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Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Initial Assessment		

CONTENTS

1	PURPOSE	3
2	SCOPE	3
3	PROCEDURE	3
3.1	Introduction	3
3.2	Key Individuals Involved In an Outbreak of an Infectious Disease	3
3.3	Designation of an Outbreak of an Infectious Disease	4
3.4	Outbreak Review and Action Team.....	4
3.5	Functions of the Outbreak Review and Action Team	5
3.6	Individual Duties and Responsibilities	5
3.7	Director of Infection Prevention and Control (DIPC).....	6
3.8	Consultant in Communicable Disease Control (CCDC)	6
3.9	Nurse Consultant Infection Prevention and Control	7
3.10	Occupational Health (OH) Lead	7
3.11	Directorate Manager / Departmental Manager/Divisional Leads	7
4	ATTACHMENTS	7
5	ELECTRONIC AND MANUAL RECORDING OF INFORMATION	7
6	LOCATIONS THIS DOCUMENT ISSUED TO.....	7
7	OTHER RELEVANT/ASSOCIATED DOCUMENTS.....	7
8	SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS	7
9	CONSULTATION WITH STAFF AND PATIENTS.....	8
10	DEFINITIONS/GLOSSARY OF TERMS.....	8
11	AUTHOR/DIVISIONAL/DIRECTORATE MANAGER APPROVAL	8
	Appendix 1: Outbreak Management Checklist.....	9
	Appendix 2: Outbreak Chart	10
	Appendix 3: Equality Impact Assessment Form.....	18

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/488
Revision No: 4	Next Review Date: 01/06/2018	Title: Investigation, Management and Control of Outbreaks of Infectious Diseases
<i>Do you have the up to date version? See the intranet for the latest version</i>		

1 PURPOSE

This Procedure is designed to outline responsibilities of various Key Individuals involved of the Trust and Local Authority and the major elements involved in responding to an outbreak of an infectious disease and to ensure that all elements are complied with.

2 SCOPE

All Healthcare workers employed by Blackpool Teaching Hospitals NHS Foundation Trust.

3 PROCEDURE

3.1 Introduction

An outbreak of an infectious disease can place a severe strain on the service that the Trust provides, and therefore it is imperative that the precautions are taken to limit that strain on the service.

Communication plays an important role in the successful outcome of an outbreak, therefore early detection of signs indicating an outbreak must be clearly understood by all staff involved in the care of patients. It may be a member of staff in a particular area who notices patterns or signs of a potential outbreak much earlier than the Microbiology staff or Infection Prevention Team (IPT).

The importance of staff reporting symptoms must be stressed since this can indicate early signs of an outbreak. Symptoms suffered by members of staff, which could be due to an infectious disease, must be reported to the Occupational Health Department.

Good communication between all parties is necessary to ensure that the outbreak is promptly and effectively implemented.

It is the responsibility of the Infection Prevention Team to define what constitutes an infectious/communicable disease outbreak.

It may be necessary to gain advice from other outside agencies, such as the Consultant in Communicable Diseases Control, Public Protection Officers or Public Health England. This must be sought as soon as is practicable.

3.2 Key Individuals Involved In an Outbreak of an Infectious Disease

- Consultant in Communicable Disease Control (CCDC)
- Director of Infection Prevention and Control (DIPC)
- Infection Control Doctor / Consultant Microbiologist
- Nurse Consultant Infection Prevention
- Occupational Health Lead

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/488
Revision No: 4	Next Review Date: 01/06/2018	Title: Investigation, Management and Control of Outbreaks of Infectious Diseases
<i>Do you have the up to date version? See the intranet for the latest version</i>		

3.3 Designation of an Outbreak of an Infectious Disease

The Infection Prevention Team is responsible for declaring an outbreak of an infectious disease when there are two or more epidemiological linked instances of infection. Outbreaks are often easy to identify, particularly where a number of patients develop similar symptoms within a short period of time. Occasionally however, outbreaks can be insidious and go undetected. Therefore the IPT are to undertake regular routine surveillance via the ICNet reporting system.

As soon as there is evidence of an outbreak of an infectious disease, medical, nursing or laboratory staff must inform the Infection Prevention Team.

In many instances, the outbreaks will have a limited impact on services and can therefore be managed by the Infection Prevention Team (for example, in cases of confirmed or suspected Norovirus). For severe outbreaks of an infectious disease it is necessary to organise an Outbreak Review and Action Team.

