Greater Glasgow NHS Board

Board Meeting

20th May 2003 **Board Paper No. 03/34**

Dr H Burns
Director of Public Health

GREATER GLASGOW NHS BOARD

GENERIC INCIDENT MANAGEMENT/ OUTBREAK CONTROL PLAN

Recommendation:

Members are asked to:

Note the attached paper.

1 Introduction

The Greater Glasgow NHS Board (GGNHSB) Generic Incident Management / Outbreak Control Plan (the Plan) has been developed to form the basis of the GGNHSB response to incidents and outbreaks irrespective of the source (deliberate or accidental). It forms part of the overall GGNHSB response to major incidents and should be read in conjunction with the GGNHSB Major Incident Plan and the GGNHSB Communications Strategy (Appendix 1).

This Plan has been developed by GGNHSB in consultation with its local authority environmental health departments following Scottish Executive guidelines issued in February 2003: "Managing incidents presenting actual or potential risks to the public health - guidance on the roles and responsibilities of incident control teams."

2 Aims

2.1 To provide a framework for the management of a co-ordinated response to any incident or outbreak within the GGNHSB area in order to protect the health of the public.

2.2 Outline the actions to be taken by GGNHSB, local authority environmental health departments and other agencies in the event of suspected or actual incident or outbreak with potential public health implications.

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1. Introduction

The Greater Glasgow NHS Board (GGNHSB) Generic Incident Management / Outbreak Control Plan (the Plan) has been developed to form the basis of the GGNHSB response to incidents and outbreaks irrespective of the source (deliberate or accidental). It forms part of the overall GGNHSB response to major incidents and should be read in conjunction with the

- GGNHSB Major Incident Plan and
- GGNHSB Communications Strategy (Appendix 1).

The Plan has been developed by GGNHSB in consultation with its local authority environmental health departments following Scottish Executive guidelines issued in February 2003: "Managing incidents presenting actual or potential risks to the public health - guidance on the roles and responsibilities of incident control teams."

The Plan forms the basis for detailed incident/outbreak specific plans: -

- Waterborne incidents/ outbreaks;
- Food borne incidents/ outbreaks;
- Deliberate release of chemical, biological, radiological and nuclear (CBRN) agents incidents/ outbreaks;
- Trust/hospital based incidents/ outbreaks;
- Multi-agency contingency plan for pandemic influenza.

2. Aims

- To provide a framework for the management of a co-ordinated response to any incident or outbreak within the GGNHSB area in order to protect the health of the public.
- Outline the actions to be taken by GGNHSB, local authority environmental health departments and other agencies in the event of suspected or actual incident or outbreak with potential public health implications.

3. Definitions

An **outbreak** is defined as either two or more linked cases of the same illness (i.e. associated in person, place or time) or as a situation when the observed number of cases of an illness unaccountably exceeds the expected number.

An **incident** is defined as: -

- A single case of a serious illness with major public health implication (e.g. botulism, viral haemorrhagic fever, vCJD) where action is necessary to investigate and prevent ongoing exposure to the hazardous agent;
- A situation where there is a high likelihood of a population being exposed to a hazard (e.g. chemical or infectious agent) at levels sufficient to cause illness, even though no cases have yet occurred (e.g. a major contamination of the drinking water supply);
- The circumstances when it is recognised that two or more linked cases of unexplained illness could indicate the possibility that they may both be caused by the same known or unknown agent or exposure.

4. Key principles

The **key principles** of incident management and outbreak control are: -

- A state of preparedness;
- Clarity of purpose and integrated working;
- An early and effective response;
- Effective communication with the public and among agencies;
- Learning from experience.

5. Roles and responsibilities

GGNHSB shares statutory responsibility for improving health with its six local authorities. A key component of improving health is protecting the public from hazards that damage their health - this includes managing public health incidents and controlling outbreaks.

GGNHSB, as the lead agency for protecting health, is responsible for the overall performance of the arrangements for planning for and managing public health incidents/ outbreaks. GGNHSB will co-ordinate the activities of other agencies involved in investigating, controlling and communicating the risks to health. Other agencies have statutory responsibilities which overlap with those of GGNHSB and its local authorities and come into play in the investigation and control of public health incidents/ outbreaks. These include the Food Standards Agency, Scottish Water, the Police and the Fire Service.

