison premises outbreak requiring escalation or cross Wales co-ordination, then the requirements of Section 1.10 above should also be followed.

6.4 Contaminated Drinking Water Specific Issues

6.4.1 Specific complimentary information and guidance has been prepared in Wales to set out a consistent approach to managing communicable and environmental health related incidents potentially caused by contaminated drinking water (from both public and private water supplies). This complimentary information has been adapted from

the Drinking Water Annexes from previous versions of the Communicable Disease Outbreak Plan for Wales.

6.4.2 Within the former "Water Framework", there was a section on managing water incidents which was separate to managing water borne outbreaks but used the same generic principles.

6.4.3 This section has been retained as specific guidance that complements the Plan and can be accessed here: https://phw.nhs.wales/topics/water-operational-detail/ and is also intended to be accessible on the Water Health Partnership's website.

6.4.4 This additional information sets out a multi-agency process designed to guide those involved, encourage collaboration between agencies and clarify process and roles and responsibility notably of additional organisations. By covering both communicable and environmental incidents, it will ensure a consistent response to drinking water events and facilitate a rapid and effective response to emergency situations. NB: the information does not describe the detailed internal procedures of the water companies or the reporting requirements to the Drinking Water Inspectorate.

6.4.5 This complimentary information should be always read in conjunction with the Plan.

6.4.6 In the instance of any drinking water related outbreak or issue requiring escalation or cross Wales co-ordination, then the requirements of section 1.10 should also be followed.

6.5 Practical Advice for Sampling at Industrial Premises in Legionnaires' Disease Outbreaks

6.5.1 Additional complementary advice has been developed in respect of practical issues relating directly to urgent sampling of industrial premises. This information can be accessed here: https://phw.nhs.wales/topics/legionella-operational-detail/ and should be read alongside the Plan. Additional guidance on outbreaks potentially involving industrial premises can also be found in the HSE operational guidance at: http://www.hse.gov.uk/foi/internalops/og/og-00095.pdf (accessed November 15, 2023)

6.6 Acute Environmental Incident Management

6.6.1 An environmental incident is any event (usually acute) where public exposure(s) to chemical, other environmental hazards, actually or potentially causes adverse health impacts. Incidents may be small-scale and short-lived, or complex and protracted over days, weeks or even months. Incident examples include chemical/radiation releases, or extreme weather events such as flooding.

6.6.2 Separate management arrangements (based on the principles of this plan) have been developed for managing the public health risks from environmental incidents accessed here.

PART 7: ACTIVATION OF CIVIL CONTINGENCY ARRANGEMENTS

7.1 Overview

7.1.1 There will be rare occasions where a communicable disease situation or outbreak may necessitate the activation of civil contingency arrangements. This is likely to be where the nature and scale of the communicable disease outbreak overwhelms services, or

where it creates wider strategic issues or risks that may have a serious impact on the public.

Scenarios where this is likely to be necessary include:

- A widespread national communicable disease emergency.
- A suspicion of a bioterrorism event.
- A widespread communicable disease outbreak/situation that creates a substantial risk that essential services will be overwhelmed.
- A communicable disease outbreak/situation that presents a significant risk to community cohesion and/or public order.
- A communicable disease outbreak/situation that creates significant social, economic, or humanitarian issues or risks requiring urgent strategic multi-agency response to ensure effective mitigation and that cannot be dealt with under usual outbreak response for example, rehousing of a local population, disruption of food supply chains, activation of excess deaths protocols, significant disruption to communications and transport infrastructure.
- A communicable disease outbreak/situation that may necessitate the activation and/or implementation of civil restrictions on health protection or health security grounds ["Containment"] on a local or regional basis.
- Multiple escalating communicable disease outbreaks/situation in a Local Resilience Forum (LRF) area that require a co-ordinated strategic response by public authorities or a requirement for mutual aid, including Military Aid to the Civil Authority (MACA).

NB: The above are not exhaustive and other scenarios are able to be given consideration.

7.1.2 In such scenarios, this may necessitate the implementation the Pan Wales Emergency Civil Contingency Arrangements.

7.2 Response

7.2.1 In most cases, the tactical responses set out in the Plan will be sufficient to address the wider implications of any outbreak/situation and is likely to be achieved through wider representation within the Outbreak Control Team (OCT).

7.2.2 In the rare situation of an outbreak/situation requiring support and engagement from an enhanced partnership, the OCT can co-opt appropriate Category 1 and 2 responder agency representatives onto an OCT to assist in addressing the broader implications and risks of a communicable disease outbreak/situation in an efficient and timely manner.

7.3 Assessment & Emergency Activation

7.3.1 However, upon assessment, if the OCT identifies or suspects the scenario exceeds that defined as an outbreak with consequences aligned to paragraph 7.1.1 then the collective decision that a communicable disease emergency has been declared must be escalated in order to activate civil contingency arrangements.

NB: This must be recorded with a supporting rationale.

7.3.2 The Chair of the OCT should utilise their own organisational protocols to request the emergency activation of multi-agency command and control arrangements, and in particular – a Strategic Coordinating Group (SCG). The OCT may wish to consider who is best to lead the SCG in the given circumstances and may take the opportunity to suggest the most appropriate Chair.

7.4 Activation of a Strategic Coordinating Group

7.4.1 The activation of an SCG will take place in accordance with agreed local emergency activation of multi-agency command and control arrangements.

