Leicestershire Partnership NHS Trust

Escalation process to be followed when there is a suspected or known increased incidence or outbreak of infection within LPT in-patients' policy.

The purpose of this policy is to ensure that all staff employed by LPT are aware of the escalation processes to be followed with regards to the management of an increased incidence/outbreak of infection with regards to the management of an increased incidence/outbreak of infection with regards to the closure of bays or the closure of a ward in its entirety.

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1.0 Quick Look Summary

This policy provides trust wide guidance for the escalation/management of an increased incidence/outbreak of infection. It identifies clear and concise roles and responsibilities in identification of an outbreak and the procedures that must be put into place to ensure the situation is controlled and managed with the minimal risk to patient, staff, and public safety. It gives a clear escalation process to be followed where necessary.

The general public and staff have a right to expect that any potential hazards in a healthcare environment are adequately controlled. All staff must possess an appropriate awareness of their role in the prevention and control of infection in their areas of work. Not only is this part of their professional duty of care to the patients with whom they are involved (NMC, 2015), but also their responsibility to themselves, to other patients and members of staff under the health and safety at work act (1974).

Increased incidences and outbreaks of infection are a potential risk to patient, staff and public health and well-being, The appropriate and timely management of increased incidences or defined cases of an outbreak of infection is a definitive process in controlling and bringing to a close, cases of infection that may otherwise continue to occur. This policy is to support the process of managing an increased incidence/outbreak of infection within LPT facilities.

1.1 Version Control and Summary of Changes

Version number	Date	Comments
Version 1	September 2009	Replaces previous policy
Version 2	October 2009	Reviewed by Amanda Hemsley in line with standards for better health. Amendments following identification that no longer requires policy status. Roles and responsibilities removed, will be covered under general infection control policy.
Version 3	November 2009	Changed from guideline to a policy and associated CQC requirements change made.
Version 4	May 2010	Further changes made following consultation with LCCHS staff, occupational health and the health protection agency.
Version 5	January 2012	Harmonised in line with LCRCHS, LPT, LCCHS (Historical organisations).
Version 6	June 2015	Review of policy
Version 7	October 2017	Review of policy and change of name to better differentiate between this policy and the policy relating to the clinical management of patients nursed in a ward where there is an increased incidence and/or outbreak of infection.
Version 8	November 2020	Review of policy to reflect changes due to covid-19
Version 9	July 2023	Review of policy

1.2 Key individuals involved in developing and consulting on the document.

Name	**Designation**
Accountable Director	Dr Anne Scott
Author(s)	Reviewed by Claire king Infection prevention and control nurse.
Implementation Lead	Amanda Hemsley Lead for infection prevention and control.
Core policy reviewer group	Infection prevention and control assurance group.
Wider consultation	Infection prevention and control assurance group members and Policy expert group

1.3 Governance

Level 2 or 3 approving delivery group	**Level 1 Committee to ratify policy**
Infection prevention and control assurance group.	Quality and safety committee

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population, and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender),

gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy, and maternity.

1.5 Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

1.6 Duties within the Organisation

Duties regarding this policy can be located in the LPT infection prevention and control assurance policy.

Monitoring compliance & effectiveness

Compliance with policy is outlined in LPT'S infection prevention and control over arching assurance policy

Consent

•Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent as long as they understand the treatment or care about to take place. Consent must be voluntary and informed, and the person consenting must have the capacity to make the decision.

• In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision.
- Remember that information.
- Use the information to make the decision.
- Communicate the decision.

1.7 Definitions that apply to this Policy.

Consultant in public health	A consultant who is knowledgeable in infectious diseases
Health protection Professional	A person suitably qualified in the field of health protection and registered with an appropriate body such as the faculty of public health, the chartered institute of environmental health and/or the Nursing & Midwifery Council (NMC) or the General Medical Council (GMC).
Increased incidence	The occurrence of two or more cases of the same infection linked in time or place or the situation when the observed number of cases exceeds the number expected.
Infection	An organism presents at a site and causes an inflammatory response, or where an organism is present in a normally sterile site.
Infection control incident	This can be defined as an outbreak of infection or infectious disease that requires a more in-depth level of strategic management.
Infectious	Caused by a pathogenic micro-organism or agent that has the capability of causing infection.
Outbreak	The occurrence of two or more cases of the infection linked in time or place or the situation when the observed number of cases exceeds the number expected.