However, should the public health incident be categorised by GGNHSB or one of its emergency planning partners, as an actual or potential **major incident**, e.g. the deliberate release of a chemical hazard, the **Police** will have responsibility for the overall co-ordination of the activities of all those involved.

For a full description of roles and statutory responsibilities for managing incidents/ controlling outbreaks see SE guidance, 2003 - “Managing incidents presenting actual or potential risks to the public health.”

6. Identification and management of incidents/ control of outbreaks

Most situations, which may ultimately lead to the establishment of an Incident Management Team/ Outbreak Control Team (IMT/OCT), will be assessed by the consultant in public health medicine - communicable diseases and environmental health (CPHM (CD&EH)) within the Public Health Protection Unit (PHPU) of GGNHSB, on the basis of information received from a variety of sources dependent on the nature of the incident.

Within Trust premises, the Infection Control Doctor/senior Infection Control Nurse will take the decision to set up an incident management team or outbreak control team when information suggests a potential outbreak or illness. The Infection Control Doctor/ senior Infection Control Nurse will make this risk assessment in consultation with the rest of the hospital infection control team and/or the CPHM (CD&EH).

An **incident management team (IMT)** is a multidisciplinary, multi-agency group with responsibility for investigating an incident, assessing risk to public health and implementing remedial measures to limit the extent of exposure.

During an outbreak of illness the multi-disciplinary team is known as the **outbreak control team (OCT)**. It has responsibility for assessing the cause of the outbreak and limiting numbers of ill cases by implementing control measures

Information will suggest either that a situation has occurred, or is about to occur, which may affect the health of the population or that clinical cases indicating an outbreak of illness have occurred.

During normal working hours, notification of an incident or outbreak will be received by the CPHM (CD&EH) within the PHPU, GGNHSB. Outwith normal working hours, the on-call CPHM will be notified by Primary Care Trust switchboard (0141 211 3600).

7. Problem Assessment Group

The response by the PHPU may be to form an IMT/OCT. However, the PHPU may decide to form a Problem Assessment Group (PAG) in the first instance.

As soon as there is a suspicion that an incident or outbreak might be developing, a lead CPHM will be nominated from GGNHSB to co-ordinate the investigation. The CPHM will then liase with the relevant partner agencies and discuss the evidence for an incident/outbreak. This can be done either by telephone or by assembling a Problem Assessment Group (PAG). The choice of whether to form an initial PAG or full IMT/OCT will depend on the strength of the initial evidence. If the conclusion of the PAG confirms that an incident/outbreak has occurred, or is likely to occur which has the potential to affect public health, a full IMT/OCT will be formed. The PAG members will form the core of the IMT/OCT. If no problem is identified, the PAG will disband. (Appendix 2)

Information to be considered by the PAG may include: -

- The source of the information that identified the problem;
- The available information which may include laboratory data and statutory clinical notification;
- Information on water treatment / network operations;
- Information from local authority environmental health officers (EHOs);
- Clinical information (hospitals, GPs);

- Surveillance Information (PHPU, Scottish Centre for Infection and Environmental Health (SCIEH), Communicable Disease Surveillance Centre (CDSC), Centres for Disease Control and Prevention (CDC) and WHO);
- Intelligence from Police/Security Services.

8. Incidents/outbreaks in healthcare settings

Depending on the circumstances and size of an incident or outbreak, an IMT/OCT within a hospital setting will usually be chaired by the trust/hospital Infection Control Doctor. In the case of an incident /outbreak which may attract undue media or political interest, involves the death of a patient, and/or has implications for the wider community, the CPHM will be approached by the trust/hospital to either chair the IMT/OCT or act as the media spokesperson.

Regardless of the specific role assumed by the CPHM in a trust/hospital based IMT/ OCT, their key responsibility is to ensure a comprehensive investigation is conducted. In addition, the CPHM is expected to keep the Scottish Executive and GGNHSB Executive officers fully briefed and updated.