It is the responsibility of the Infection Prevention Team to arrange an Outbreak review and Action Team. The constitution of the team may vary according to the nature of the infection. The DIPC may act as chair of this team. In large outbreaks, particularly where there is community involvement it may be more appropriate for the Consultant in Communicable Disease Control to assume overall control.

3.4 Outbreak Review and Action Team

In every case where a hospital outbreak is detected the outbreak team will consist of the following core members: -

- Consultant in Communicable Disease Control (CCDC)
- Director of Infection Prevention and Control (DIPC)
- Infection Control Doctor / Consultant Microbiologist
- Nurse Consultant Infection Prevention
- Lead Infection Prevention Nurse
- Chief Executive or nominated Executive Director
- Occupational Health Lead
- Specialist in Infectious Diseases
- Associate Director of Operations
- Directorate Manager / Departmental Manager / Matron
- Clinical Director
- Consultant Clinician
- Divisional Clinical Risk Manager
- Bed Manager
- Communications Manager
- Domestic Services Manager

The following members will be invited dependant on the type of outbreak: -

- Lead Biomedical Scientists (BMS) Microbiology Laboratory
- Director of Public Health Laboratory
- Sterile services Manager
- Lead Tuberculosis (TB) physician

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/488
Revision No: 4	Next Review Date: 01/06/2018	Title: Investigation, Management and Control of Outbreaks of Infectious Diseases
<i>Do you have the up to date version? See the intranet for the latest version</i>		

- Local Director of Public Health England or a representative
- Local Clinical Commissioning Group Infection Prevention representative
- Estates Department
- PHE Colindale Laboratory Lead

The Catering Manager / Hotel Services Manager will be included in the Outbreak Control Team if a food-borne outbreak is suspected.

Where specific Pharmaceutical items are essential for the successful management of an outbreak, a Senior Pharmacy Manager will be co-opted onto the Outbreak Management Team.

3.5 Functions of the Outbreak Review and Action Team

- To take all necessary steps for the continuing clinical care of patients during the outbreak.
- To co-ordinate all arrangements for the investigation of the source and cause of the outbreak.
- To co-ordinate the control measures to be employed.
- To ensure that adequate communication channels are established.
- To assess the need for additional staff, particularly Nurses and Junior Doctors.
- To assess the need for additional supplies.
- To consider the need for outside help and expertise.
- To provide clear instructions and or information for ward staff and others.
- To ensure communication with the Department of Health and Public Health England.
- To agree arrangements for notification and information to patients' relatives and visitors.
- To meet daily (or as frequently as necessary) to review progress on outbreak investigation and control.
- To define the end of the outbreak.
- To prepare a final report ensuring lessons are learnt and a StEISS or HSE report where necessary, depending on the type and size of outbreak.

3.6 Individual Duties and Responsibilities

Each member of the Outbreak Review and Action Team will have individual responsibilities. Paramount among these will be the establishment of efficient systems of communications.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/488
Revision No: 4	Next Review Date: 01/06/2018	Title: Investigation, Management and Control of Outbreaks of Infectious Diseases
<i>Do you have the up to date version? See the intranet for the latest version</i>		

3.7 Director of Infection Prevention and Control (DIPC)

Chairs the meetings on behalf of the CCDC or delegates that to a senior manager or deputy.

The DIPC is primarily responsible for the management of an outbreak within the hospital.

The DIPC will usually initiate the convening of the Outbreak Review and Action Team if required. The team will be convened as quickly as possible, preferably the same day, and ideally at the hospital/premises where the outbreak has been reported

Ensures that members of the Outbreak Team understand their responsibilities and the actions they need to take.

Ensures that a record is kept of all meetings and that there is an effective communication between all those involved.

Ensures satisfactory arrangements are made for the collection, transportation and examination of any microbiological specimens.

Ensures that all consultant medical staff responsible for patients involved in an outbreak of an infectious disease are kept fully informed of all developments and consulted, wherever necessary, about control of infection arrangements.

Ensures that the communications manager responsible for communicating with the media is kept fully informed of all developments.

Ensures that a preliminary report, interim report and final report on the outbreak are produced as necessary.

3.8 Consultant in Communicable Disease Control (CCDC)

The CCDC is responsible for liaising with outside agencies when major outbreaks of an infectious disease affect the wider community. The DIPC or their deputy will discuss with the CCDC any problems within the hospitals, which may have implications for the community.

The CCDC will assume overall control of the outbreak investigation if the outbreak is very large and has implications for the community. As soon as the outbreak is declared, he will inform the local Director of Public Health, the Regional Medical Officer (RMO), the Chief Medical Officer (CMO) at the Department of Health, the Communicable Disease Surveillance Centre, Colindale (CDSC), and where appropriate, CCDC's in neighbouring Health Authorities.