2.0 Purpose and Introduction

The purpose of this policy is to ensure that **all staff employed by LPT** are aware of:

- The escalation processes to be followed with regards to the management of an increased incidence/outbreak of infection
- The management of an increased incidence/outbreak of infection with regards to the closure of bays or the closure of a ward in its entirety.

This policy provides trust wide guidance for the escalation/management of an increased incidence/outbreak of infection. It identifies clear and concise roles and responsibilities in identification of an outbreak and the procedures that must be put into place to ensure the situation is controlled and managed with the minimal risk to patient, staff, and public safety. It gives a clear escalation process to be followed where necessary.

The general public and staff have a right to expect that any potential hazards in a healthcare environment are adequately controlled. All staff must possess an appropriate awareness of their role in the prevention and control of infection in their areas of work. Not only is this part of their professional duty of care to the patients with whom they are involved (NMC, 2015), but also their responsibility to themselves, to other patients and members of staff under the health and safety at work act (1974).

Increased incidences and outbreaks of infection are a potential risk to patient, staff and public health and well-being, The appropriate and timely management of an increased incidence or defined cases of an outbreak of infection is a definitive process in controlling and bringing to a close, cases of infection that may otherwise continue to occur. This policy is to support the process of managing an increased incidence/outbreak of infection within LPT facilities.

3.0 The management of an increased incidence/outbreak of infection within LPT inpatient facilities.

It is extremely important that the following procedures are adhered to in the event of a known or suspected increased incidence/outbreak of infection.

An increased incidence or outbreak can be defined as either:

- The occurrence of 2 or more cases of the same infection linked in time and place.

OR

- The situation when the observed number of cases exceeds the number expected.

(Hospital infection control-Guidance on the control of infection in hospitals (Department of health 1995)

NB: If the disease is notifiable by law, the medical practitioner responsible for the patient must also notify the consultant in UK health security agency (UKHSA) (East midlands health protection team).

Please refer to the infection prevention and control policy for 'The reporting of known or suspected infectious diseases to the UK health security agency policy'

Please note:

Staff should be aware that there are 2 separate pathways to be followed in the event of a suspected increased incidence/outbreak of infection, depending on whether the support is required within or outside of normal working hours.

Section 3.1-will explain the support required regarding an increased incidence/outbreak of infection occurring **during weekday office hours.**

Section 3.2- Will explain the support required regarding an increased incidence/outbreak of infection occurring **outside weekday office hours.**

3.1 Supporting an Increased incidence/or outbreak of infection during office hours.

Stage 1-Initial report of a suspected increased incidence or outbreak of infection (Appendix 1)

Clinicians and healthcare workers (HCW) who suspect any outbreak of infection in their area of clinical responsibility should isolate/cohort all the affected patients and commence source isolation precautions immediately. They must report the incident to their manager and the infection prevention and control team (IPCT).

Patient movement on the ward must not be made in order to cohort patients without first discussing with IPCT.

If a patient is symptomatic within a bay, **all the patients within the bay must have individual source isolation precautions taken** as other patients in the bay may be incubating an infection even if they do not currently display any symptoms,

The IPCT will advise on the immediate management of the increased incidence or outbreak of infection with the relevant staff that are involved. The IPCT will then inform by email the following individuals/teams:

- The senior management team (As identified in the IPC terms of reference)
- Managers for the affected areas
- The contracted cleaning company for LPT
- East midlands ambulance service
- UK health security agency (UKHSA)

Other services may be notified on an individual case basis.

The persons notified via the original email will be informed of any updates prior to a weekend and on the closure of the increased incidence or outbreak of infection.

If the IPCT cannot be contacted, then the senior nurse on duty must contact the director of Infection prevention and control (DIPAC)/ senior manager on duty.

The DIPAC/Senior manager on duty will make the decision to contact the microbiologist and/or UK health security agency (UKHSA) for clinical or infection prevention and control advice in the immediate management of the situation as necessary (See appendix 3 for checklist of actions to be taken).

The DIPAC/senior manager on duty should inform IPCT of the situation and any actions that have been taken.

The person notifying the IPCT or in their absence the DIPAC/senior manager on duty must immediately commence the increased incidence/outbreak of diarrhoea and vomiting documentation which can be found on the intranet for identified diarrhoea

and/or vomiting outbreaks.

The decision to close a ward in its entirety or to close individual beds or bays to admissions will be made by the IPCT in consultation with the microbiologist/consultant in UKHSA and other professional colleagues as necessary.

