



HM Government



Multi-agency contingency plan for the management of outbreaks of communicable diseases or other health protection incidents in prisons and other places of detention in England

Adapted for place of detention: [insert name of establishment here]

Agreed and signed off by:

HMP governing/Executive Governor/Centre manager/Director:

PHE Centre Director:

NHS England Health and Justice Commissioner:

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Glossary

CCG	Clinical commissioning group
CCDC/CHP	Consultant in communicable disease control/ consultant in health protection
CYPSE	Children's and young people's secure estate
DOB	Date of birth
DPH	Director of public health
DEFRA	Department of Environment Food and Rural Affairs
D&V	Diarrhoea and vomiting
EHO	Environmental health officer
FES	Field Epidemiology Services
FSA	Food Standards Agency
GI	Gastrointestinal
GP	General Practitioner
H&JT	Health and Justice team, PHE (national)
HJAT	Health Joint Advisory Team
HMPS	Her Majesty's Prison Service
HOIE	Home Office Immigration Enforcement
HPTs	Health protection teams (PHE centres)
ICN	Infection control nurse
ILOG number	Identification log number
IRC	Immigration removal centre
ICT	Incident control team
LA	Local authority
MoJ	Ministry of Justice
NHSE	NHS England
NOU	National operations unit
No.	Number
NOMS	National Offender Management Service
OHA	Occupational health adviser
OCT/ICT	Outbreak control team/incident control team
PHE	Public Health England
PPE	Personal protective equipment
STC	Secure training centre
Spp.	Species

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1. Introduction

1.1 Background

Effective pre-planning and robust collaborative arrangements between partner organisations with responsibility for the health and wellbeing of prisoners/detainees need to be in place to manage outbreaks of communicable diseases, water contamination incidents (HSG [93] 56) or other events that pose a risk to health of staff, prisoners/detainees and others entering the prison/place of detention. This document provides an outline plan to manage such events and has been developed in partnership between the National Offender Management Service (NOMS), Home Office Immigration Enforcement (HOIE), NHS England and PHE. It must be signed off locally by appropriate senior leaders representing the specific detention setting, the NHS England Health & Justice Commissioner and the Deputy Director for Health Protection for the responding PHE Centre.

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

The local setting (such as whether prisoners are in open or closed conditions) will affect how this plan is implemented and whether, or how far, the wider system of justice and detention is impacted by an outbreak. National leaders at the Ministry of Justice and Home Office may need to be engaged at an early stage where there are indications of potential impact beyond the local establishment (See Appendix 11 for dynamic risk assessment).

The governing or executive governor/director/centre manager (for IRCs and Secure Training Centres in the CYPSE) have a statutory responsibility to ensure the health and safety of both prisoners/detainees and staff in their care and a duty to co-operate with appropriate agencies to ensure that any threats to health are identified and effectively managed.

NHS England is responsible for the commissioning of health services for people who are in prison or in other secure and detained settings (including secure children's homes, secure training centres, immigration removal centres, and courts)¹. This is discharged through their regional teams:

www.england.nhs.uk/commissioning/health-just/contacts/

¹ NHS England. Securing Excellence in Commissioning for Offender Health. First published: February 2013
<http://www.england.nhs.uk/2013/03/07/offender-health/>

PHE through its centres' health protection teams (HPTs):

www.gov.uk/guidance/contacts-phe-regions-and-local-centres and the national Health and Justice team, works with NHS England lead regional teams and criminal justice system partners and their healthcare providers to detect, investigate and manage incidents and outbreaks of communicable diseases, or other threats to health protection. The HPT will also provide strategic coordination for the multi-agency management of such events, often relying on the NHS and other partners to provide resources.

NOMS is responsible for the strategic command of incident management in prisons and NOMS-operated IRCs where incidents reach the threshold for activation of this function.

Home Office Immigration Enforcement (HOIE) is responsible for:

- the provision of safe, decent and secure immigration detention
- the management of the Immigration Removal Centre (IRC) population and decisions on capacity, and
- the safety and security of all staff (including healthcare staff)

Aims of the contingency plan:

1. To ensure that the roles and responsibilities of all partner organisations involved in incident response and in protecting the health of prisoners/detainees are explicit, mutually agreed and well understood by all
2. To ensure that any outbreaks or health protection incidents are identified in a timely way and that processes for notification, collaborative work and investigation are in place to enable outbreak/incident investigation and health risk assessment
3. To ensure that effective measures are taken to control the outbreak/incident, to mitigate the health risks, to limit the spread of infection and to prevent its recurrence
4. To ensure that appropriate arrangements are in place for timely effective and satisfactory communications with all relevant external agencies and the public
5. To inform national structures and capture learning to assist in the development of practice and strategic management of risk

The plan builds on, and is supplementary to, the general tried and tested outbreak plans and other incident control plans currently in place and developed locally. This plan should be read and used in conjunction with such other plans.

2. Activating the plan

2.1 Definitions of outbreak/incident

Any incident that may have the potential to develop into an outbreak must be reported by the prison or place of detention to the local PHE centre HPT². The HPT will assess and monitor the incident closely in conjunction with relevant partners (eg the prison healthcare provider, environmental health officers (EHOs) and the consultant microbiologist/virologist).