7.4.2 Noting the recommendations from the Kerslake Report, 'An independent review into the preparedness for, and emergency response to, the Manchester Arena attack on 22nd May 2017'.

'Potential Strategic Coordinating Group Chairs should pursue a clear objective to undertake a Strategic Coordinating Group update briefing (physically or virtually) within two hours of the declaration of a major incident'.

7.4.3 The SCG meeting may be held in person, by video or telephone conferencing and should be held as soon as reasonably possible.

7.4.4 Representation at the SCG should be in accordance with the most appropriate doctrine but should include a nominated liaison officer from the OCT.

7.4.5 The SCG is the multiagency group, comprising of partners from both Category 1 and 2 responder agencies, established in the Local Resilience Forum region in which the communicable disease emergency has occurred.

7.4.6 The purpose of the Group is as follows:

- Take overall responsibility for the multi-agency coordination of a communicable disease emergency.
- Consider the communicable disease emergency in its wider context.
- Determine longer term and wider impacts and risks.
- Define and communicate the overarching strategy and objectives.
- Establish the policy and strategic framework for lower-level tiers.
- Monitor the context, risks, impacts and progress.

7.4.7 The Strategic Coordinating Group DRAFT strategy will include the following responsibilities:

- Take reasonable steps to protect and preserve life, prevent loss of life or serious harm being caused to members of public and responders; and alleviate suffering.
- Mitigate and minimise the impact of the communicable disease emergency.
- Identify and assist vulnerable people.
- Protect property and safeguard the environment as far as is reasonably practicable.
- Provide timely and accurate information to the public and all agencies. Maintain public confidence and manage public perception.
- Seek to maintain and support the continuity of normal daily life as far as practicable and restoration of disrupted services at the earliest opportunity.

- To facilitate the recovery and an early return to normality.

7.4.8 The SCG will not have the collective authority to issue executive orders to individual responder agencies. Each organisation retains its own responsibilities and command authority, operating in the normal way.

7.4.9 A Tactical Coordinating Group (TCG) and / or functional or geographical Operational Coordinating Group/s (OCG/s) may also be convened to ensure the wider implications of the communicable disease emergency are effectively managed.

NB: The OCT will retain primacy in matters relating to the communicable disease emergency. The TCG are likely to focus on the wider consequence management or the mitigation of risks outside of the scope of OCT.

7.4.10 Ongoing effective communication between the OCT and other co-ordinating structures will also be critical to ensure the effectiveness of the public health and wider response.

7.5 Pan Wales Response Plan

7.5.1 The Pan Wales Response Plan sets out the arrangements for the pan-Wales level integration of the Welsh response to an emergency in or affecting Wales.

7.5.2 It reflects the principles of response contained in the non-statutory guidance Emergency Response and Recovery which supports the Civil Contingencies Act 2004.

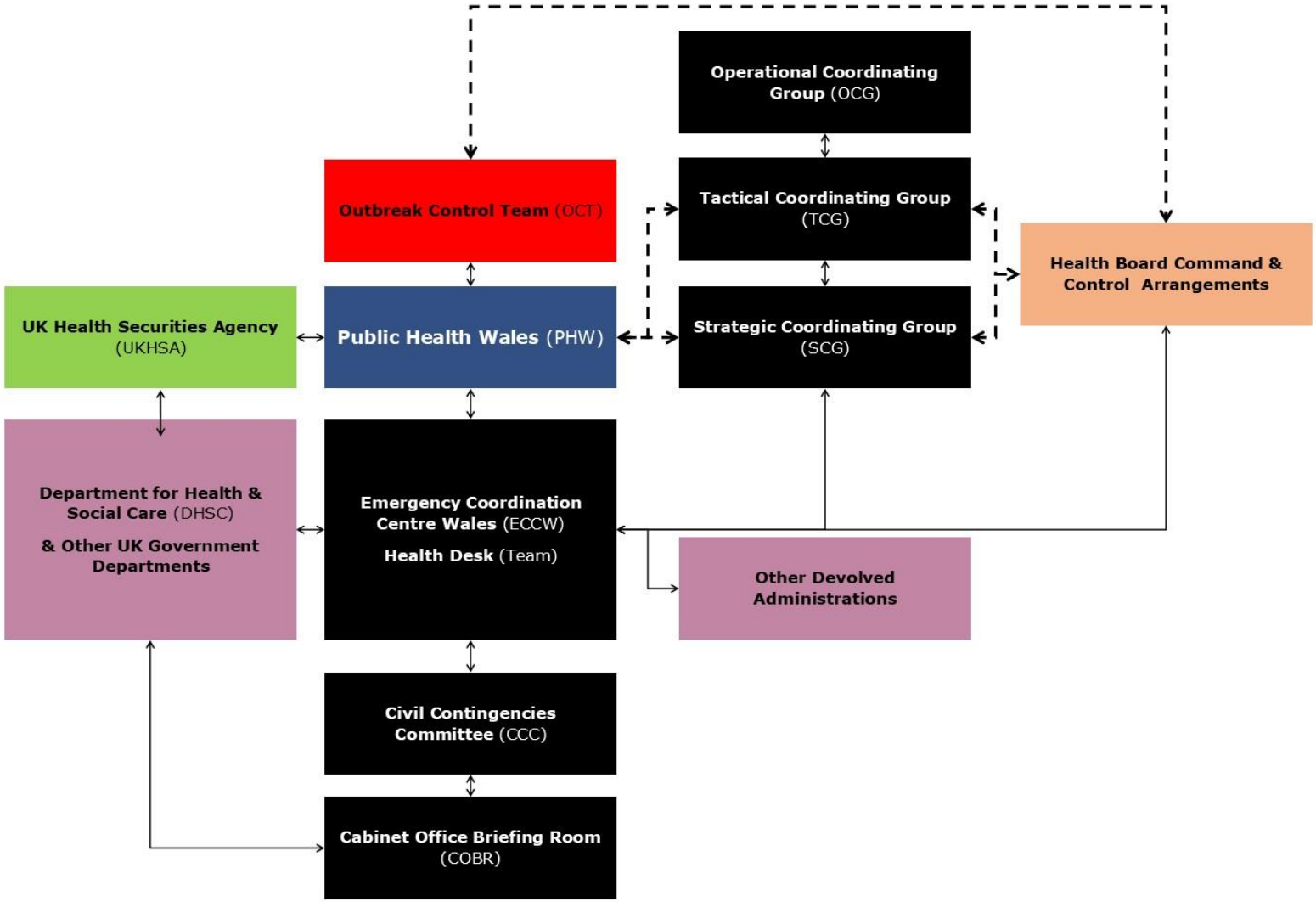
7.5.3 The document primarily provides a framework for the management of an emergency affecting several or all areas of Wales.