Should the decision to close the ward be made the IPCT will complete an incident form which in turn will generate a serious incident review, which will be led by the IPCT in conjunction with the ward involved.

If at any point the consultant microbiologist or the consultant for UKHSA decides that a formal outbreak meeting is necessary due to the nature of the increased incidence/outbreak of infection, STAGE II will be commenced, and it may be appropriate/necessary to hold the meeting virtually.

STAGE II-Decision to convene an increased incidence/outbreak of infection meeting.

The consultant microbiologist or the consultant for UKHSA will advise the trust if an increased incidence or outbreak of infection meeting is required.

STAGE III-Convening an increased incidence/outbreak of infection meeting.

NOTE: In order to ensure the successful management of an increased incidence or outbreak of infection, it Is recognised that in some cases several major decisions in relation to the increased incidence/outbreak may have been taken prior to the meeting taking place, any decisions/actions that have already been taken must be reported at this meeting.
On the advice of the consultant microbiologist/ consultant for UKHSA the DIPAC will convene an 'increased incidence/outbreak control meeting'. The attendance of the following people (Who will be known as the 'increased incidence/outbreak control group') should be considered when convening the meeting:

- Manager in charge of the affected area
- Infection prevention and control nurse
- Medical staff (Appropriate to that area)
- Consultant for UKHSA
- Occupational health physician and/or occupational health nurse**
- Representative of the environmental health department (Where appropriate)
- Communications officer
- Microbiologist

The consultant in UKHSA or their deputy will chair the meeting.

** Occupational health would normally only attend if staff were involved with the increased incidence/outbreak. They are always available for advice and support if

required.

The meeting will ascertain from all those present the nature of the increased incidence/outbreak of infection and any actions that may have been taken to date.

The chair of the meeting will:

- Ensure that all the issues discussed, and decisions made during the meeting are accurately recorded and distributed to all members of the group.
- Remind all present of their personal responsibility for ensuring that the actions agreed at the meeting are implemented.
- Summarise the discussions and agree action lists with everyone present.
- Decide the date, time, and location of the next meeting.
- Ensure that relatives of the affected patients are informed as appropriate.
- Co-ordinate the release of information to the media in liaison with the communication team, UKHSA and DIPAC as appropriate.
- Be responsible for the provision of interim information to the appropriate CCG.

Stage IV- Interim meetings and conclusions of the increased incidence /outbreak of infection.

The 'Increased incidence/outbreak control group' will continue to meet as appropriate or as a virtual group via email until the DIPAC (on advice of the microbiologist/consultant in UKHSA) formally declares the outbreak concluded. The 'increased incidence/outbreak control group' will decide at what stage the affected areas are declared open.

3.2 Supporting an Increased incidence of infection or outbreak of infection out of office hours.

STAGE I- Initial report of an increased incident or outbreak of infection (Appendix 2)

Any clinician or healthcare worker (HCW) that suspects an increased incidence or outbreak of infection in their clinical area should report the increased incidence or outbreak to the on-call manager on duty.

If there is an ongoing increased incidence or outbreak of infection and the situation changes and a clinician or HCW requires further support or advice, they should contact the on-call manager on duty immediately.

The person contacting the on-call manager must immediately commence the increased incidence/outbreak of diarrhoea and or vomiting documentation which can be found on the intranet for diarrhoea and/or vomiting outbreaks if this has not already been commenced.

The on-call manager will make the decision based on the information obtained from the clinical staff of the area as to whether the on-call microbiologist and/or the on-call director on duty should be contacted for clinical or microbiological advice.

Patient movement on the ward must not be made in order to cohort patients without first discussing with microbiology or UKHSA as it can result in putting patients at risk of infection.

Patients who are not symptomatic of infection but are nursed in a bay with symptomatic patients may be incubating an infection. Moving them into another area on the ward could potentially put other patients at risk. If this is undertaken due to clinical need a risk assessment and incident form must be completed.

If a patient is symptomatic within a bay all patients nursed in the bay must have individual source isolation precautions taken as other patients in the bay may be incubating an infection even if they do not currently display any symptoms.

The on-call manager will be responsible for making the decision, in conjunction with the on-call microbiologist, if necessary, as to whether the ward in its entirety should be closed to admissions or if the situation can be managed by closing individual bays. The on-call manager must ensure the following actions are taken to ensure the continued safe management of the situation.