An outbreak is defined as:

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

A list of reportable communicable diseases which, if identified in the prison or place of detention, should prompt the governor/director/centre manager to seek advice from the local HPT is included at Appendix 8.

2.2 Preliminary Assessment

The HPT will advise the governor/director/centre manager on the need to activate the outbreak plan. In making the decision to activate the plan the following factors will be considered:

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

² Local HPT contact details can be found at: www.gov.uk/government/publications/phe-centre-addresses-and-phone-numbers

As a guide, the setting up of an incident control team or outbreak control team (ICT/OCT) will be considered when one or more of these conditions apply:

- the disease poses an immediate health hazard to the population of the prison/place of detention
- there is a significant number of cases
- the disease is important, in terms of its severity and/or capacity to spread
- the disease/incident creates significant operational difficulties for the prison/place of detention

The governor/director/centre manager and the PHE centre consultant in communicable disease control/consultant in health protection (CCDC/CHP) will take responsibility for initiating the use of the outbreak plan and convening the OCT. Other parties may need to be consulted and/or involved depending on the nature of the incident. These include the head of health services (if prisoner/detainee and/or visitor related), occupational health for all agencies employing staff at the site (if employee related) and the NHS England regional team. The initial steps, contact lists and outbreak record and situational report template are outlined in Appendices 1, 2, 3a, 3b and 4.

2.3 Outbreaks in prisons and NOMS IRCs

If an outbreak is declared at a prison or at a NOMS operated IRC, the governor/director/centre manager must notify the NOMS National Operations Unit using the Single Incident Line (see Appendix 11).

3. Framework of the plan

Once an outbreak/incident has been declared, the governor/director/centre manager in consultation with the CCDC/CHP will convene an OCT. The governor/centre manager may devolve leadership of the OCT to the CCDC/CHP. A draft agenda, which can be adapted for the first meeting, is shown in Appendix 5.

3.1 Membership of the outbreak/incident control team

- chair of the OCT/ICT. The CCDC/CHP from PHE Centre Health Protection Team (HPT) will chair the meetings of the OCT/ICT. The governor/director/centre manager will lead on all the operational issues pertaining to the effective functioning of the prison/place of detention while the CCDC/CHP will lead on the expert management of the specific incident or outbreak
- governors/directors will have to submit a dynamic risk assessment to Population Management or equivalent at Regional/National Level to advise on any impact of public health advice on operation of prison/detention setting (See Appendix 11)
- membership of the OCT/ICT will vary dependent on the circumstances but would normally include the following core members (if a core member is unable to attend meetings, then a representative should be asked to attend):
 - CCDC/CHP (Chair)
 - governor/director/centre manager or nominee
 - health protection specialist/practitioner
 - nominated press officer(s)/communications managers
 - director of public health or representative
 - logistic/administrative and secretarial support
 - head of health services for prison/place of detention
 - prison/place of detention medical officer/GP
 - NHS England Health and Justice commissioner
 - PHE Centre Health and Justice public health specialist
 - representative from the PHE Field Epidemiology Services (FES) team

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

- EHO
- consultant microbiologist
- occupational health adviser
- pharmaceutical advisers
- PHE national experts

- Youth Offending Team
- PHE National Health and Justice team expert
- representative from health and safety
- HOIE delivery manager

If an outbreak/incident is likely to lead to significant numbers of individuals needing hospital care, professional and management representation from the local hospital trusts is likely to be needed. There may be complexities in arranging transport for those affected.

Where an outbreak crosses the border and affects people living in one or more of the other UK countries, the OCT arrangements may differ. For example, the team may be chaired by a representative of an agency outside of England. However, the principles of this plan should still apply and the response should be guided by the requirement to protect the public's health. Other authorities will be invited to participate at an appropriate level and to provide resources at a proportionate level.

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

3.2 Establishment of the outbreak/incident control team

- the Chair of the OCT will be appointed at the first meeting. It shall be the duty of the Chair to ensure that the OCT is managed properly and in a professional manner
- PHE Centre HPT is usually responsible for ensuring that all meetings should have a written agenda, minutes (with decisions), and clearly assigned action points which should be produced and distributed within 24 hours of the ICT/OCT meeting. This is undertaken by the loggist and/or other administrative/clerical support staff with appropriate skills in minute taking
- responsibility for managing outbreaks is shared by all the 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
- core OCT Members are responsible for ensuring that all relevant organisations are co-opted on to the OCT
- others can make a request to join the OCT if there is a case to do so but the final decision on membership resides with the core OCT
- responsibility for handling the outbreak must be given to the OCT by the parent organisations. The representatives must be of sufficient seniority to make and implement decisions and to ensure that adequate resources are available to undertake outbreak management

3.3 Communication

- it is essential that effective communication be established between all members of the team and maintained throughout the outbreak in accordance with Appendix 5. A clear line of internal communication should be agreed by the OCT
- the Chair will ensure that minutes will be taken at all meetings of the OCT and circulated to participating agencies. The minute taker is accountable to the Chair for this function
- use of communication through the media may be a valuable part of the control strategy of the outbreak. The OCT should consider the risks and benefits of pro-active versus reactive media engagement in any outbreak
- the OCT will endeavour to keep the prisoners, prison staff, visitors, the public and media organisations as fully informed as necessary without prejudicing the investigation and without compromising any statutory responsibilities or legal requirements and without releasing the identify of any patient/case
- 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 and full knowledge of the Ministry of Justice press office and the Home Office press office