9. Incident Management Team/ Outbreak Control Team

The role of the IMT/OCT is to minimise the risks or potential risks to public health by promptly recognising the incident/outbreak and taking appropriate action to investigate and implement control measures.

The remit of the IMT/OCT is on behalf of GGNHSB and in co-ordination with other agencies is to: -

- Reduce to a minimum the number of cases of illness by promptly recognising the incident/outbreak, defining how cases have been exposed to the implicated hazard, identifying and controlling the source of that exposure and preventing secondary exposure;
- Minimise mortality and morbidity by arranging optimum care for those affected;
- Inform the public, their representatives and the media of the health risks associated with the incident/outbreak and how to minimise these risks;
- Collect information which will be of use in better understanding the nature and origin of the incident/outbreak and on how best to prevent and manage future incidents/ outbreaks.

9.1 Actions of the Incident Management Team/ Outbreak Control Team

- Assume overall strategic management of the incident/outbreak;
- Ensure that systems are in place to collect and collate all relevant information and to verify, review and interpret its significance;
- Carry out a full risk assessment and decide on courses of action necessary to protect the health of the public;
- Co-ordinate the investigation and management of the incident/outbreak within previously agreed protocols and codes of practice of the agencies involved and having regard to extant legislation;

- Liaise with SCIEH, Scottish Executive Health Department (SEHD) and other relevant agencies to draw on their expertise and ensure necessary actions falling with the responsibility of these bodies are put into place;
- Co-ordinate the issuing of advice and information to the public directly and through the media;
- Ensure arrangements for the care of patients are in hand and keep all relevant clinical professionals updated;
- Declare the end of the incident/outbreak;
- Prepare a report of the incident/outbreak containing lessons learned and recommendations. The content and length of the report will depend on the size and nature of the incident/outbreak.

For a full description of the key functions of incident management/ outbreak control see SE guidance, 2003 - "Managing incidents presenting actual or potential risks to the public health."

9.2 Composition of the Incident Management Team/ Outbreak Control Team

The composition of IMT/OCT will vary according to the nature and location of the incident/outbreak. However, the IMT/OCT should normally include: -

- Consultant in Public Health Medicine (Chair) as GGNHSB representative;
- Local Authority representation - normally senior EHO from LA involved;
- A scientist with expertise in the detection and characterisation of the hazardous agent responsible, e.g. consultant microbiologist
- Administrative support
- A press officer.

9.3 Additional members / expert advice

Depending on the nature and scale of the incident/outbreak, the following may be asked to join the IMT/OCT either as full members, or to provide expert advice, or to be in attendance (providing vital information) or as observers: -

- SCIEH;
- Clinical staff, e.g. infectious diseases, respiratory medicine, GUM, primary care, pharmacy;
- Infection Control Nurse/ Public Health Nurse;
- Food Standards Agency;
- Divisional Veterinary Officer;
- Scottish Environmental Protection Agency (SEPA);
- Emergency Planning Officers (local authority and health);
- Police;
- Scottish Executive;
- Representative from specialist/ reference laboratories;
- Representative from management of the agencies involved;
- Water authority
- Others as appropriate, e.g. forensic pathology.

9.4 Sub groups of the Incident Management Team/ Outbreak Control Team

Sub-groups may be established by the IMT/OCT to manage specific aspects of the incident/outbreak, reporting back to the IMT/OCT for ratification of recommendations before implementation. The sub-groups may be required to ensure that control measures once ratified are implemented. The number and nature of sub-groups will depend upon the nature of the incident/outbreak but will generally include: -

Communications: Multi-agency group of Public Relations Officers (PRO) and Press Officers - responsible for all aspects of communication with both the general public and the media. The GGNHSB PRO should normally lead this sub-group.

Technical: Specialists responsible for all technical aspects of mitigating and ultimately resolving the incident/outbreak.
Health: Responsible for advising all sections of the NHS of the potential health implications of the incident/outbreak, and, ensuring protocols are in place to rapidly identify any clinical cases which may have occurred as a result of the incident/outbreak, planning clinical care of patients and organising analytical epidemiology investigation.