- Agree an increased incidence/outbreak management plan with the staff in the clinical area affected (appendix 3)
- If required provide advice relating to the isolation of affected patients
- If required provide advice relating to the necessary increased cleaning requirements (Appendix 4).
- If required provide advice relating to the movement of staff and patients

Any decisions to close a ward in its entirety as a result of an increased incidence or outbreak of infection will be made by the on-call manager in consultation with the microbiologist/consultant in UKHSA and other health professional colleagues.

The on-call microbiologist/consultant in UKHSA or on-call advisor will advise the on-call manager when the incident is concluded.

The on-call manager must inform senior management team, the manager for the area, contracted cleaning company and EMAS of the decision to close the ward in its entirety.

The IPCT must also be informed if out of hours which can be done by leaving a message on the answerphone of the IPCT office telephone on **0116 2952320.**

The on-call manger must then complete an incident form, which will in turn generate a serious incident which will be led by the on-call manager who made the decision to close the ward.

If at any point the on-call microbiologist/consultant in UKHSA advises that a formal increased incidence/outbreak meeting is necessary, due to the nature of the outbreak, then the on-call director should be informed and involved in the decision to declare that STAGE II will be commenced, it may be necessary/appropriate to hold the meeting virtually.

STAGE II Decision to convene an increased incidence/outbreak of infection meeting.

On the advice of the on-call microbiologist/consultant in UKHSA will advise the on-call manager if an outbreak control meeting is required out of hours. This will only be required in extreme circumstances. It may be necessary/appropriate to hold the meeting virtually.

Stage III Convening an increased incidence/outbreak of infection meeting.

On advice of the on-call microbiologist/consultant in UKHSA, the on-call director will convene an 'increased incidence/outbreak control meeting'. It may be appropriate/necessary to hold the meeting virtually. The following people (who will be known as the increased incidence/outbreak control group') should be considered when convening the meeting:

- On-call director
- On-call manager
- Medical representative
- UKHSA representative
- Senior nurse from the affected area
- Representative of the environmental Health department (Where appropriate)
- Manger in charge of the affected area*
- IPCT*
- Occupational health physician and/or occupational health nurse* **
- Communications officer*
- Microbiologist

*These staff would not normally be available out of hours: However, they should be updated on progress at the earliest opportunity and included in any outbreak meetings on return to work.

**Occupational health would normally on attend if staff were involved with an increased incidence/outbreak, they are always available for advice and support if required.

Note: In order to ensure the successful management of an increased incidence/outbreak, it is recognised that in some cases several major decisions in relation to the increased incidence/outbreak may have been taken prior to the meeting.

- Decisions already taken must be reported at this meeting.
- The on-call director will chair the meeting.
- The meeting will ascertain from all those present the nature of the increased incidence/outbreak and any actions taken to date.
- Ensure that all the issues discussed, and decisions made during the meeting are accurately recorded and distributed to all members of the group, including those not present.
- Remind all present of their personal responsibility for ensuring that the actions agreed at the meeting are implemented.
- Summarise the discussions and agree lists with everyone present.
- Decide the date, time, and location of the next meeting.
- Ensure that relatives of the affected patients are informed as appropriate.
- Co-ordinate the release of information to the media in liaison with the consultant in UKHSA or DIPAC as appropriate.
- Be responsible for the provision of interim information to the CCG.

STAGE IV Interim meetings and conclusion of the increased incidence/outbreak of infection.

The ‘increased incidence/outbreak control group’ will continue to meet as appropriate until the on-call director formally declares the increased incidence/outbreak of infection is concluded. The ‘Increased incidence/outbreak control group’ will decide at what stage wards or clinical areas are declared open.

The on-call microbiologist/UKHSA advisor will advise the on-call manager when the increased incidence/outbreak is concluded and inform senior management team.

5.0 Monitoring Compliance and Effectiveness

Compliance with this policy is outlined in the LPT infection prevention and control assurance policy.

6.0 References and Bibliography

Department of health (2008) The health and social care act-Code of practice on the prevention and control of infection and related guidance revised 2015

Department of health & safety at work act (1974)

Hospital infection control-Guidance of the control of infection in hospitals (DOH 1995)

LPT The reporting of known/suspected infectious diseases to the UK health security agency policy. 2021.

LPT The management of patients with diarrhoea and/or vomiting suspected or confirmed as infectious including: The clinical management and procedures to be followed where an increased incidence/outbreak of infection of diarrhoea and/or vomiting is considered policy 2023.