7.5.4 It is important to recognise that the Pan Wales Response Plan may also be activated in response to the occurrence of an incident (which could include HCID or communicable disease outbreak) elsewhere in the world or UK with a likelihood of impact on Wales triggered by a notification to Welsh Government via COBR, CCS, other UK Gov Depts.

7.5.5 It can also be implemented in response to a major incident in one Local Resilience Forum area. NB. If the Pan Wales Response Plan is activated, paragraph 7.6 outlines the co-ordination arrangements and where OCTs (and thus the arrangements in the Communicable Disease Outbreak Plan for Wales) sit.

7.6 Command and Control Structure

Outbreak Escalation Algorithm for A Civil Contingency Response



7.7 Structured Debriefing

7.7.1 It is recommended that following the declaration of communicable disease emergency, a debrief should be conducted using a constructive debrief and lessons identified process (led by a suitably qualified debriefer) no more than 2 weeks after de-escalation and stand down.

7.7.2 Structured debriefing enables conscious analysis of decision-making processes. This critical analysis and evaluation promote focused thinking, using existing knowledge that in turn helps generate new knowledge and ideas. As a result, actions and behaviours can be modified, dependent on the need.

7.7.3 Should an SCG be activated in response to a communicable disease emergency, a structured debrief will take place (led by a suitably qualified debriefer) and post incident report produced.

7.7.4 Lessons identified will be addressed via:

- The Health Protection Advisory Group.
- The NHS Wales Lessons Management System.
- Local arrangements in each LRF area.
- The Lesson Management system of each individual responder.

Appendix 1 - Abbreviations

APHA	Animal and Plant Health Agency
CCDC/CHP	Consultant in Communicable Disease Control/Consultant in Health Protection
CCS	Civil Contingencies Secretariat
CDSC	Communicable Disease Surveillance Centre
CEO	Chief Executive
CMO(W)	Chief Medical Officer of Wales
COBR	Cabinet Office Briefing Rooms (A)
CRCE	Centre for Radiation, Chemical and Environmental Hazards
CIW	Care Inspectorate Wales
DCWW	Dŵr Cymru (Welsh Water)
DEFRA	Department for Environment, Food and Rural Affairs
DOB	Date of Birth
DPP	Director of Public Protection (see 3.3)
DWI	Drinking Water Inspectorate
ECCW	Emergency Coordinating Centre Wales (Welsh Government)
EDPH	Executive Director of Public Health (see 3.6)
EHO	Environmental Health Officer
EHRB	Environmental Health Registration Board
FSA	Food Standards Agency
GP	General Practitioner
HARP	Healthcare Associated Infection & Antimicrobial Resistance Programme
HB	Health Board
HCAI	Healthcare Associated Infection
HMPPS	Her Majesty's Prison and Probation Service
HPT	Health Protection Team
HSE	Health and Safety Executive
LA	Local Authority (including Port Health Authority)
LRF	Local Resilience Forum
MoJ	Ministry of Justice
NHS	National Health Service
NOMS	National Offenders Management Service
OCT	Outbreak Control Team
PCR	Polymerase Chain Reaction
PHW	Public Health Wales
PII	Period of Increased Incidence
PO	Proper Officer
PPE	Personal Protective Equipment
RASFF	Rapid Alert System for Food and Feed
SCG	Strategic Coordination Group
UKHSA	UK Health Security Agency
WAST	Welsh Ambulance Service Trust
WG	Welsh Government
WHC	Wales Health Council
WHO	World Health Organisation
WHP	Ware Health Partnership

Appendix 2 - Acknowledgements

Task and Finish Group (Review Group) – Membership

The group was chaired by Andrew Jones, Deputy National Director Health protection and Screening Services, Public Health Wales and included representation from the following organisations and groups:

Public Health Wales (Health Protection services, Infection services, EPRR services)

Health Boards (Executive Directors of Public Health, Executive Directors of Nursing)

Local Authorities (Directors of Public Protection Wales, Heads of Environmental Health; Communicable Disease Lead Officer panel)

Welsh Government (Health Protection Directorate; Civil Contingency and National Security Division, Office of the Chief Veterinary Officer)

Food Standards Agency Wales

National Resources Wales

Water Health Partnership (including Dŵr Cymru)

Wales Local Resilience Fora (LRF chair and co-ordinator)

Core Review Group - Membership

Name	**Representing /Organisation**	**Role**
Andrew Jones	Public Health Wales (Deputy National Director)	Chair
Michael Terry	Public Health Wales (Operations manager)	Project Management
Siobhan Adams	Public Health Wales (Consultant in Health Protection)	
Dr Giri Shankar	Public Health Wales (Director of Health Protection)	
Dr Robin Howe	Public Health Wales (Director of Infection Services)	
Huw Williams	Public Health Wales (Head of EPRR)	Link to civil contingencies network
Louise Davies	Directors of Public Protection Wales (DPPW) (Director of Public Protection, Rhondda Cynon Taf CBC)	

Ceri Edwards	Chair, Environmental Health Wales (Caerphilly CBC)	
Rhys Thomas	Chair, Communicable Disease Expert Panel (Newport CBC)	
Dr Keith Reid	Swansea Bay UHB (Executive DPH, representing DPH group)	
Dr Sian Griffiths	Cardiff and Vale UHB (Consultant in Public Health, representing DPH group)	
Dr Marion Lyons	Welsh Government	Observer
Dr Sarah Jones	Welsh Government	Observer

Subgroup - Leadership

Subgroup	**Name /Organisation**	**Role**
Part 4 – Drinking Water	Diane Watkin, Powys County Council (Water Health Partnership)	Chair
	Sion Lingard (Public Health Wales)	CCDC/CHP ('proper officer) advice
Part 6 – Prison Setting	Stephanie Perrett (Public Health Wales)	Chair
		CCDC/CHP ('proper officer) advice
Part 7 - Activation of Civil Contingency Arrangements	Robert Hartshorn LRF chairs (Caerphilly CBC)	Chair
	Natalie Philips LRF Co-ordinators	LRF Co-ordinator advice
	Caryn Cox (Public Health Wales)	CCDC/CHP ('proper officer) advice
	Huw Williams, Public Health Wales (EPRR)	Facilitation and public health EPRR advice
Communications	Daniel Owens, Public Health Wales	Chair

Appendix 3 - The Well-being of Future Generations (Wales) Act 2015

This Act requires public bodies such as LAs, local health boards, Natural Resources Wales (NRW), Public Health Wales (PHW) and the Welsh Government to act in accordance with the principles therein. These seek to ensure the needs of the present are met without compromising the ability of future generations to meet their own needs by using the following ways of working:

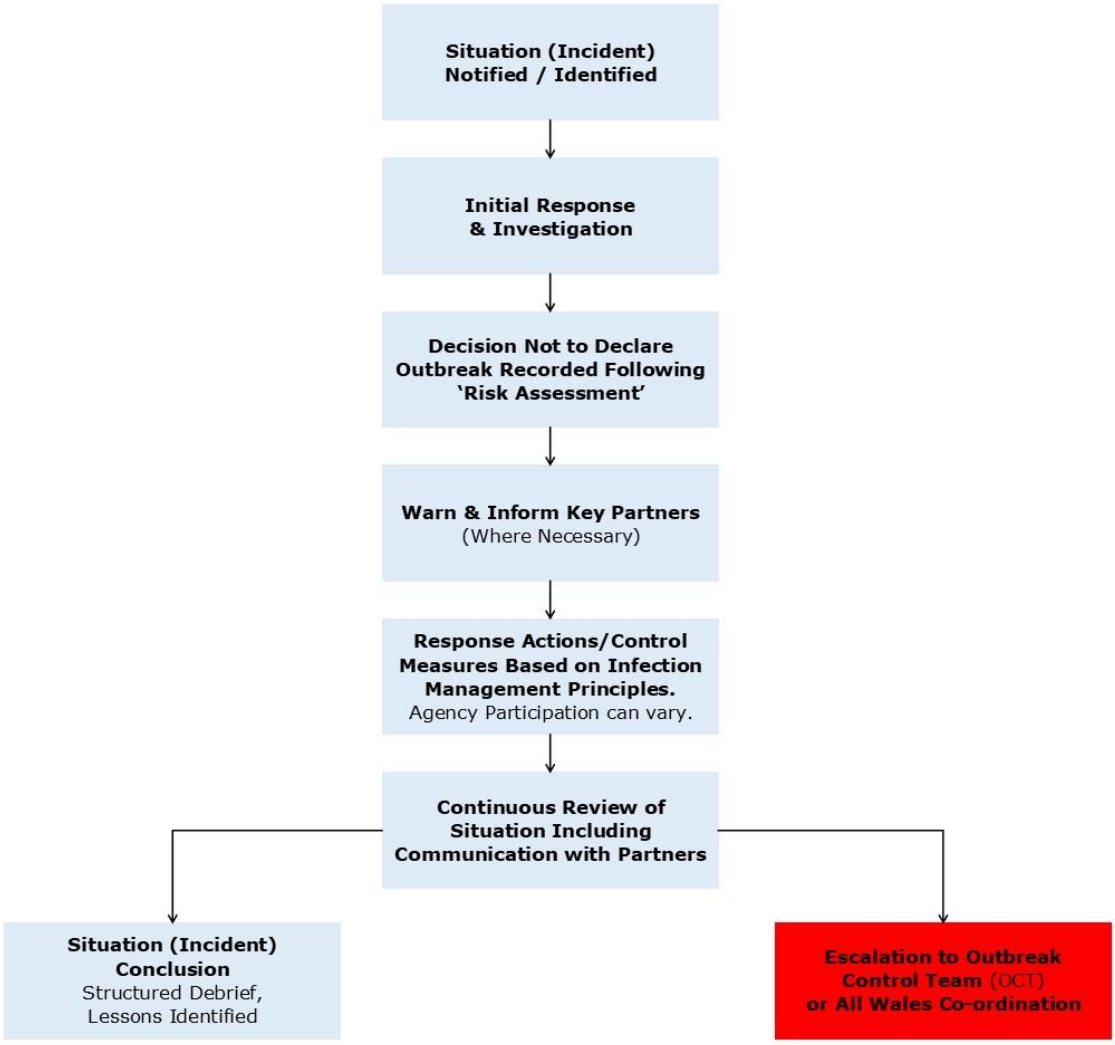
- looking to the long term so not compromising the ability of future generations to meet their own needs.
- taking an integrated approach
- involving a diversity of the population in the decisions affecting them
- working with others in a collaborative way to find shared sustainable solutions.
- acting to prevent problems from occurring or getting worse.