The CCDC will act as a link with local General Practitioners and Public Protection Officers, providing them with updated information as and when appropriate.

In the case of a TB outbreak, the PHE TB lead replaces the CCDC.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/488
Revision No: 4	Next Review Date: 01/06/2018	Title: Investigation, Management and Control of Outbreaks of Infectious Diseases
<i>Do you have the up to date version? See the intranet for the latest version</i>		

3.9 Nurse Consultant Infection Prevention and Control

The Nurse Consultant or Lead Infection Prevention Nurse is responsible for the day-to-day running of the outbreak of an infectious disease. They will ensure that a daily/regular update is sent to Managers, Head Nurses, Matrons and Domestic Services via e-mail. They will also attend at least one daily bed meeting whenever restricted admissions / transfers and discharges are in place.

3.10 Occupational Health (OH) Lead

The Occupational Health Lead is responsible for the health and welfare of employees of the Trust. During an outbreak of an infectious disease, the OHD lead will be required to give advice both to employees and the Outbreak Review Action Team on all matters relating to symptoms in staff. His/her duties will include arranging the microbiological screening of staff to be carried out where necessary, advising staff on relevant hazards and reviewing Personal Protective Equipment (PPE) provision.

3.11 Directorate Manager / Departmental Manager/Divisional Leads

The Directorate Manager / Departmental Managers are responsible for ensuring staffing levels are sufficient to ensure patient safety in the event of an outbreak of an infectious disease and to liaise with the Infection Prevention Team to ensure appropriate controls are in place to manage the outbreak.

This includes cohorting of staff and management of staffing rotas that have been disrupted by outbreak measures, liaising with OHD on management/return to work of staff members affected by outbreaks

4 ATTACHMENTS	
Appendix Number	Title
Appendix 1	Outbreak Management Checklist
Appendix 2	Outbreak Chart
Appendix 3	Equality Impact Assessment Form

5 ELECTRONIC AND MANUAL RECORDING OF INFORMATION
Electronic Database for Procedural Documents
Held by Policy Co-ordinators/Archive Office

6 LOCATIONS THIS DOCUMENT ISSUED TO		
Copy No	Location	Date Issued
1	Intranet	19/06/2015
2	Wards, Departments and Service	19/06/2015

7 OTHER RELEVANT/ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library

8 SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS
References In Full

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/488
Revision No: 4	Next Review Date: 01/06/2018	Title: Investigation, Management and Control of Outbreaks of Infectious Diseases
<i>Do you have the up to date version? See the intranet for the latest version</i>		

9 CONSULTATION WITH STAFF AND PATIENTS	
Name	Designation
	Strategic Infection Prevention Meeting
	Whole Health Economy Infection Prevention Committee

10 DEFINITIONS/GLOSSARY OF TERMS	
BMS	Biomedical Scientists
CCDC	Consultant in Communicable Disease Control
CDSC	Communicable Disease Surveillance Centre, Colindale
CMO	Chief Medical Officer
DIPC	Director of Infection Prevention and Control
IPT	Infection Prevention Team
OH	Occupational Health
OHD	Occupational Health Department
PPE	Personal Protective Equipment
RMO	Regional Medical Officer
TB	Tuberculosis

11 AUTHOR/DIVISIONAL/DIRECTORATE MANAGER APPROVAL			
Issued By	J Lickiss	Checked By	Marie Thompson
Job Title	Nurse Consultant Infection Prevention	Job Title	Director of Nursing
Date	19/06/2015	Date	19/06/2015

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/488
Revision No: 4	Next Review Date: 01/06/2018	Title: Investigation, Management and Control of Outbreaks of Infectious Diseases
<i>Do you have the up to date version? See the intranet for the latest version</i>		

Appendix 1: Outbreak Management Checklist
Outbreak Management Checklist
<p>Type of Outbreak</p> <p>Date outbreak reported to IPT</p> <p>Reported to:</p> <p>Reported by:</p> <p>Outbreak location (ward or department):</p> <p>The infection prevention team and/or outbreak review and action team should ensure that the following steps are initiated as soon as possible:-</p>
History of outbreak:
Initial action advised by IP team or on-call Microbiologist:

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/488
Revision No: 4	Next Review Date: 01/06/2018	Title: Investigation, Management and Control of Outbreaks of Infectious Diseases
<i>Do you have the up to date version? See the intranet for the latest version</i>		