Local authority: Responsible for advising all relevant local authority departments of the potential effects of the incident/outbreak, monitoring as appropriate the effects and co-ordinating food and environmental investigation.

Police: To investigate potential criminal aspects of the incident/outbreak whether negligent or deliberate. To assist the IMT/OCT in aspects of providing escorts to technical teams (if required) and public awareness/safety.

Emergency planning: Representatives from health and local authority (as required) Emergency Planning Departments to provide support to the IMT/OCT.

Admin Support Group: Minute taking, meeting preparation etc.

10. Declaration of conflict of interest

At the very first meeting, the Chair should remind the IMT/ OCT participants of their roles, responsibilities and status as members of the group. Attendees should be required to declare any possible conflicts of interest as individuals or on behalf of their organisations. Where a declaration of a possible conflict of interest is made, it should be recorded and a decision made by the Chair on that individual's status. Individuals who are not full members may continue to attend the IMT/ OCT by invitation, but should not expect to have equal rights in terms of determining the conduct of the investigation, the advice given to the public, the content of the press statements or the final report.

11. Confidentiality

It is imperative that all members of IMT/OCTs and their contacts within their respective agencies, understand the information they learn at an IMT/ OCT is strictly confidential and transmitted on a strictly 'need to know' basis.

12. Handling disagreements within the team

If any member of the team has concerns regarding the conduct of the team or the decisions made they are encouraged to discuss these openly within the team, or in confidence, with the chairman. If these concerns cannot be resolved satisfactorily, they have the option of discussing the matter with their own chief executive. In turn, this chief executive has the option to discuss the matter with his opposite number(s) in the other relevant agencies and agree an appropriate course of action.

13. Incident Management Team/ Outbreak Control Team - enhanced management structure

If the situation develops into a very large-scale incident/outbreak or one with considerable national interest, pressures may be brought to bear on the IMT/OCT which could distract it from its core purpose of managing the incident/outbreak. In such instances, the Chair of the IMT/OCT and the Director of Public Health (DPH) of GGNHSB should discuss setting up an Incident Management Support Group/ Outbreak Control Support Group (IMSG/ OCSG).

The membership of this group will include the DPH and the chief executives (or nominated deputy) of all agencies with responsibilities for the control of the incident/outbreak.

This group offers operational /logistic support and is not an alternative strategic team.

13.1 Role of the Incident Management Support Group / Outbreak Control Support Group

To support the IMT/OCT in order to enable the IMT/OCT to fulfil its responsibilities by: -

- Providing additional information and/or resources needed for its effective functioning;
- Acting as an alternative resource to help deal with external enquiries including aspects of media enquiries;
- Making strategic decisions on the wider impact of the incident/outbreak on services not directly implicated in the incident/outbreak;
- Mobilising additional resources to aid the control of the incident/outbreak;
- Responding to requests from the IMT/OCT for additional help to resolve problems, which may compromise the function of the IMT/OCT.

In no circumstances other than a deliberate CBRN incident would the strategic management of an incident or outbreak be undertaken by any other body. (In the event of a deliberate CBRN Incident, the overall health response would be managed by the Joint Health Advisory Cell established within a Police Main Base Station and chaired by the Director of Public Health, with the IMT/OCT retaining strategic management of specific delegated health issues).

The Scottish Executive would establish its own Emergency Operations Room in circumstances where national interest were threatened or significant areas of Scotland threatened. This room would co-ordinate briefings to Ministers etc.

14. The end and aftermath of an incident/outbreak

The IMT/OCT will decide from all information available, and following a risk assessment that there is no longer a significant risk to public health.

A full debrief must take place to consider lessons learned about managing the incident/outbreak and any further preventive action required.

A full but anonymised report should be prepared by the IMT/OCT. The Chair of the IMT/OCT has overall responsibility for its production. This must include recommendations for any actions taken to minimise the risk of an incident/outbreak re-occurring.

The Chair of the IMT/OCT should ensure that the report and specifically the section dealing with recommendations, is communicated to the targeted organisation.