The Welsh Government expects public bodies in Wales to follow these five ways of working when preventing and managing communicable disease outbreaks.

Additional information is available here: A guide to the well-being of future generations act: easy read | GOV.WALES (accessed 15 November 2023)

Appendix 4 - Algorithm when not to Declare an Outbreak

Algorithm for NOT Declaring an Outbreak



Appendix 5 - Outbreak Audit Tool

	Standard	Data Source	Suggested compliance
Outbreak recognition	Initial investigation to clarify the nature of the outbreak begun within 24 hours	Tarian	100% Level 2 and above 90% level 1
	Immediate risk assessment undertaken and recorded following receipt of initial information	Tarian	100% Level 2 and above 75% level 1
Outbreak declaration	Decision made and recorded at the end of the initial investigation regarding outbreak declaration and convening of outbreak control team	Tarian	100%
Outbreak Control Team	OCT held within three working days of decision to convene**	Minutes* and report	95%
	All agencies/disciplines involved in investigation and control represented at OCT meetings	Minutes* and report	95%
	Roles and responsibilities of OCT members agreed and recorded	Minutes* and report	95%
	Lead organisation with accountability for outbreak management agreed and recorded	Minutes* and report	100%
Outbreak investigation and control	Control measures documented with clear timescales for implementation and responsibility	Minutes* and report	100%
	Case definition agreed and recorded	Minutes* and report	95%

	Descriptive epidemiology undertaken and reviewed at OCT. To include number of cases in line with case definition; epidemic curve; description of key characteristics including gender, geographic spread, pertinent risk factors; hypothesis generated.	Minutes* and report	95%
	Review risk assessment in light of evidence gathered		
	Analytical study considered and rationale for decision recorded	Minutes* and report	95%
	Investigation protocol prepared if an analytical study is undertaken	Minutes* and report	95%
	Communications strategy agreed at first OCT meeting and reviewed throughout investigation	Minutes* and report	100%
Communications	Absolute clarity about PHW lead at all times with appropriate handover consistent with handover standards	Minutes	100%
	Final outbreak report completed within 12 weeks of the formal closure of the outbreak	Tarian	100%
End of outbreak	Report recommendations and lessons learnt reviewed within 12 months of formal closure of the outbreak	Report	100% level 2 and above

		Currently dependent on local arrangements for reviewing recommendations and lessons learnt.	100% level 2 and above

Appendix 6 - Example of a Risk Assessment

Grade	Qualifier	Description	Examples
0	Very low	Seldom causing severe illness	• MRSA in a domestic setting • Head Lice
1	Low	Occasional serious illness, rarely with long term effects or death	Hepatitis A in a primary school
2	Moderate	Often severe illness occasionally with long term effects or death	• Toxigenic E.Coli O157 • Pulmonary tuberculosis • MRSA in a high dependency unit • Legionnaires' disease
3	High	Usually severe illness often with long term effects or death	• Meningococcal disease • Diphtheria
4	Very high	Severe illness almost invariably fatal	• Rabies • Ebola • vCJD

Appendix 7 - Wales Framework for Managing Major Infectious Disease Emergencies 2014

Wales Framework for
Managing Major Infec

Appendix 8 - Examples of Co-opted Members

Health Board

- Hospital Pharmacist
- Immunisation Co-ordinator
- Infection Prevention and Control Specialist
- Health Board Health Protection Service representative
- Primary Care Representative(s)

Local Authority

- LA specialist enforcement officers (e.g., Pollution Team EHO (in water incidents)
- Any other LA Officer deemed appropriate (e.g., Director of Education)