3.4 Role of the outbreak/incident control team

The OCT/ICT role is to ensure that the outbreak/incident is appropriately investigated and managed, and to advise the governing governor/director or centre manager on measures required to control it, which may impact on operational issues for the setting. Tasks may include:

- review the evidence and establish whether a significant outbreak/incident really exists
- log, record and co-ordinate decisions on the investigation and control of the outbreak and ensure the decisions made are implemented, allocating responsibility to specific individuals who will then be accountable for taking action
- agree a case definition, including possible, probable and confirmed case definitions
- arrange for an ILOG number (a unique identifier for samples that are part of an outbreak) to be obtained from the regional PHE laboratory
- conduct a dynamic risk assessment to include health and operational/custodial considerations
- complete the Operational Dynamic Risk Assessment (see Appendix 11) which should be submitted by the Governor to NOU and PMU (cc'd for

- information to NOMS Health and Wellbeing Co-commissioning) for their decision making of any operational restrictions
- prevent further cases of infection/illness by taking all necessary steps to ensure that the source of the outbreak is controlled and the risk of secondary person to person transmission is minimised through implementation of appropriate infection control practice including isolation or cohorting of probable/confirmed cases
 - agree appropriate active case finding strategy to include consideration of both clinical and laboratory diagnoses among prisoners and staff- this may include people who have been recently released or transferred
 - agree contact tracing activities if appropriate to include those no longer in the establishment where the outbreak is currently in play
 - give due consideration to the nature of population movements within the prison, between prisons, and between the prison and community, including cross border movements with Wales or other nations
 - under a national information sharing protocol agreed between Ministry of Justice and Public Health Wales, the last known location of people of interest to the OCT for purposes of contact tracing or active case finding exercises can be provided on request in liaison with the National Health and Justice Team in Public Health England (see Section 3.6)
 - monitor epidemiological progress of the incident/outbreak including production of epicurves or other datasets to inform (maybe done by FES)
 - determine the resource implications of the outbreak/incident and how they will be met including the possible need for an incident room (eg board room), teleconference/video conference facilities, admin support, IT support, computers, internet access via broadband or Wi-Fi, stationery (including log books), refreshments etc. the costs for testing cases or contacts, the costs of other diagnostic interventions (e.g. Mobile X-ray Unit for TB outbreaks), the costs associated with producing materials for information eg printed posters/leaflets or National Prison Radio broadcasts
 - ensure that adequate communication arrangements are in place, these will include:
 - nominating a lead person to be the point of contact with the MoJ Press Office and the Home Office press office who will lead on briefing the news media throughout the duration of the outbreak/incident
 - accurate and consistent information for prisoners, employees, relatives and other internal and external agencies
 - arrange for the necessary interviews, inspections and other investigations, such as samples to identify the nature, extent and source of the outbreak/incident
 - ensure that arrangements are in place for the appropriate treatment for those infected or affected by the outbreak including consideration of transfers out to acute hospitals

- liaise with local hospitals where there may be increased demand on hospital services
- consider the need for and, if necessary, arrange long-term follow up of those affected
- collect the contact details within and out of working hours for all agencies involved
- declare the end of the outbreak/incident
- develop systems and procedures to prevent further occurrence of similar episodes
- at the end of an outbreak/incident review the management of the outbreak/incident and produce a written report. If required, an outline for a full report is attached in Appendix 6
- ensure that the lessons identified from the review are reported to the management of the partner organisations including escalating to national level including sharing with NOMS, HOIE and Public Health Wales as appropriate, so that they can be disseminated and acted upon

3.5 Roles and responsibilities

The roles and responsibilities of the core members of the OCT/ICT are included with this plan as action cards in Appendix 6.

3.6 Data sharing between organisations

A tripartite data sharing agreement between the Ministry of Justice, Public Health Wales and Public Health England (PHE) has been developed for use where personal identifiable information is required as part of monitoring or managing an incident or outbreak. This agreement enables the three organisations to access and share necessary data about adult prisoners and detainees between themselves for the purpose of public health investigations concerning notifiable diseases under the [Public Health \(Control of Disease\) Act 1984](#) and the [Health Protection \(Notification\) Regulations 2010, S.I 2010/659](#). The process is activated by sending a request to the PHE National Health and Justice Team at: health-justice@phe.gov.uk

3.7 Conclusion and Outbreak Report

Where an OCT is convened a record of proceedings will be made and circulated to a distribution list agreed by OCT members. In the event of a significant outbreak a report, which should be anonymised as far as possible, will be circulated to stakeholders including the National Health and Justice Team in PHE who will hold a national repository of all completed outbreak reports.

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. This report will contain details of the investigation, compilation of the results and conclusions. The report should be completed within three months of the close of the outbreak.

4. Review of the plan

This plan will be reviewed every two years by PHE, NHS England, NOMS and Home Office Immigration Enforcement, and also after each occasion when the plan is put into operation or earlier if new national guidelines are issued by the Department of Health or PHE.

The appendix containing contact details should be reviewed every year by the local PHE centre HPT, prison/place of detention and the NHS England Health and Justice regional team.