Nursing and Midwifery Council (NMC) 2015 The code: Professional standards of practice. Revised (2018).

COVID-19 Outbreak Meeting Agenda

Area:

Date:

Microsoft Teams Meeting

1.	**Introductions & apologies**
2.	**Minutes of the last meeting & Action Log**
3.	Summary of situation (SitRep) Epidemiological • Start date of outbreak (Number of cases according to case-definitions and description by person, place and time) • Total number of patient cases • Date of last positive patient • Total number of staff cases • Date of last positive staff • Increase in cases since last meeting. • Clinical management & outcome • Patient movements • Suspected cases/contacts – patients and linked staff
4.	**Microbiology and Contacts** • Testing regime in general • Staff LFT testing • Patient surveillance testing • Additional PCR testing carried out. • Potential future testing needs

5.	**Infection Prevention**
	• Case isolation/cohorting facilities
	• Environmental cleaning and audits
	  ○ C4Cs
	  ○ 2 hourly touch point cleaning
	• Ventilation
	• IP audits
	  ○ Monthly hand hygiene
	  ○ Daily COVID-19 observational audit
	  ○ IPC environmental audit
	• IP training compliance
	  ○ IPC level 1 training
	  ○ IPC level 2 training
	  ○ Hand hygiene training
	  ○ Donning and Doffing
	• COVID-19 staff and patient vaccination uptake.
	• Displaying correct signage

6.	**Current Risk assessment** Any evidence of hospital transmission • Implication for finding further case(s) as per case definition. • Contributory factors/cause

	• Review of control measures • Number of closed beds • Ward status i.e open or closed to admissions. • Visiting and patient leave • COVID-19 secure risk assessment
7.	**Discharge Plans for cases** • Returning to own or residential facilities and ability to self-isolate safely • Issues identified with capacity, flow and treatment
8.	**Communications** • Internal – staff, inpatients, students, volunteers, visitors • Discharged patients – contacts of confirmed case. • External: NHSE, PHE, Media statement
9.	**Learning identified.**
10.	**Agreed actions.**
11.	**Any other business**
12.	**Date of the next meeting**

INSERT MEETING TYPE

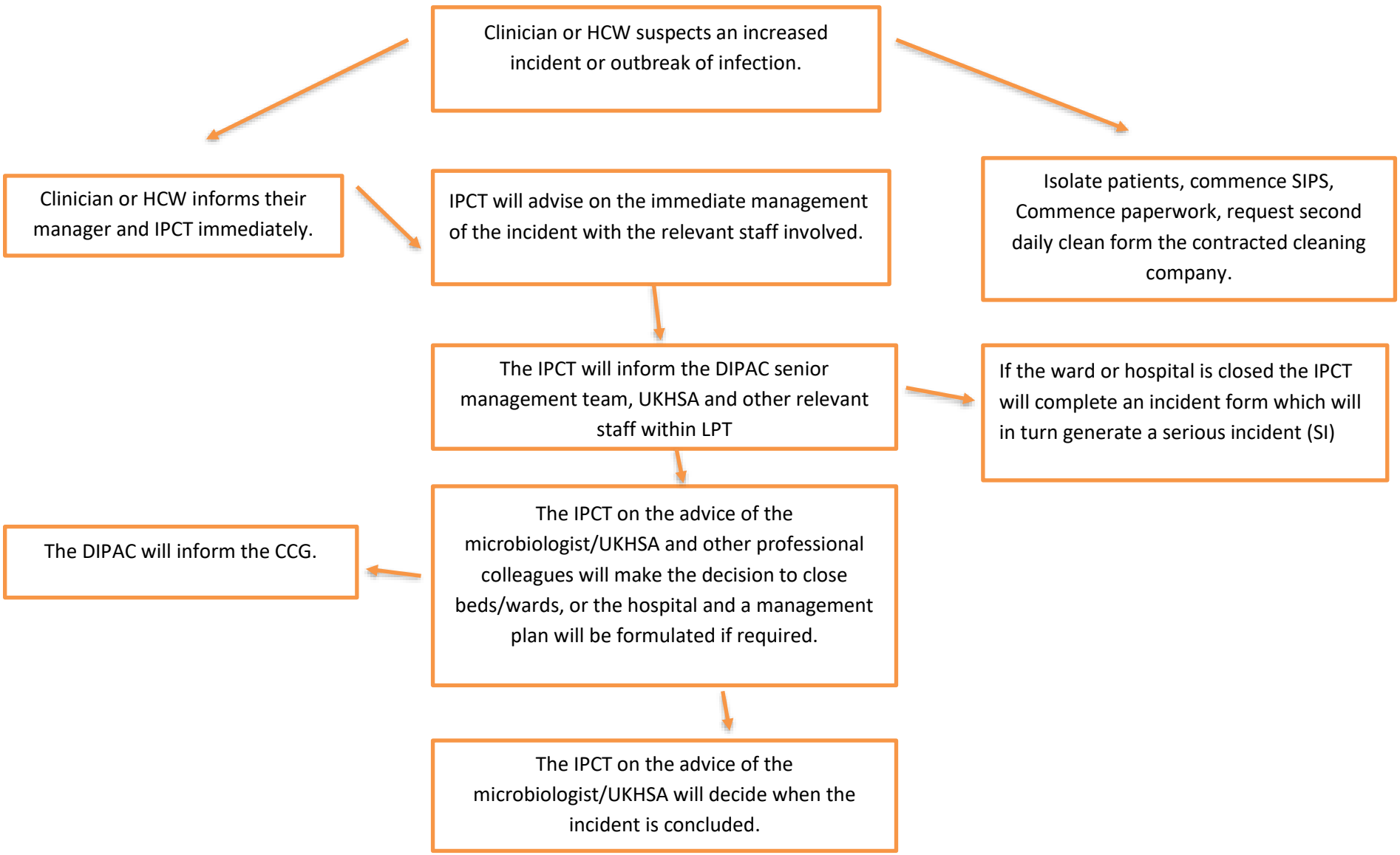
*Insert ward/area
*Insert date time
*Insert location e.g MS teams