Appendix 2: Outbreak Chart

Action	Action taken	Date completed
CONFIRM OUTBREAK EXISTS	Action taken to confirm result not false positive Action taken to confirm identity PHE (Public Health England Notified)	
IDENTIFY NATURE OF AGENT	Organism identified Syndrome case definition determined	
DETERMINE SCALE OF OUTBREAK	Outbreak Chart commenced Basic epidemiological details obtained Epidemiological Time curve constructed	
MANAGEMENT OF INITIAL CASE(S)	Isolation Type: Investigations: Infection/Colonisation Previous Antibiotic treatment Current antimicrobial treatment Treatment commenced or changed	

Appendix 2: Outbreak Chart

Action	Action taken	Date completed
INDEX CASE FACTORS	<p>Clinical Risk Factors</p> <ul style="list-style-type: none"> • Previous admissions • Travel history • Any relevant Hobbies/Activities • Relevant occupational risk • Dialysis/HDU-ICU care • Other clinical risk factors e.g. Immunocompromised <p>Nursing Care risk factors</p> <ul style="list-style-type: none"> • PIVD/Central Lines/urinary catheter • Recent surgery • Recent endoscopy • Nutrition TPN/Enteral/Other relevant factors 	
LOCATION INFECTION ACQUIRED	<p>Endogenous:</p> <p>Exogenous: Ward/Theatre/Endoscopy</p> <p>Route: Hand/Fomites/Faeco-oral/Respiratory/Blood Borne</p> <p>Estates issues: Water/Airborne/Food/Environmental</p>	

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/488
Revision No: 4	Next Review Date: 01/06/2018	Title: Investigation, Management and Control of Outbreaks of Infectious Diseases
<i>Do you have the up to date version? See the intranet for the latest version</i>		

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Action	Action taken	Date completed
SURVEILLANCE	Contact tracing required Contact sheet completed Laboratory informed Investigations required Prophylaxis required Patient Information Sheets prepared	
SURVEILLANCE STAFF	Occupational Health Informed Contact sheet completed (In conjunction with ICNet census report) Investigations required Prophylaxis required Appropriate Education on risk and PPE given	
ANTIBIOTIC STEWARDSHIP ISSUES	Alterations in antimicrobial use required Information circulated to clinicians	
CLEANING ISSUES	Domestic team informed enhanced cleaning commenced Advice/Education to Cleaners	
DECONTAMINATION ISSUES	Autoclave Processing issues Endoscope Processing issues	

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/488
Revision No: 4	Next Review Date: 01/06/2018	Title: Investigation, Management and Control of Outbreaks of Infectious Diseases
<i>Do you have the up to date version? See the intranet for the latest version</i>		

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Action	Action taken	Date completed
ESTATES ISSUES	Recent Air/Water physical/chemical/microbiological testing results Sampling of above arranged if relevant	
LABORATORY ISSUES	Laboratory informed of outbreak Specimen processing pathways determined Local Outbreak number issued all specimens to be labelled as OUTBREAK ILOG number obtained if necessary Case dredging conducted Typing requirements determined/initiated.	
MANAGEMENT ISSUES INITIAL ACTION	Duty manager informed of any restrictions on transfers	

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/488
Revision No: 4	Next Review Date: 01/06/2018	Title: Investigation, Management and Control of Outbreaks of Infectious Diseases
<i>Do you have the up to date version? See the intranet for the latest version</i>		

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Action	Action taken		Date completed
COMMUNICATION	<p>Inform relevant people that an outbreak is occurring via e-mail and send regular updates.</p> <ul style="list-style-type: none"> • DIPC/Deputy • Infection Prevention Team • Chief Executive • Director of Nursing • Associate Directors of Nursing • Matrons • Duty Director • Duty Manager • Bed Manager • Acute Response Team • Communications Team • Domestic Services ISS • Domestic Services (In house) • CCDC/HPA • PCT Infection Prevention Team • Communications team 	<ul style="list-style-type: none"> • Occupational Health Department • Monitoring Department • Lead OT Lead Physio • Lead Pharmacist • Lead Radiographer • Portering Department • Chaplaincy • Phlebotomy Department • Volunteer Co-ordinator • Risk Management Department <p>Patient and staff information sheets prepared and distributed</p>	

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/488
Revision No: 4	Next Review Date: 01/06/2018	Title: Investigation, Management and Control of Outbreaks of Infectious Diseases
<i>Do you have the up to date version? See the intranet for the latest version</i>		