5. Useful references

Publications

Prevention of infection and communicable disease control in prisons and places of detention, Health Protection Agency, 2012:

www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1309970437635

Guidance for 2015-2016 on responding to cases or outbreaks of Seasonal Flu in prisons and other Prescribed Places of Detention. Including those held in the Children's and Young People's Secure Estate in England:

www.gov.uk/government/publications/seasonal-flu-in-prisons-and-detention-centres-in-england-guidance-for-prison-staff-and-healthcare-professionals

Management of tuberculosis in prisons: guidance for prison healthcare teams. Public Health England, May 2013:

www.gov.uk/government/publications/managing-tuberculosis-tb-in-prisons

Guidance on Infection Control for chickenpox and shingles in prisons, immigration removal centres and places of detention:

www.gov.uk/government/publications/chickenpox-and-shingles-infection-control-in-prisons-and-other-places-of-detention

Management of outbreaks of food borne illness in England and Wales, Food Standards Agency, London 2008:

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

Health Protection Regulations 2010:

www.legislation.gov.uk/uksi/2010/659/contents/made

Multi-agency contingency plan for the management of outbreaks of communicable diseases or other health protection incidents in prisons and other places of detention in England, 2016

PHE outcome framework 2013:

www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency

Communicable Disease Control and Health Protection Handbook, Hawker J, Wiley-Blackwell, 2012

NOMS Prison Service Instructions: www.justice.gov.uk/offenders/psis

Other relevant plans

General local outbreak control plan

Outbreak plans for the local NHS trusts and NHS England

Pandemic flu plan

Websites

PHE: www.gov.uk/government/organisations/public-health-england

PHE Public Health in Prisons (PHiPs) pages:
www.gov.uk/government/collections/public-health-in-prisons

Department of Health: www.dh.gov.uk

NOMS: www.justice.gov.uk/about/noms

Ministry of Justice: www.gov.uk/government/organisations/ministry-of-justice

DEFRA: www.defra.gov.uk

Food Standards Agency: www.fsa.org.uk

Appendix 1: Outbreak of events

OUTBREAK SUSPECTED/CONFIRMED AS:		
Signed by:	Date:.....	Time:.....
	Date	Time
Governor/director/centre manager informed		
Local Public Health England centre health protection team informed		
PHE centre to notify PHE Health and Justice team		
PHE Centre to inform NHS England lead regional team		
Relevant information and communication available for prisoners/detainees, employees and visitors		
Consideration of movements in and out of prison/place of detention, eg courts, discharges, visits		
Isolation commenced as necessary of known cases within the establishment, if appropriate		
Outbreak control/incident control team convened		
PHE centre to complete interim report		
Debriefing meeting for conclusion and recommendation		
PHE centre to complete final report		

Date/time	Action log of outbreak	Signature

Appendix 2: Contact list

PHE HEALTH PROTECTION TEAM	CONTACT NAME	CONTACT DETAILS	
		DAYTIME	OUT OF HOURS
NHS ENGLAND LEAD COMMISSIONER	CONTACT NAME	CONTACT DETAILS	
		DAYTIME	OUT OF HOURS
ENVIRONMENTAL HEALTH	CONTACT NAME	CONTACT DETAILS	
		DAYTIME	OUT OF HOURS
ACUTE HOSPITAL TRUSTS AND MICROBIOLOGY DEPARTMENT TELEPHONE NUMBERS	CONTACT NAME	CONTACT DETAILS	
		DAYTIME	OUT OF HOURS
Local General hospital number: Microbiology: PHE laboratory number:			
OTHER TELEPHONE NUMBERS	CONTACT NAME	CONTACT DETAILS	
		DAYTIME	OUT OF HOURS
HMP/Place of detention			
Governor/director/centre manager			
Deputy governor/manager			
Medical lead			
Health and safety manager			
Occupational health adviser			

Appendix 3a: Outbreak record, prisoner/detainee details

(RESTRICTED PATIENT IDENTIFIABLE INFORMATION REQUIRED, OBTAIN INFORMATION ASSURANCE PRIOR TO CIRCULATING)

Appendix 4: Template sit rep example

Situation Report No:

Outbreak (location):

Suspected or Confirmed Pathogen:

<u>Case definitions (please complete)</u>	
<p>A possible case is defined as any person with symptoms with onset between dates.....and who falls into one of the following categories:</p> <ul style="list-style-type: none"> - <specify inclusions> - A close/family contact of a probable or confirmed case <p>A probable case is a possible case, but with <additional features></p> <p>A confirmed case is a possible or probable case with laboratory confirmation of <pathogen></p> <p>The following persons are not defined as cases: <define exclusions></p>	
Information required	Please complete
Since <date>, a cluster of <number> cases of <disease> has been reported in <location>.	
Number of Confirmed cases	
Number of possible and probable cases	
Number> of cases are resident in <location> <Number> of cases were associated with <activities/location etc.>. There were <number> of cases among staff and <number> of cases among relatives	
Number of males and females	
Average age and range	
Symptoms	
Hospitalised	
Diet	
Suspected source of outbreak	
Public health actions/specify	
Outbreak control team meetings are currently convened (time/daily etc.)	

Include Figure 1: Epidemiological curve of the <location> outbreak. <please insert epi curve here – this can be done with a bar chart in Excel, eliminating the space between the bars>.

Figure 2: Age and sex distribution of possible<pathogen> cases in location <this can be a bar chart>.

Figure 3: <can be used for additional information, eg an epi curve with different colours denoting transmission patterns etc>.