GGNHSB is responsible for ensuring that IMT/OCT recommendations are followed up. Therefore, GGNHSB should ensure that there is a response to each recommendation from that organisation responsible for its implementation. If the organisation has statutory responsibility it must reply to GGNHSB laying out its response to the recommendation. If a recommendation has major policy implications or if the response from the agency to which an action is recommended is deemed by GGNHSB to be inadequate, GGNHSB should inform the SEHD who will review the issue further.

APPENDIX 1 COMMUNICATIONS STRATEGY

1. INTRODUCTION

1.1 All forms of major incident require the management, and, prompt communication to the general public and others, of clear and accurate information and advice. In addition, it is imperative that the potential confusion that can be caused when organisations act independently and without reference to each other is avoided. The protocols contained within these guidelines provide the basis of response from GGNHSB for all major public health incidents and outbreaks which require communication with the media and/or the general public. These guidelines will be reviewed in line with further National Guidance.

1.2 Risk Communication is an essential part of the process of managing incidents/outbreaks, the following "pointers for good practice" issued by the Department of Health (England) provides the basis for guidance: -

- Effective communication demands a presumption in favour of openness, lack of openness can be perceived by the general public and media as a lack of trustworthiness;
- Key issues which will influence the impact of communication must be identified;
- Procedures for communication must form part of public health plans;
- Communications should acknowledge uncertainties and quantify the risk (where possible) to the public in terms of probabilities by comparing the current risk to others;
- The impact of communications on the public must be measured e.g. monitoring the number and nature of calls to Helplines.

A communication matrix based on risk category for hospital incidents/ outbreaks is shown in Appendix 3. (Watt Group Report)

2. COMMUNICATIONS - DEFINITION

For the purpose of these guidelines, communications is the generic word used to describe the use of all or any of the following: -

- Press Holding Statements;
- Press releases;
- Interviews;
- Letters to Householders;
- Loud Hailer messages;
- Notification to Patients and Staff;
- Leaflets or Press advertisements;
- Letters/Faxes/Notices/Leaflets to other professionals e.g. GPs, A&E Departments, LHCCs, GEMS, NHS24;
- Notification to Scottish Executive, MSPs etc;
- Information contained on or passed via Helplines, or Contact Centres;
- Ceefax/Teletext;
- Web Pages;

- Press Conferences.

3. MANAGEMENT STRUCTURE - INCIDENTS/OUTBREAKS

All situations, which may ultimately lead to the establishment of an Incident Management or Outbreak Control Team, will be assessed by the Public Health Protection Unit of GGNHSB (part of the Department of Public Health) on the basis of information received from a variety of sources dependent on the nature of the incident. This information will suggest either that a situation has occurred, or is about to occur, which may affect the health of the population (establishment of Incident Management Team) or, that clinical cases indicating an outbreak of illness has occurred (establishment of an Outbreak Control Team). In either circumstance, the response by the Public Health Protection Unit will normally be to form a Problem Assessment Group. This usually involves outside agencies and, should the available evidence support the initial information received, may lead to the formation of either an Outbreak Control Team (OCT) or an Incident Management Team (IMT).

4. COMMUNICATIONS - PROBLEM ASSESSMENT GROUP

Ideally, the formation of a Problem Assessment Group (PAG) should be formal, i.e. an arranged meeting, or virtual meeting, with an agenda and minutes taken and recorded. However in some circumstances, it may be necessary for this group to be informal i.e. telephone conference, in these situations, all calls must be logged and subsequent actions recorded. The Problem Assessment Group will be led by the Consultant in Public Health Medicine, who may notify the Director of Corporate Communications or, in his absence, the Public Affairs Manager. At this stage it is unlikely that information will be passed to the general public. However, if the decision is taken to communicate with other agencies e.g. NHS 24, general practitioners, GEMS, hospital laboratories, etc. in order to ascertain further clinical information, this communication should be considered to be in the public domain and consequentially the communications staff of Greater Glasgow NHS Board should be informed in order to prepare a holding statement. It is essential that the general strategy for communications is established at this point and agreed with other agencies. One strategy is to prepare a holding statement that indicates that a Problem Assessment Group has been convened to examine a particular situation but that nothing can be confirmed at this stage. It should however indicate when confirmation can be anticipated or at least when further information will be available. This may help to manage calls to the Press Office, particularly out of hours, in the event of unexpected media interest.