Public Health Wales

- Consultant Epidemiologist
- Director of Health Protection
- Director of Infection
- Nurse Consultant
- Health Protection Nurse/Practitioner
- Behavioural Scientist
- Consultant Antimicrobial Pharmacist (HCAI/AMR)
- Head of Nursing/Consultant Nurse (IPC/HCAI)

Regulators

- Animal and Plant Health Agency
- Care Inspectorate Wales (CIW)
- Drinking Water Inspectorate
- Food Standards Agency (Wales)
- Health and Safety Executive
- Healthcare Inspectorate Wales
- Maritime Coastguard Agency
- Natural Resources Wales
- Primary Authority Representative

Others

- Head(s) of Communications or accountable senior communications officer from core member organisation(s) and Welsh Government
- Occupational Physician
- Public Analyst
- Relevant LRF Co-ordinator (if wider civil contingency issues possible, see Part 7)
- Relevant Water Company
- Representatives from other Outbreak Control Teams/LAs
- Others as appropriate

Additional professional support members to OCT

- Communications Officer(s)
- Epidemiologists or Data Analysts / Health Protection Nurse or Practitioner
- Outbreak dependent Resource Team provided by:

a) Local authority
b) Public Health Wales
c) Microbiology laboratory
d) Health board.

- Other LAs/Port Health
- Other health boards
- Public Health Wales
- General Practitioners
- Education and Social Services Departments
- Public Analyst
- Government Agencies e.g., APHA, Natural Resources Wales
- Welsh Government
- Chief Veterinary Officer
- UKHSA/Public Health Scotland/Public Health Agency (PHA) of Northern Ireland
- Water Companies
- Health and Safety Executive
- FSA
- Local Resilience Forums
- CIW/HIW
- DWI
- Community Health Councils
- Consumer Council for Water

Appendix 9 - Tasks of an OCT

These may include:

- Appointing a Chair (bearing in the mind the advantages of continuity).
- Ensuring that in the absence of a team member a competent deputy is made available.

- Taking minutes to record decisions and actions.
- Reviewing evidence and confirm that there is an outbreak or a significant incident which requires public health intervention.
- Agreeing the case definition, case finding strategies and identification of carriers as appropriate.
- Identifying the population at risk.
- Identifying the nature, vehicle, and source of infection by using microbiological, epidemiological, and environmental health expertise.
- Investigating the outbreak, implementing control measures, and monitoring their effectiveness, using laboratory, epidemiological and environmental health expertise.
- Ensuring adequate human and other resources are available for the management of the outbreak.
- Escalating any concerns about resource and other issues to the appropriate agencies
- Ensuring appropriate arrangements are in place for out of hours contact with all members.
- Preventing further cases elsewhere by communicating findings to national agencies.
- Developing communications strategy to keep Welsh Government, relevant local organisations, the general public and the media appropriately informed.
- Providing support, advice, and guidance to all individuals and organisations directly involved.
- Considering the potential staff training opportunities of the outbreak (attendance at the OCT is at the discretion of the Chair).
- Identifying and utilising any opportunities for the acquisition of knowledge about communicable disease control.
- Declaring the conclusion of the outbreak and preparing a final report with recommendations and evaluating the outbreak response.

Appendix 10 - Detailed Outline of Outbreak Management Tasks

In order 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.

Preliminary phase

- Consider whether or not cases have the same illness and establish diagnosis.
- Establish case definition (clinical and/or microbiological).

- Determine if the epidemiology suggests there is a real outbreak.
- Agree method of case finding and establishment of a single comprehensive case list.
- Collect relevant clinical and/or environmental specimens for laboratory analysis.
- Conduct in-depth interviews of index cases. Conduct appropriate environmental investigation including inspection of involved or implicated premises and other relevant environments including land, water, air, plant, or equipment.
- Identify population at risk, and if appropriate, an individual from that population who will support the outbreak management.
- Identify possible factors that pose a risk a risk of further spread, including people, water, location, premises, equipment, and food, and initiate immediate control measures.
- Form preliminary hypotheses on the cause of the outbreak.
- Consider whether detailed analytical studies would further contribute to understanding of the outbreak.
- Assess the availability of adequate resources to deal with the outbreak.
- Alert hospital pharmacists and/or immunisation co-ordinators urgently about any outbreaks where mass immunisation sessions are a possibility, co-opting them onto the OCT if necessary.
- Ensure that the Director of Infection, Public Health Wales, is promptly and formally briefed even if the outbreak is being supported directly by local microbiology services.

Initial outbreak investigation and control

- Identify and investigate the routes of transmission which may include food distribution chain/water supply network etc.
- Identify as many cases as possible, including through enhanced case ascertainment.
- Describe cases by 'time, place and person'.
- Construct the epidemic curve.
- Collect clinical and/or epidemiological and/or environmental data from affected and unaffected persons using a standardised questionnaire.

Collation of information

- Calculate attack rates.
- Confirm factors common to all or most cases.
- Categorise cases by 'time, place or person' associations.
- Test and review hypotheses through analytical epidemiological studies.

- Collect further clinical, environmental or any other relevant specimens for laboratory analysis if required.
- Agree potential/most likely source and mode of spread.