Appendix 5: Draft agenda for outbreak control team meeting (to be tailored according to outbreak/incident)

The co-chairs should ensure that a person with appropriate skills takes minutes of each meeting and that these are circulated with action points to all members usually within one working day after the meeting.

1. Co-chair's introduction, including terms of reference
2. Minutes of last meeting (if applicable)
3. Review membership
4. Outbreak résumé and update
 - 4.1 General situation report
 - 4.2 Case report
 - 4.3 Microbiological report
 - 4.4 Environmental health report
 - 4.5 Water utility report
 - 4.6 Impact on service operations/regime
 - 4.7 Other relevant reports
5. Management of outbreak and allocation of responsibilities
 - 5.1 Implications for public health
 - 5.2 Care of patients (prison/place of detention hospital and community)
 - 5.3 Control measures including contact tracing
 - 5.4 Microbiological aspects (specimens, analysis and resources)
 - 5.5 Environmental health aspects
 - 5.6 Organisation of investigations:
 - Environmental health
 - Microbiology
 - Epidemiology
 - 5.7 Advice to boil water or provision of alternative water supplies
6. Issuing information/advice
 - 6.1 Information and advice to employees and prisoners/detainees
 - 6.2 Information to the public (need for press release)

7. Agree content of press release and press arrangements
8. Nominate others to assist chair with other media engagement if any (interviews, press conferences etc.)
9. Consider arrangements for enquiries from the public eg relatives (the need for a helpline)
10. Date and time of next meeting

Appendix 6: Roles and responsibilities (action cards)

Governor/centre manager/director

1. To determine, in consultation with the PHEC HPT, the status of the outbreak/incident and therefore whether to institute the plan
2. Following consultation with the CCDC/CHP, to convene an OCT/ICT and stand it down when it has been determined safe to do so (or devolve this to the CCDC/CHP)
3. To co-chair the OCT/ICT with the CCDC/CHP and to lead on operational issues (or devolve this to the CCDC/CHP)
4. To direct and co-ordinate the management of the outbreak/incident in conjunction with CCDC/CHP and NOMS incident management commands
5. To communicate with appropriate regional and national colleagues to update on operational impact of incident or outbreak and advice provided by OCT/ICT, which has any impact on the regime or the ability of the setting to receive or transfer prisoners/detainees
6. To co-ordinate effective communications within the prison/place of detention and with the MoJ/Home Office press office
7. To co-ordinate the written final report on the outbreak/incident and ensure that the response to the outbreak/incident is audited
8. To ensure that the lessons identified are communicated to the management of partner organisations as relevant

PHE centre consultant in communicable disease control/consultant in health protection (CCDC/CHP)

1. To provide expert support to the governing governor/director/centre manager in determining whether:
 - an outbreak/incident control team should be established
 - how often it should be convened during the course of an event

- when it can be stood down. To co-chair the OCT/ICT (or chair) meetings with the governing governor/director/centre manager and to take the lead on expert management of the specific incident/outbreak
- 2. In partnership with the governor/director/centre manager, and with the support of the Health Joint Advisory Team (HJAT) and any appropriate others, to co-ordinate the management of the outbreak/incident
- 3. To take the lead in the public health risk assessment of the incident, and advise on the need for, and interpretation of, clinical and epidemiological investigations
- 4. To provide public health medical advice to the team, covering in particular the measures necessary to manage the public health risks
- 5. To arrange, in conjunction with relevant others, the appropriate identification and follow-up of contacts
- 6. To ensure that information about the outbreak/incident is communicated to those who need to know, including other members of the PHE centre (including centre director), HPT, HJAT, the CCG and director of public health
- 7. To communicate with other parts of PHE

Infection control nurse

1. To provide specialist infection prevention and control advice on, and input to, management of the outbreak/incident
2. In conjunction with the prison/place of detention to ensure that all appropriate infection prevention and control is taken

Prison/place of detention healthcare manager

1. To implement recommendations as agreed by the OTC
2. To collect and document relevant information/data on prisoners/detainees and staff (see Appendix 3a)
3. To organise provision of appropriate nursing and medical staff to manage increased workload relating to symptom relief and infection control stock requirements etc

Director of public health

Following the transition in April 2013 the role of the director of public health is one of assurance. The director of public health should be alerted to an incident/outbreak in a prison/place of detention and updated as necessary. They may or may not wish to attend an OCT.

Heads of prison/place of detention departments

1. To implement recommendations as agreed by the OTC
2. To ensure that relevant information/data is collected and documented (see Appendix 3a)
3. To monitor the recommendations implemented
4. To ensure effective communication within your area(s)

Environmental health officer

1. To provide specialist expertise and advice on the environmental aspects of the outbreak
2. To ensure that an effective environmental investigation is undertaken
3. To identify and provide resources required from environmental health services including those needed to:
 - carry out inspections of premises implicated in the outbreak
 - depending on existing local arrangements, collect appropriate specimens for screening of patients, contacts and staff in the community and organise an ILOG number
 - collect appropriate food/water samples and environmental swabs
 - identify food handlers that should be excluded from work
 - arrange for exclusion and monitor that exclusion
 - liaise with other environmental health departments as necessary
 - liaise with other agencies as necessary
4. To institute any statutory action eg detention or seizure of food, service of hygiene improvement and/or hygiene emergency prohibition notices prosecution
5. To ensure that all environmental health aspects of the outbreak are accurately documented