Telephone Contact for Director of Corporate Communications/Public Affairs Manager: -

Working Hours 0141 201 4445/4429

Out of Hours 0141 201 4429 or, via Primary Care Trust Switchboard 0141 211 3600

5. COMMUNICATIONS - INCIDENT/OUTBREAK CONTROL TEAM

5.1 The Incident Management/Outbreak Control Team will comprise all appropriate agencies involved including NHS, Local Authorities, Police, and the Utility or other organisations involved (see appropriate incident/outbreak management plan for details). The IMT/OCT is responsible for the strategic management of all aspects of the situation and will normally be chaired by a Consultant in Public Health Medicine. The NHS component of an IMT/OCT could include (subject to the nature of the incident/outbreak): -

- Consultant in Public Health Medicine (Chair);

- Microbiologist/Parasitologist;
- Other NHS specialists e.g. Scottish Centre for Infection and Environmental Health (SCIEH);
- Emergency Planning Officer;
- Director of Corporate Communications/Public Affairs Manager/Communications Manager;
- Public Health Nurse;
- Hospital/NHS Trust representation (where appropriate)
- Admin Support from the Public Health Protection Unit (minute taker)

5.2 It is the responsibility of the IMT/OCT to establish an agreed strategy in respect of communications and to agree all releases in whatever format. In order to achieve this effectively, a communications sub-group may be established with 'effect from the initial meeting'. This sub-group should comprise Press/Public relations managers from all affected organisations and should be chaired by the NHS representative. It should not be chaired by any organisation with a vested interest in the outcome of the incident/outbreak to avoid any potential perception of bias by the media or general public. In exceptional circumstances, where criminality is suspected, it may be prudent for this group to be managed by the Police Press Officer. The chairperson (NHS representative) of the Communications sub-group will represent that group at IMT/OCT meetings accompanied by one other representative from the group.

During incidents and outbreaks identifying information on clinical cases will routinely be discussed. Such patient identifiable information must always be treated in confidence. There may be particular pressure placed on those members of the IMT/OCT nominated as spokespeople and on all of the communications sub-group to divulge information on such individual cases. While limiting the number of spokespeople ensures a consistency of message, there has to be additional practical measures to protect the public relations team from the possibility of inadvertent/deductive disclosure of identifying information. One such measure should be limiting the attendance of the communications sub-group at the IMT/OCT meeting to the lead spokesperson (Chair) of that group.

6. ROLE OF THE COMMUNICATIONS SUB-GROUP

6.1 It is the responsibility of the Communications Sub-Group to advise and carry out the instructions of the IMT/OCT in respect of: -

6. 2 **Holding statements**: These are designed to support the public relations staff, out of hours, when no proactive statement is planned, and to cover for the eventuality of unexpected media interest. It may be used by a Problem Assessment Group to indicate the fact that they have met but do not have any announcements to make as yet.

6. 3 **Press statements**: These must be agreed on a multi-agency basis, they must be open and in non-technical language clearly explaining the risks, actions being taken to resolve the situation, and action which the general public should take to reduce/eliminate risks.

6. 4 **Press releases**: These must be compatible with Press Statements. An agreed representative of the IMT/OCT should be nominated as the spokesperson. Press briefings must be regular and open. Consideration must be given to the style and content of information carried on Ceefax or Teletext.

6.5 **Press conference**: This would be reserved for a major release of complex information, particularly when there have been a significant number of clinical cases or deaths which may have resulted from the outbreak or when there is considerable public concern in respect of an incident or outbreak.

6.6 **Letters to householders**: These must be compatible with press statements, they should be clear and non-technical, consideration must be given to special needs groups and arrangements made for ethnic populations.

6.7 **Leaflets or press advertisements**: These must also be compatible with press statements, they should be pre-prepared for those incidents which are most likely to affect the GGNHSB area.

6.8 **Communications to other professionals e.g. GPs/NHS 24/A&E Departments**: Whilst these must also be compatible with press statements, they may be more technical/clinical in content. Ideally, this information should be issued in advance of more public information to enable professionals to deal appropriately with patients and their questions following the press involvement.