Control measures

- Control the source: animal, human or environmental.
- Control the mode of spread by appropriate OCT members taking the following actions:
    - Screening and/or monitoring of cases and contacts, Isolation, and exclusion,
    - Protecting contacts by immunisation or prophylaxis
    - Giving infection control and other advice to cases and contacts
    - Examining, sampling, and detaining and where necessary seizing, removing, and disposing of foodstuffs
    - Giving advice in respect of closure and/or disinfection of premises
    - Giving advice on prohibition of defective processes, procedures, or practices
    - Implementing water treatment or distribution mitigation measures
    - Taking appropriate enforcement/regulatory action to control the source and/or prevent/control onward transmission
    - Or any other measure that needs to be taken depending on the risk.
- Monitor control measures by continued surveillance for disease.
- Agree the parameters for declaring the outbreak over.
- Declare the outbreak over when the above has been satisfied.

Communication

- Agree who needs to know about this outbreak.
- Provide multi-agency updates (SitReps) following OCT meetings – the frequency and timing will depend on the nature of discussions and the frequency of meetings.
- Consider the most appropriate means of communication with identified individuals/bodies, which may include internal & external colleagues, stakeholders, patients/cases and carers, and the public, including the need for an incident room and/or helplines. With professional communications advice, consider the range of communications channels available, including print media, broadcast, and social media).
- Draw up a list of organisations that press statements should be circulated to when released.
- Ensure appropriate information and advice is given to the public, if required.
- Ensure accuracy, consistency, and timeliness.
- Use the media constructively.

- Consider the issues around information governance and data protection.
- Liaise with all relevant agencies.
- Prepare a written report.
- Disseminate information on any lessons learnt from managing the outbreak.

Appendix 11 - Lead Officer (LA) Functions

Each LA in Wales will appoint at least one named “Lead Officer” for communicable disease. This officer will be an existing employee of an LA working in the communicable disease/food safety or health and safety team within the public protection department.

Qualifications:

The Lead Officer will normally be a qualified EHO with a Diploma in Environmental Health, Degree in Environmental Health, EHORB registered or Professional Registration with the CIEH (or equivalent form of registration) 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 Lead Officer should have (or have easy access to advice from an officer with) extensive experience in food safety.

- 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 significant incidents of communicable disease.
- To provide advice and support to the Chair of the OCT during significant outbreaks of communicable disease.
- To provide expert advice on the use of health protection legislation.
- 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.
- To support other Lead Officers in relation to other communicable disease issues.
- 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 in the Plan.

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 communicable disease function.

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

Arrangements for collaborative working:

A further aspect of an LA's competence to successfully control and manage a communicable disease outbreak is to have sufficient number of competent 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.

The collaborative working may take several forms, namely:

- to assist in the various investigative processes of the outbreak investigation
- to carry 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.

To facilitate this process, LAs 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, indemnity, authorisation must be resolved by the LAs involved.

Appendix 12 - Key organisations and their main roles and/or functions in Outbreak Control*

Organisation	Main Role(s) and/or Functions
Welsh Government	Seeks assurance for the Minister through the CMO(W) and Director General of Health and Social Services that the response and management of clusters and outbreaks in Wales is in line with the requirement of the Wales Outbreak Control Plan and all agencies identified in the plan fulfil their role and statutory duties as indicated within this plan and are accountable for the actions taken.

Local Authorities	Responsible for the control of health hazards (including notifiable infections, food poisoning, etc.), health and safety matters and incidents relating to drinking water in their areas. The LA appoints a Proper Officer to undertake certain functions on their behalf. Contribution to and delivery of prevention and control programmes, in line with national policy and priorities and local needs assessment Responsible for undertaking public protection enforcement activity in a range of premises including powers of Entry, closing premises, inspections, regulating food safety including imports and exports, serving notices, etc.
Health Boards	Responsible for the health of the population in their areas and for commissioning and providing health services in their geographical areas (noting some Health Boards provide tertiary services for a wider population) (adapted from public inquiry report) The functions of local health boards in Wales are outlined in the Schedule to the Local Health Boards (Directed Functions) (Wales) Regulations 2009 and includes planning, providing services or facilities for the improvement of population health and health care and the prevention of illness, the care of persons suffering from illness and the after-care of persons who have suffered from illness; providing other services or facilities required for the diagnosis and treatment of illness; and, also relevant for the purposes of health protection: Provision of a microbiological service for the control of the spread of infectious diseases. Provision of services which are part of the health service to enable local authorities to discharge their functions relating to public health.
Public Health Wales	Statutory duty to provide specialist services, support, and expertise, (including microbiological testing) for the surveillance, prevention, and control of communicable diseases to help LAs and HBs fulfil their statutory duties. CCDC/CHPs are also authorised proper officers for the LAs under the Public Health (Control of Disease) Act 1984. Co-ordination is required e.g., at All Wales level. Provision of system leadership and support in situations requiring co-ordination at All Wales level.