Appendix 2: Outbreak Chart		
Action	Action taken	Date completed
LOCAL WARD ACTIONS	Isolation signs appropriately placed Relevant supplies of PPE / Hand rub / Contaminated waste bins are available Ensure linen supply adequate Visitors and Volunteers informed of appropriate actions to be taken Staffing level review Local hygiene review	
AUDIT	Recent HII results reviewed HII Audits instigated as relevant Ensure all relevant care bundles are being used	

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/488
Revision No: 4	Next Review Date: 01/06/2018	Title: Investigation, Management and Control of Outbreaks of Infectious Diseases
<i>Do you have the up to date version? See the intranet for the latest version</i>		

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Action	Action taken	Date completed
MOVEMENT RESTRICTIONS	<p>Following instructions issued</p> <p>All non-urgent appointments or investigations are to be cancelled until the outbreak is declared over. In urgent cases, the IP team will assess individual situations.</p> <p>Staff must not move any patients in closed wards from bay to bay etc, without speaking to the infection prevention team first.</p> <p>No patients are to be transferred from affected areas to other wards or healthcare facilities including rest homes and nursing homes without ICT involvement.</p> <p>Patients who are medically fit for discharge may go to their home addresses. Where care packages are in place, the appropriate care providers must be informed about the outbreak and advised to contact the IP team if further information is required.</p> <p>Where possible, staff should only work in <u>either</u> affected or unaffected areas. Specific movement restrictions are in place for staff movement in Norovirus outbreaks</p> <p>Where possible all healthcare professionals should visit isolated patients last on their care list</p>	

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/488
Revision No: 4	Next Review Date: 01/06/2018	Title: Investigation, Management and Control of Outbreaks of Infectious Diseases
<i>Do you have the up to date version? See the intranet for the latest version</i>		

Appendix 2: Outbreak Chart

Action	Action taken	Date completed
OUTBREAK TEAM MEETING	<p>Outbreak meeting convened and the following people invited to attend: -</p> <ul style="list-style-type: none"> • DIPC • Deputy DIPC • Microbiologists • Director of Nursing • Nurse Consultant/Lead Infection Prevention Nurse • Associate Director of Nursing • Matron • Ward/Department Manager • Communications Officer • CCDC/HPA representative • PCT Infection Prevention Commissioner • Risk Management Department • Public Protection Officer • Facilities/Estates Department 	

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/488
Revision No: 4	Next Review Date: 01/06/2018	Title: Investigation, Management and Control of Outbreaks of Infectious Diseases
<i>Do you have the up to date version? See the intranet for the latest version</i>		

Appendix 3: Equality Impact Assessment Form				
Department	Service or Policy	Date Completed:		
GROUPS TO BE CONSIDERED Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.				
EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.				
QUESTION	RESPONSE		IMPACT	
	Issue	Action	Positive	Negative
What is the service, leaflet or policy development? What are its aims, who are the target audience?	This document provides staff with guidance on how to manage outbreaks of infection.	Raise awareness of the Organisations format and processes involved in relation to the procedural document.	Yes – Clear processes identified	
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	No	N/A		
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No	N/A		
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No	N/A		
How does the service, leaflet or policy/ development promote equality and diversity?	Ensures a cohesive approach across the Organisation in relation to the procedural document.	All policies and procedural documents include an EA to identify any positive or negative impacts.	Yes – Clear processes identified	
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	The Procedure includes a completed EA which provides the opportunity to highlight any potential for a negative / adverse impact.			
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	Our workforce is reflective of the local population.			
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	N/A			
Does the service, leaflet or policy/ development promote equity of lifelong learning?	N/A			
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	N/A			
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	N/A			
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	N/A			
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	None identified.	N/A	N/A	
Does the policy/development promote access to services and facilities for any group in particular?	This document provides staff with guidance on how to prevent healthcare associated infections.	Raise awareness of the Organisations format and processes involved in relation to the procedural document.	Yes – Clear processes identified	

Appendix 3: Equality Impact Assessment Form				
Does the service, leaflet or policy/development impact on the environment	No	N/A		
<ul style="list-style-type: none"> During development At implementation? 				
ACTION:				
Please identify if you are now required to carry out a Full Equality Analysis	Yes	No	(Please delete as appropriate)	
Name of Author:	Sharon Mawdsley		Date Signed:	03/06/15
Signature of Author:				
Name of Lead Person:	Sharon Mawdsley		Date Signed:	03/06/15
Signature of Lead Person:				
Name of Manager:			Date Signed:	
Signature of Manager				

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/488
Revision No: 4	Next Review Date: 01/06/2018	Title: Investigation, Management and Control of Outbreaks of Infectious Diseases
<i>Do you have the up to date version? See the intranet for the latest version</i>		