6. To ensure that the local authority is kept fully up-to-date with the progress of the investigation

Consultant microbiologist

1. To organise appropriate laboratory investigation of the outbreak/incident and timely communication of the results
2. To provide specialist advice on the microbiological aspects of the outbreak/incident
3. To liaise with microbiologists in other laboratories, including reference laboratories, which are involved in the investigation

The loggist

1. To capture information for decision making during an incident or outbreak following best practice

Administrative and clerical support to the OCT

1. To take minutes of each meeting of the OCT and to produce a timely written record of the meeting
2. To be involved in other administrative and clerical functions as appropriate to the incident/outbreak

Communications managers/press officers

1. To advise and assist in the preparation of communications for the media and seek authorisation for communications where this is required eg from MoJ or Home Office press offices
2. To ensure that spokesperson(s) for the incident response has been identified and agreed and to support them as required in preparing materials for press release or in preparing for interviews
3. To communicate with the media if directed by the OCT
4. To liaise closely with press/communications officers of partner organisations as appropriate to ensure that all information is agreed and consistent

Appendix 7: Outline for full outbreak report

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

Terms and abbreviations

Summary

1. **Introduction**
2. **Background to the outbreak**
 - 2.1 Population demographics
 - 2.2 Background rates of relevant infection
 - 2.3 How the incident/outbreak was recognised
 - 2.4 A chronological sequence of events could be included
3. **Epidemiological investigations**
 - 3.1 Descriptive epidemiology
 - 3.2 Case control or cohort study
4. **Environmental Health Investigations**
5. **Microbiological Investigations**
6. **Outbreak control**
 - 6.1 Co-ordination and management of outbreak
 - 6.2 Action taken
 - 6.3 Advice and control measures
 - 6.4 Media
 - 6.5 Advice to the public and relevant agencies
7. **Actions by other external agencies**
8. **Discussion**
 - 8.1 Environmental health
 - 8.2 Microbiology
 - 8.3 Epidemiology
 - 8.4 Other issues/findings if appropriate
 - 8.5 Control measures

8.6 Relevant information from other outbreaks

9. Lessons identified, recommendations and conclusions

10. References

11. Appendices

11.1 Chronology of events

11.2 General background on relevant infection

11.3 The Outbreak Control Team – membership and terms of reference

11.4 Detailed epidemiology

Appendix 8: Algorithm for governors/directors/centre managers concerning notification of infectious disease



The primary responsibility for informing the HPT of any of the diseases listed rests with the attending physician. However, some infections may have significant operational consequences and so it may be appropriate for the governor/director to discuss directly with the PHE centre HPT.

The person informing the governor may include:

- medical officer
- healthcare manager or their deputy
- occupational health or GP for member of staff
- self-notification by member of staff

Official list of notifiable/reportable diseases

Outbreaks:

- Acute respiratory infection (viral [including influenza] and bacterial agents)
- Gastrointestinal (GI), ie diarrhoea and/or vomiting, infection including norovirus and other viral, bacterial, preformed bacterial toxin and parasitic agents and non-biological substances
- Unexplained skin rashes

Single Infections:

- E. coli of serogroup known to be toxin producing eg E. coli 0157
- Food poisoning
- Hepatitis A (acute)
- Hepatitis B (acute)
- Hepatitis C (acute **specify if result is antibody and/or PCR positive**)
- Herpes-zoster
- Infectious bloody diarrhoea (Shigellosis)
- Invasive group A streptococcus disease (IGAS)
- Legionnaire's disease (legionella sp.)
- Listeriosis (listeria monocytogenes)
- Measles (measles virus)
- Meningitis (bacterial, viral and other)
- Meningococcal septicaemia (without meningitis)
- Mumps (mumps virus)
- Pertussis/whooping cough (bordetella pertussis)
- Salmonellosis (salmonella enterica)
- Scarlet fever
- Staphylococcus aureus panton-valentine leukocidin (PVL) producing
- Tuberculosis (mycobacterium tuberculosis complex)
- Typhoid (salmonella typhi)/paratyphoid (salmonella paratyphi)
- Varicella (chickenpox)

Any other major infectious diseases:

- Acute encephalitis
- Acute poliomyelitis
- Acute infectious gastroenteritis/food poisoning
- Anthrax
- Botulism (clostridium botulinum)
- Brucellosis
- Cholera (vibrio cholerae)
- Diphtheria (corynebacterium diphtheriae)
- Haemolytic uraemic syndrome (HUS)

- Leprosy
- Malaria (plasmodium falciparum, vivax, ovale, malariae)
- Plague (yersinia pestis)
- Rabies (rabies virus)
- Rubella (rubella virus)
- Severe Acute Respiratory Syndrome (SARS-associated coronavirus and MERS-CoV Middle East respiratory syndrome coronavirus virus)
- Smallpox (variola virus)
- Tetanus (clostridium tetani)
- Typhus (rickettsia prowazekii)
- Viral haemorrhagic fevers (lassa virus, marburg virus, ebola virus, crimean-congo haemorrhagic fever virus)
- Yellow fever (yellow fever virus)

Appendix 9: Guidance for the management of gastrointestinal infection outbreaks in prisons and other places of detention

Outbreaks of diarrhoea and vomiting can occur in prisons and other places of detention.