Food Standards Agency Wales	Responsible for protecting public health in relation to the food chain and consumers' wider interests in food and providing support to local authorities and other Government departments. FSA are notified of foodborne outbreaks which meet the definition of an incident set out in the FSA code of practice for LAs. The role of the FSA is to assist in the investigation of foodborne outbreaks through provision of advice and/or scientific risk assessments to ensure that any remedial action takes account of food safety issues. FSA lead on national food and feed chain investigations (including withdrawal and recall of food) and are the national contact point for communication between national food safety authorities (including the EU) where implicated foods have originated from or been distributed outside of the UK.
UK Health Security Agency	Provides specialist and reference microbiology services and national expertise to support outbreaks in Wales when required.
Water Companies	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 Local Authorities and CCDC/CHPs and to agree, and undertake, the appropriate investigations and mitigation measures to control or prevent potential risk.
Health & Safety Executive	The HSE is an enforcing authority responsible for the health and safety at work in Great Britain. HSE regulates health and safety across a range of sectors and industries including major hazard sites. The Health and Safety (Enforcing Authority) Regulations 1998 allocate workplace activities to either HSE or LAs for enforcing health and safety legislation.
Care Inspectorate Wales	Responsible for registering and inspecting regulated services in Wales. This includes care homes for adults and children, including those providing nursing care, domiciliary support services, childcare and play services for children up to 12 years old and residential family centres.
Drinking Water Inspectorate	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 under the relevant Water Supply (Water Quality) Regulations, with regards to drinking water quality.

All Public Bodies	Duty to collaborate under: • Civil Contingencies Act 2004 (all except *) • Category One Responders under this Act • Well-being of Future Generations (Wales) Act 2015 (for public bodies in Wales)

* Adapted and developed further from: The Public Inquiry into the September 2005 Outbreak of *E. coli* O157 in South Wales: Chair Professor Hugh Pennington March 2009

Appendix 13 - Communication Guidelines

- Agree who needs to know about this outbreak.
- Provide multi-agency updates (SitReps) following OCT meetings – the frequency and timing will depend on the nature of discussions and the frequency of meetings.
- Consider the most appropriate means of communication with identified individuals/bodies, which may include internal & external colleagues, stakeholders, patients/cases and carers, and the public, including the need for an incident room and/or helplines. With professional communications advice, consider the range of communications channels available, including print media, broadcast, and social media). Early communication should be considered to position the lead organisation as a trusted source, and to prevent speculation and an information vacuum.
- Draw up a list of organisations that media statements should be circulated to when released.
- Ensure appropriate information and advice is given to the public, if required.
- Ensure accuracy, consistency, and timeliness.
- Use the media and social media constructively.
- Consider the issues around information governance and data protection.
- Liaise with all relevant agencies.
- Prepare a written report.
- Disseminate information on any lessons learnt from managing the outbreak.

Social Media Guidelines

The purpose of social media posts is to provide reassurance that the organisation has awareness of the issue (and is collaborating with other relevant organisations if this is in progress). It is not to provide any specific details on the incident. That duty lies with the OCT. Therefore, any holding posts released in these circumstances:

- Must **not** include any details about geography not already circulating in the public domain.
- Must **not** name any alleged source premises (except an educational premises if named already).
- Must **not** be in response to any deaths without being agreed by the relevant people in their organisation (potential core members as specified in this plan).

Examples of suggested social media messages are:

> "*We are aware of reports of cases of **[specify symptoms e.g.: diarrhoea and vomiting/ rashes**] in the [**name of school or area, but only if this is already being named in social media already**] and are investigating. More information to follow."*
>
> *"We've received reports of suspected [**name of illness e.g.: measles]** in the [**name of school or area if already identified on social media**]. We are investigating with our colleagues @xxxxx and @xxxxx. More information to follow**."***

Posts along similar lines will be covered under these arrangements.

Appendix 14 - Welsh Language Compliance

All communications with the public should be in Welsh and English, in line with individual organisations' Welsh Language Standards. Exemptions to the standards do apply in some emergency situations and when responding to a notification of a suspected disease, infection, causative agent, or contamination.

NB: These are outlined in the Draft Code of Practice for the Welsh Language Standards (No. 7) Regulations 2018.)

If the situation is deemed as an exemption, and urgent, only information relating to the emergency or suspected case will be exempt. Bilingual communication should happen if this is possible. The exemption only applies in urgent situations and all information published later about the emergency or suspected case will need to be available bilingually.

Appendix 15 - Outbreak Report Template

All reports and other documents produced by the OCT must comply with the requirements of the General Data Protection Regulation (EU) 2016/679 and the Data Protection Act 2018.

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.

EXAMPLE OUTBREAK REPORT TEMPLATE

Executive Summary: *Dates, Locations, OCT members, Incident Details*

Introduction/Background: *Brief narrative of circumstances of outbreak*

Investigation:

a) Case Definition
b) Epidemiological
c) Microbiological
d) Environmental
e) Chemical (if required)

Results:

a) Epidemiological
b) Microbiological
c) Environmental
d) Chemical (if required)

Control Measures: *What was used, where, when and by who?*

Conclusions/Recommendations:

a) A statement on the causes of the outbreak
b) A statement on potential failures of or gaps in policies, procedures or legislation
c) Referrals to other agencies for their actions
d) Comments on the conduct of the investigation, evaluation and lessons identified
e) Comments on any training needs identified by the investigation and performance against agreed standards
f) All recommendations should be SMART.

Potential Legal Implications and Impact: *Brief acknowledgement of any impact legal proceeding may have on the report*

Appendices:

a) OCT evaluation of the outbreak
b) Results of statistical analyses
c) Epidemiological Report
d) Other relevant information
e) Any financial impacts or cost analysis

Appendix 16 - Escalation Algorithm

Outbreak Escalation Algorithm for All Wales Coordination or HCID Response

(without a civil contingency response)