1.	**Introductions & apologies**	Chair
2.	**Minutes of the last meeting & Action Log**	All
3.	Summary of situation (SitRep) Epidemiological • Number of cases according to case-definitions and description by person, place and time • Clinical management & outcome • Patient movements on admission • Suspected cases- patients and linked staff	Head of Nursing/Matron/Ward Manager Service Manager/Matron/Ward Manager All
4.	**Microbiology** • Testing regime in general • Testing carried out. • Potential future testing needs	
5.	**Infection Prevention** • Case isolation/cohorting facilities • Environmental cleaning and cleaning audit scores • Ventilation • Audits: hand hygiene, PPE, • IP Training compliance • Visiting	IPC Team Helen Walton/ Facilities Representative Deputy Head of Nursing/Matron/IPC Team Ward Manager
6.	**Current Risk assessment** Any evidence of hospital transmission • Implication for finding further case(s) as per case definition. • Implications for current control measures • Potential for review of control measures	IPC Team Deputy/Head of Nursing Matron/Ward Manager /Matron/IPC Team /Matron/IPC Team
7.	**Contacts Identification/management** • Staff (include numbers tested, numbers outstanding, numbers positive/negative) • Patients	Occupational Health Service Manager/Matron/Ward Manager
8.	**Discharge Plans for cases**	

	• Returning to own or residential facilities and ability to self-isolate safely. • Issues identified with capacity, flow, and treatment	Manager/Matron/Ward Manager Manager/Matron/Ward Manager
9.	**Communications** • Internal – staff, inpatients, students, volunteers, visitors • Discharged patients – contacts of confirmed case. • External: NHSE, PHE, Media statement • CQC/Compliance team	IPC Team Deputy/Head of Nursing Matron/Ward Manager Comms Team
10.	**Agreed actions.**	Chair
11.	**Any other business**	All
12.	**Date of the next meeting**	