Micro-organisms causing illness can be spread:

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

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

This appendix provides quick guidance on how to deal with such outbreaks in prisons and other places of detention.

However, **ON DETECTION OF AN OUTBREAK, PRISONS/PLACES OF DETENTION SHOULD URGENTLY SEEK ADVICE FROM THEIR LOCAL PUBLIC HEALTH ENGLAND CENTRE HEALTH PROTECTION TEAM (HPT).**

ACTIONS TO TAKE IN RESPONSE TO AN OUTBREAK OF GI INFECTION*:

The national operations unit (NOU) should be informed of significant outbreaks via the single incident line, especially if they involve closure of part or all of the prison/place of detention to transfers and/or receptions.

- contact the local **health protection team (HPT) on suspicion of an outbreak**
- details of cases, including date of onset, location within the prison/place of detention, symptoms of illness and if cell-sharing with another case should

be recorded by the prison healthcare team and reported to the local HPT (a specially designed form for GI infection outbreaks is attached to this appendix)

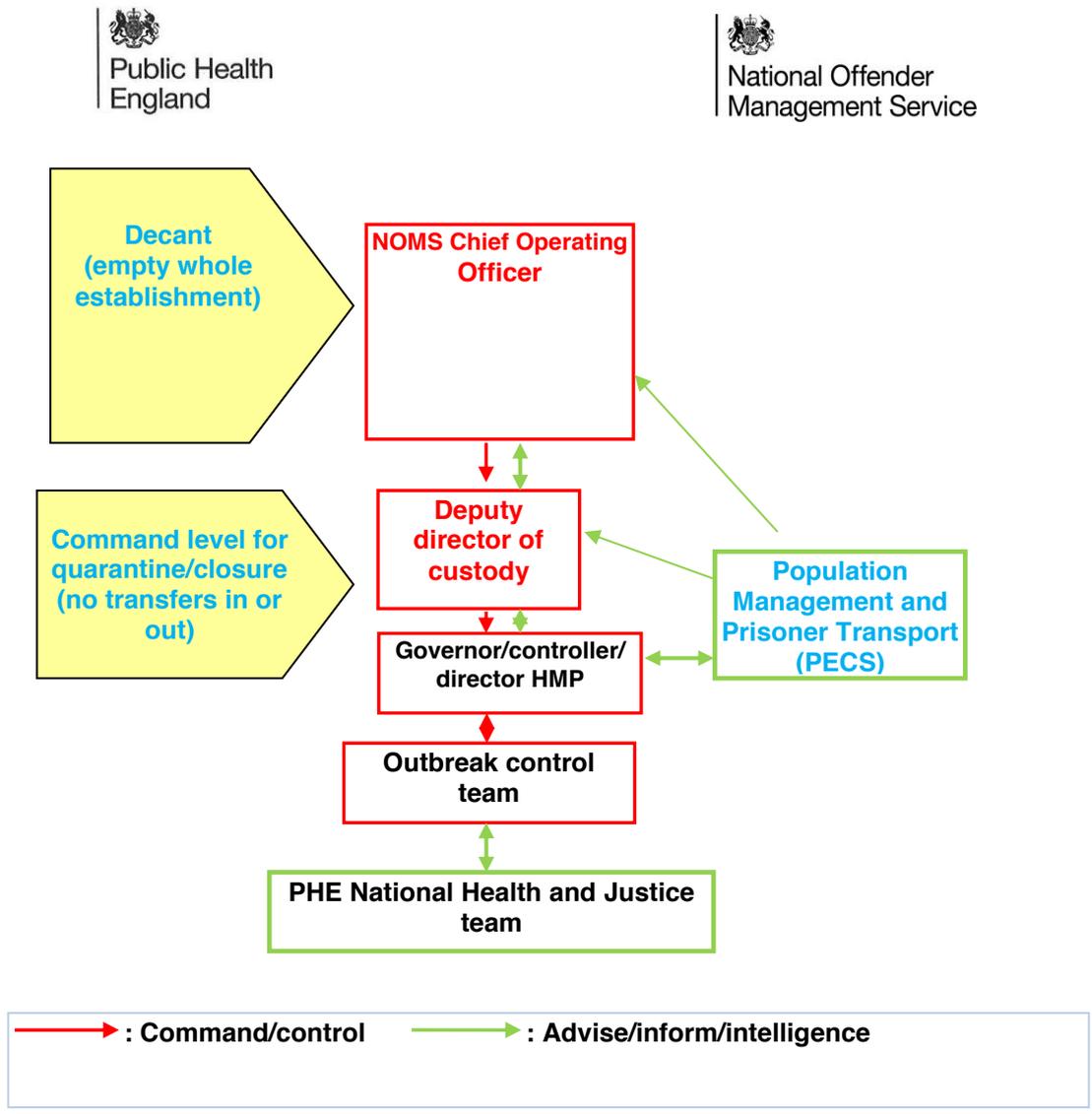
- the HPT will convene an **outbreak control team (OCT)**, co-chaired by the local consultant in communicable disease control (CCDC) and the governor/director/centre manager, to determine and direct appropriate investigations and control measures
- **stools** should be collected from symptomatic cases, especially at the onset of the outbreak, to confirm microbiological diagnosis. Identification of the microorganism responsible for the outbreak is a priority, as some of the action necessary to control the outbreak and stop further spreading, depends on the type of micro-organism responsible**
- **on advice of the OCT, it may be advisable to restrict movements within the prison/place of detention** (eg from a wing with a large number of cases to one with no or low numbers) or to avoid association activities eg education, training and exercise
- **on advice of the OCT, it may be advisable to seek permission to close all or part of the prison/place of detention to receptions and transfers for a period of time (usually until the end of the outbreak)**
- prisoners/detainees who are ill should be **isolated in their cells/rooms**, usually until free of symptoms for 48 hours
- **cell/room-mates** of prisoners/detainees who are ill may be incubating the illness themselves and should be similarly isolated
- if there are no in-cell/room sanitation facilities, make sure to **reserve some toilet facilities for the use of symptomatic prisoners/detainees only** (eg all those with symptoms and up to 48 hours after symptoms have disappeared)
- **place appropriate and clear signage on the toilet areas**, such as 'for D&V patients only' and make sure the signs are clear for people with learning difficulties or poor literacy to understand
- where toilet seats present, make sure they are down before flushing
- make sure cleaner(s) cleaning affected areas do not visit other parts of the prison/place of detention
- clean regularly and frequently throughout the day all hand held surfaces in affected areas with a bleach-containing agent or other appropriate product as advised by the OCT
- **handwashing** is crucial for effective control: ensure that hand-cleaning facilities (liquid soap and warm water, paper towels, pedal-bins for the paper towels) are available and encourage people (both prisoners/detainees and staff) to wash hands often and every time they use the toilet and before eating
- **personal protective equipment (PPE)**. Follow advice of the OCT on use of appropriate PPE such as single-use gloves and aprons. These products should be available within the prison/place of detention. If not, contact your PPE suppliers and place an urgent order for next day delivery