6.9 **Information contained on or passed via Helplines**: Helpline(s) must also be compatible with all other forms of information to the public. It is essential that those organisations providing Helplines or Contact Centres are: -

- Briefed by clinical staff as to the exact nature of the incident prior to details of the incident entering the public domain.
- Given prepared commonly asked questions and appropriate answers.

It is essential that all Major Incident Helplines are managed as strictly as all other aspects of communications and that all are giving the same agreed advice. In the near future, the single Multi-agency Strathclyde Emergency Co-ordination Group (SECG) Helpline may form part of overall Helpline arrangements for Major Incidents. This Helpline will be established through Strathclyde Police, exact protocols will be added to these outlines in due course.

Note: special arrangements may be needed to transmit information to those who are hard of hearing, a number of registered deaf persons may be contacted by SMS, E-Mail or Fax. This is accessed through Emergency Planning.

6.10 **ALL COMMUNICATIONS WILL REPRESENT THE MAJORITY VIEW AND MUST BE AGREED BY THE IMT/OCT BEFORE ISSUE TO THE MEDIA OR GENERAL PUBLIC. ALL MEMBERS MUST AGREE TO THIS PRINCIPLE, FAILURE TO DO SO IS A BREACH OF PROTOCOL AND WILL BE RECORDED IN BOTH THE MINUTES AND SUBSEQUENT FINAL REPORT. IN EXCEPTIONAL CIRCUMSTANCES, THE CHAIR MAY ISSUE A PRESS RELEASE FOLLOWING DISCUSSION WITH KEY MEMBERS OF THE TEAM E.G. OUT OF HOURS**

