

London Region 15.06.2020

## Reporting Process for Hospital COVID-19 Outbreaks and Service Disruption due to Test and Trace related Staff Absences

Further to the letter to trusts from Amanda Pritchard Tues on Tuesday 9 June 2020 - '[Minimising nosocomial infections in the NHS](#)', which included, amongst other messages, information on the recognition, reporting and management of outbreaks of Covid-19 amongst staff, this letter clarifies the reporting arrangements for COVID-19 outbreaks (patients and staff) and service disruption due to Test and Trace related staff absences for the London region.

Routine outbreak management should continue to apply, ensuring the Public Health England definitions are followed: '[Communicable disease outbreak management: operational guidance](#)'

### Notification and update of Covid-19 outbreaks and Service Disruption related to Test and Trace

- Routinely, when a suspected outbreak / Test and Trace incident is first identified you should, as usual, contact your **local PHE Health Protection Team** to inform them with details of the first outbreak control group / incident meeting.
- In addition, and at the same time, providers should also report to their Integrated Care System (ICS) through the COVID-19 Incident Co-ordination Centres (ICCs) using the IIMARCH form below (appendix 1). An example of a completed IIMARCH is also attached (appendix 2).
- As COVID-19 is a category 4 national incident, each region is required to maintain and share with the national incident coordination centre a daily status update of all regional outbreaks and service impact related to Test and Trace. ICS's are therefore required to notify and provide updates to NHS England and NHS Improvement through a designated mailbox [england.london-covid19outbreaks@nhs.net](mailto:england.london-covid19outbreaks@nhs.net)

### Management of Covid-19 outbreaks

Trusts should follow their established methodology for managing an outbreak. In addition, there is an expectation that:

- A post infection review or concise RCA is completed on patients where a transmission has occurred / is suspected.
- Staff contacts will be identified and managed in line with Trust occupational health and PHE Test and Trace processes.
- Regular meetings take place where minutes are recorded and at the end of the outbreak a report is provided, in line with established PHE guidance on outbreak management.
- There is evidence that the Infection Prevention and Control Board Assurance Framework is completed; <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0542-IPC-Board-Assurance-Framework-v1-2.pdf>
- There is evidence that the Infection Prevention and Control COVID-19 Management Checklist, version 1.2 has been used in conjunction with an incident investigation tool; <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0542-IPC-Management-checklist-v1-2.pdf>

- Evidence of completed actions are recorded on action plan template, with identified action owners and dates of completion
- Lessons learned are collated and disseminated within the organisation and regionally.

**Appendix 1 – IIMARCH Form for Notification of Outbreak / Incident / Service Disruption due to Test and Trace related staff absence**

| Element | Key questions and considerations   | Action |
|---------|--|--------|
| I       | <p><b>Information</b></p> <p><b>What, where, when, how, how many, so what, what might?</b></p> <p>Timeline and history (if applicable), key facts reported using M/ETHANE</p>  |        |
| I       | <p><b>Intent</b></p> <p><b>Why we are here, what are our strategic objectives are to address?</b></p> <p>Strategic aim and objectives, joint working strategy</p>  |        |
| M       | <p><b>Method</b></p> <p><b>How are we going to do it?</b></p> <p>Command, control and co-ordination arrangements, tactical and operational policy and plans, contingency plans</p>   |        |
| A       | <p><b>Administration</b></p> <p><b>What is required for effective, efficient and safe implementation?</b></p> <p>Identification of commanders, tasking, timing, decision logs, equipment, dress code, PPE, welfare, food, logistics</p>  |        |
| R       | <p><b>Risk assessment</b></p> <p><b>What are the relevant risks, and what measures are required to mitigate them?</b></p> <p>Risk assessments (dynamic and analytical) should be shared to establish a joint understanding of risk.</p> <p>Risks should be reduced to the lowest reasonably practicable level by taking preventative measures, in order of priority. Consider the hierarchy of controls.</p> <p>Consider Decision Controls</p> |        |
| C       | <p><b>Communications</b></p> <p><b>How are we going to initiate and maintain communications with all partners and interested parties?</b></p> <p>Radio call signs, other means of communication, understanding of inter-agency communications, information assessment, media handling and joint media strategy</p>   |        |
| H       | <p><b>Humanitarian issues</b></p> <p><b>What humanitarian assistance and human rights issues arise or may arise from this event and the response to it?</b></p> <p>Requirement for humanitarian assistance, information sharing and disclosure, potential impacts on individuals' human rights</p>   |        |