- **the OCT will declare when the outbreak is over**
- **before resumption of normal regime, deep cleaning (terminal cleaning) may be needed (especially in norovirus outbreaks).** The OCT will provide detailed advice

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

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

Appendix 10: The command, control, co-ordination and communication in outbreaks of infection in prisons



Appendix 11: The Operational Dynamic Risk Assessment template

Public Health Advice from Outbreak/Incident Control Team

ONCE COMPLETED PLEASE EMAIL NOMS HEADQUARTERS with the subject line 'OUTBREAK AT HMP [NAME OF ESTABLISHMENT]'

- NOMS NATIONAL OPERATIONS UNIT: nationaloperations: unit@noms.gsi.gov.uk
- NOMS POPULATION MANGEMENT UNIT: PMS@hmpps.gsi.gov.uk
- COPY TO: health.co-comissioning@noms.gsi.gov.uk

Required information for risk assessment - please complete as much as possible but do not delay sending report while awaiting further information eg laboratory results		Additional Notes:
Date of meeting of OCT/ICT	dd/mm/yyyy:	Time of first meeting (00:00)
Nature of incident:	Gastrointestinal disease <input type="checkbox"/> Respiratory disease <input type="checkbox"/> Chemical incident <input type="checkbox"/> Other <input type="checkbox"/>	Specify causative agent if known (eg norovirus, influenza A/B, TB etc.)
Date of onset of incident or date of first case	dd/mm/yyyy	
Number of people affected	Prisoners: Suspected [] Confirmed [] Staff: Suspected [] Confirmed [] Are cases confined to one Wing/Area? Y/N	<ul style="list-style-type: none"> • Has an active case-finding programme been recommended? Y/N <ul style="list-style-type: none"> ○ Does case finding include staff? Y/N • Are any staff on sick leave currently? Y/N <ul style="list-style-type: none"> ○ If Yes, how many: [] • Have any cases been transferred for care to hospital? Y/N <ul style="list-style-type: none"> ○ If Yes, how many: [] • Any other information:
Public Health Advice from OCT	Has OCT provided recommendation to: <ul style="list-style-type: none"> • Isolate/cohort 	Have prisoners at risk of infection been transferred to other prisons prior to

	<p>cases Y/N</p> <ul style="list-style-type: none"> • Provide separate toilet/washing facilities Y/N • Restrictions on internal prisoner movements Y/N • Stop transfers out Y/N • Stop transfer in Y/N 	<p>quarantine? Y/N</p> <p>If Yes, estimate of numbers transferred: []</p> <p>List of establishments receiving:</p> <ol style="list-style-type: none"> 1. 2. 3. 4. <p>Any other information:</p>
<p>Staff Health & Safety</p>	<p>Has OCT recommended any specific actions to protect staff:</p> <ul style="list-style-type: none"> • PPE Y/N • Vaccinations Y/N • Testing Y/N • Prophylaxis Y/N • Treatment Y/N • Restrictions on activities for vulnerable staff Y/N 	<p>Specify nature of advice to protect staff:</p>
<p>Assessment of mortality risk</p>	<ul style="list-style-type: none"> • Has OCT provided mortality risk assessment Y/N • Is there a significant risk of multiple mortalities as result of outbreak at this time Y/N 	<p>Provide specific information on assessment provided by OCT (eg critically ill prisoner(s) in hospital):</p>
<p>Report from Governor/ Director</p>	<p>Please report any additional relevant information which can assist Population Management in undertaking a dynamic risk assessment:</p>	