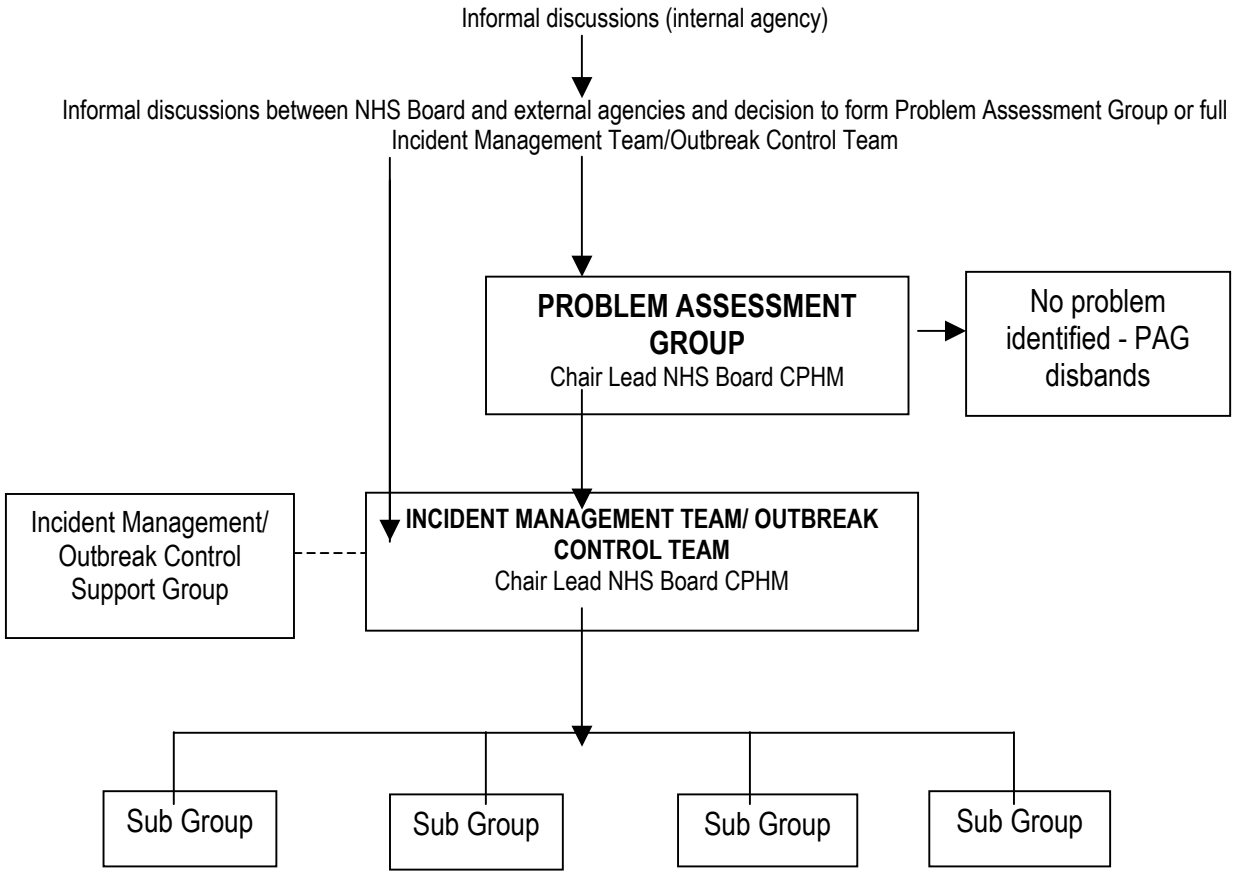
7. POST INCIDENT/OUTBREAK

After any incident/outbreak, the communications sub group must ensure that follow-up information remains on an agreed multi-agency basis, and continues until normality has been restored. It is essential that there is no dubiety as to when public supplies are safe for normal.

8. SUPPORT TO GGNHSB COMMUNICATIONS DIRECTORATE

Agreement should be reached with NHS Trusts within the GGNHS Board Area and with neighbouring NHS Boards for mutual aid and support particularly as 24-hour cover may be required over a number of days.

APPENDIX 2 PUBLIC HEALTH INCIDENTS AND OUTBREAKS



The number of sub groups will depend upon the nature and type of incident/outbreak. Heads of sub-groups will be represented on the IMT/OCT.

APPENDIX 3 INFECTION CONTROL OUTBREAK/EPISODE RISK MATRIX

An infection outbreak/episode (e.g., single case of rabies, Legionellae, Dentist/Doctor with confirmed Hepatitis B undertaking exposure prone procedures etc.) is difficult to incorporate into the existing AS/NZS 4360:1999 Risk Management Standard because although consequences of recurrence can be established it can be difficult to ascertain the likelihood of recurrence. The Infection Control Team will quantify the infection control risk criteria and ascertain the associated risk, which will determine the appropriate action to be taken.

Four infection risk categories can be identified: **Red** - High Risk **Orange** - Moderate Risk **Yellow** - Low Risk **Green** - Very Low Risk

Criteria	Quantification Criteria	Risk Category	Action Required	Communications
3 or more met	Death and/or serious illness Major implications for public health Exceptional or unusual infection episode Major disruption of health and/or public services Major public anxiety and concern	Red - High Risk	Implement Area Major Outbreak Plan	**Full** (e.g., Trust, Health Board, SCIEH, FSA, SEHD) and others as appropriate (e.g., Local Authority, Water Authority, SEPA, HSE etc.)
1 or 2 met	Death and/or serious illness Major implications for public health Exceptional infection episode Major disruption of health and/or public services Major public anxiety and concern	Orange - Moderate Risk	Implement Trust Outbreak Plan - Full Outbreak Control Team	**Full** (e.g., Trust, Health Board, SCIEH, FSA, SEHD) and others as appropriate (e.g., local authority, water authority, SEPA, HSE etc.)
3 or more met	Serious illness and/or moderate infection episode and/or cases Moderate impact on public health Short-term disruption of health and/or public services Moderate public anxiety and concern	Yellow -Low Risk	Implement Trust Outbreak Plan - Infection Control Team	Trust and Health Board communications
All 4 met	Minimal infection episode and/or case Minimal impact on public health Minimal disruption of health and/or public services Minimal public anxiety and concern	Green - Very Low Risk	Implementation-Infection Control Team Investigation	Trust communications

N.B. Infection risk category coding may vary slightly from Trust to Trust. No more than four risk categories should apply to this infection control risk matrix.