## Appendix 2. Example completed IIMARCH form:

|                        |   |
|------------------------|---|
| <b>Information</b>     | <p>Outbreak at A Hospital NHS Trust ward A123.</p> <p>Confirmed as outbreak on PHE advice at 12:05 31/05/2020.</p> <p>Patient 1: Admitted A123 21/04/202, symptomatic 24/05/2020, positive test result 27/05/2020<br/>         Patient 2: Admitted A123 03/05/2020, symptomatic 19/05/202, positive test result 21/05/2020<br/>         Patient 3: Admitted to Clean ITU on 13/05/2020 possible Pulmonary Embolism - then moved to A123 19/05/2020, symptomatic 21/05/2020- fever. Moved to covid bay, negative swab 22/05/2020, moved back to A123, re-swabbed 29/05/2020 (due to outbreak concern), positive test result 31/05/202. Patient moved to covid ward within 30mins of results.</p> <p>9 other patients on the ward have tested negative for Covid-19 29/05/2020.</p> <p>Previously two members of staff who work on ward A123 tested positive; they have since isolated and returned to work in line with PHE guidance.</p> <p>The Trust has not allowed any visitors to the ward since the COVID-19 outbreak.</p> <p>Staff testing to commence 31/05/2020</p> |
| <b>Intent</b>          | <p>Following the discussion with PHE and key stakeholders the NHS England and Improvement objectives are as follows:</p> <ul style="list-style-type: none"> <li>- To ensure patient and staff safety in response / exposure</li> <li>- To maintain trust core business by appropriate arrangements if required</li> <li>- Ensure adequate and appropriate messages to staff key stakeholders and the public</li> <li>- To establish clear command control and communication to manage the incident</li> </ul>   |
| <b>Method</b>          | <ul style="list-style-type: none"> <li>- Outbreak formally declared</li> <li>- Ward closed to new admissions as of 30/05/2020.</li> <li>- All patients swabbed, on PHE advice all negative patients will be reswabbed on 02/5/2020 and then 5 days later</li> <li>- Staff swabbing to commence 31/05/2020 - Microbiology to contact PHE Lab to arrange rapid turn around of staff swabs.</li> <li>- Staff risk assessment / self identification of those at high risk of infection to assist with decisions of identification of those staff that require 14 day isolation.</li> <li>- Enhanced cleaning in place on ward, internal Trust discussion to be undertaken with a view to potential decant of ward and deep clean.</li> </ul>  |
| <b>Administration</b>  | <ul style="list-style-type: none"> <li>- A further outbreak meeting is set up for 12:00 02/05/2020, appropriate representation will attend and a loggist minute taker is in attendance.</li> <li>- Internal Trust meetings on going</li> </ul>  |
| <b>Risk Assessment</b> | <p>Identified risks are:</p> <ul style="list-style-type: none"> <li>- Patient and staff exposure</li> <li>- Risk to Business Continuity of the trust, further nosocomial spread</li> <li>- Failure to maintain Duty of care and Candour</li> </ul> <p>Issues care, exposure levels and infection risk</p> <ul style="list-style-type: none"> <li>- Being able to identify the implications for reputational issues if not managed properly</li> </ul>   |

|                                   |  |
|-----------------------------------|--|
| <p><b>Communications</b></p>      | <ul style="list-style-type: none"> <li>- NHSEI regional communications team will support the trust to ensure that all elements of internal and external communications are adequate.</li> <li>- Trust Communications team managing staff, patient and family communication with NHSEI input</li> <li>- Reactive media lines being worked up</li> </ul> |
| <p><b>Humanitarian issues</b></p> | <ul style="list-style-type: none"> <li>- Management of duty of candour</li> <li>- Support for positive staff, patients and relatives</li> </ul>  |