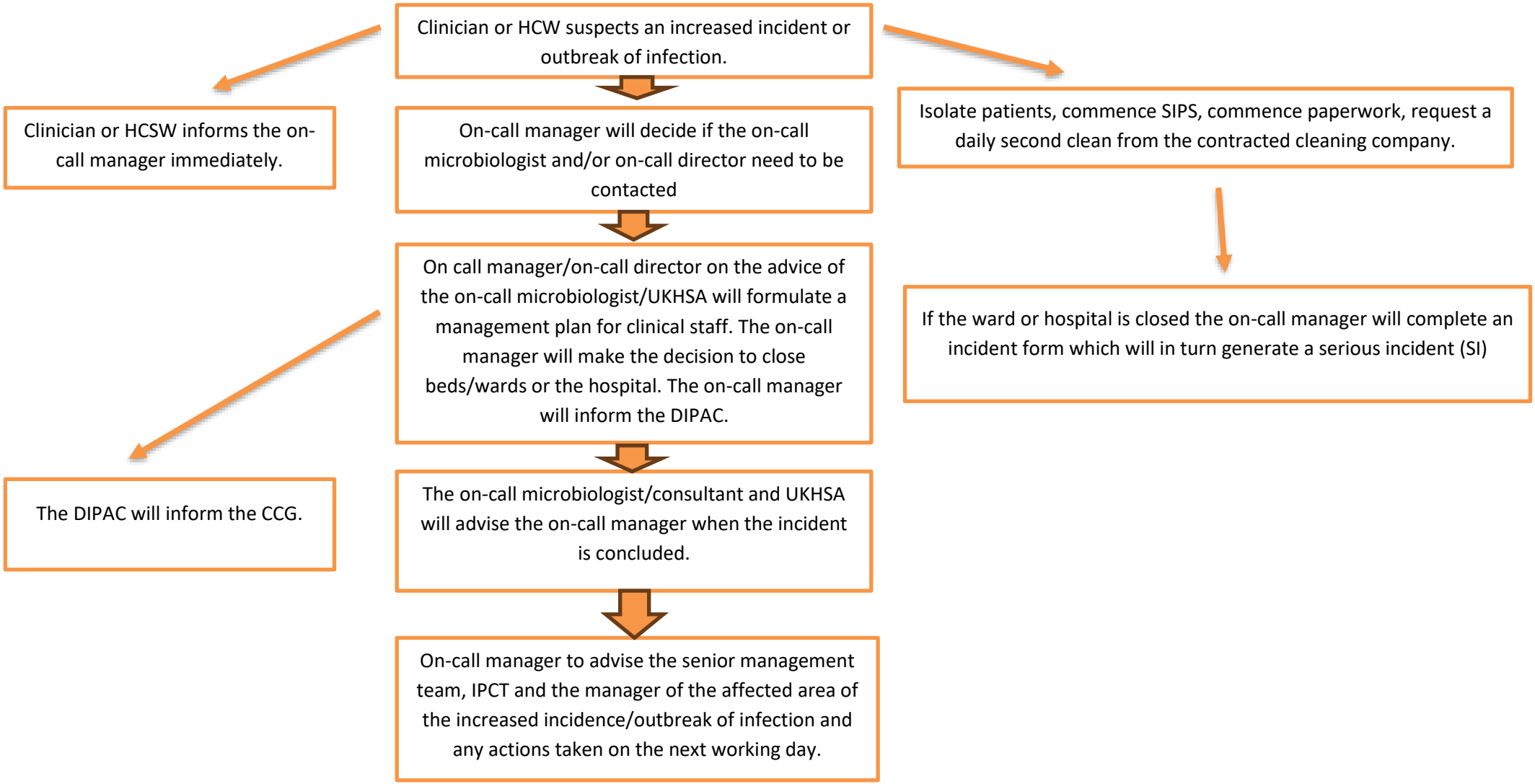
Appendix 1: Actions to be taken in the event of an increased incidence/outbreak occurring during office hours.

STAGE I



Appendix 2: Actions required in the event of an increased incidence/outbreak of infection occurring out of office.

STAGE I

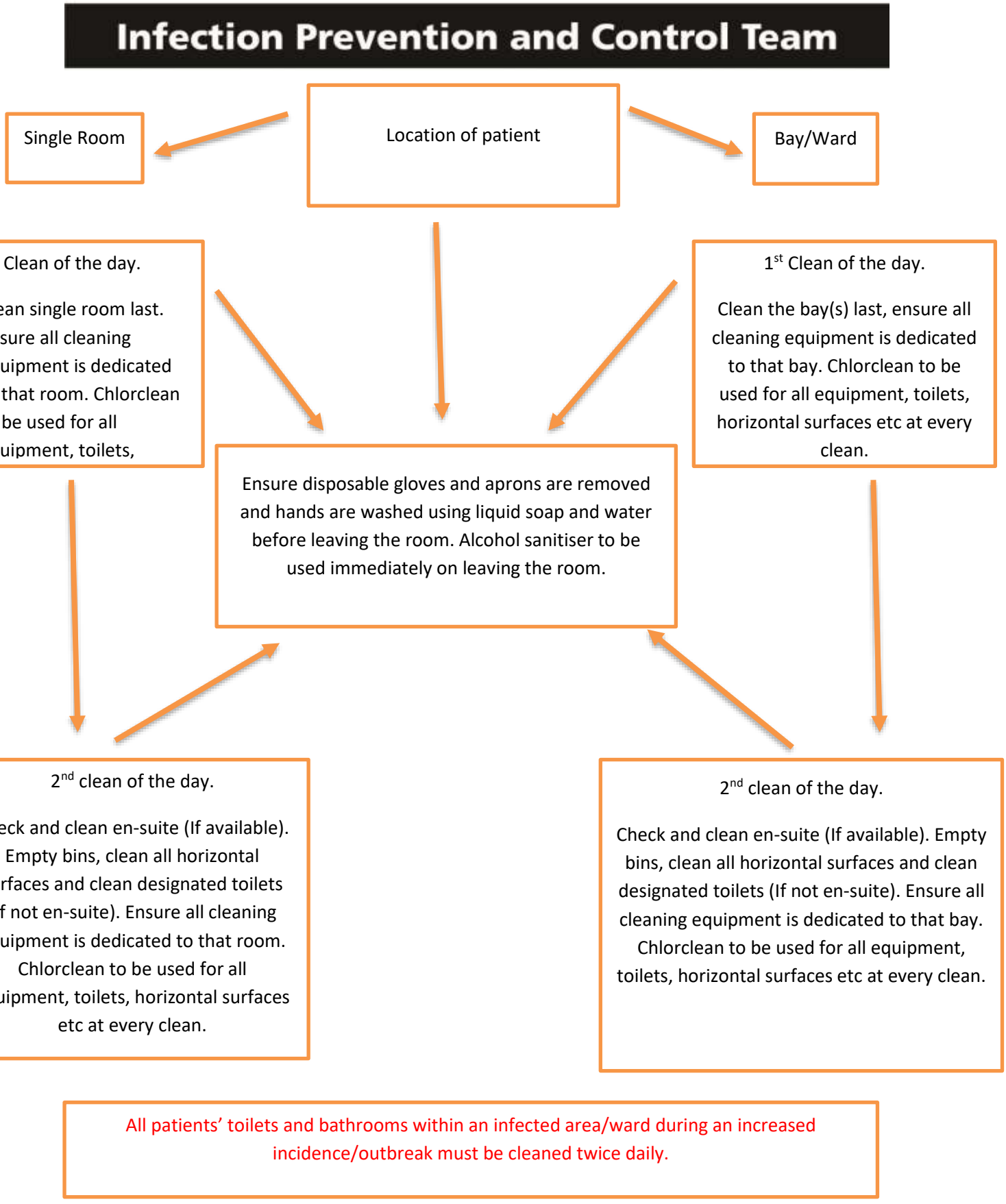


Appendix 3: Checklist of activities that should be instigated by the ward on initial suspicion of increased incidence/outbreak of infection.

Infection Prevention and Control Team

- Isolation of affected patients □
- Increased cleaning and disinfection to affected areas □
- Alerting managers of other departments □
  - Physiotherapy □
  - Occupational therapy □
  - Podiatry □
  - Hotel services □
  - Dieticians □
  - Speech and language therapists □
- Consideration of closing affected area to admissions □
- Stopping transfers of affected patients out of the affected area □
- Opening of affected area (if closed) □
- Communication strategy □
  - Staff surveillance, immunisation, and exclusion form ward
  - Record keeping
  - Incident form completed □
  - Serious incident report undertaken post outbreak □

Appendix 4: Cleaning Algorithm for an increased incidence/outbreak of infection for environmental cleaning



Training Needs Analysis

Training topic:	There is no training required for this policy
Type of training: (see study leave policy)	☐ Mandatory (must be on mandatory training register) ☐ Role specific ☐ Personal development
Directorate to which the training is applicable:	☐ Mental Health ☐ Community Health Services ☐ Enabling Services ☐ Families Young People Children / Learning Disability Services ☐ Hosted Services
Staff groups who require the training:	
Regularity of Update requirement:	
Who is responsible for delivery of this training?	
Have resources been identified?	
Has a training plan been agreed?	
Where will completion of this training be recorded?	☐ ULearn ☐ Other (please specify)
How is this training going to be monitored?	

Appendix 2 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers	☐
Respond to different needs of different sectors of the population	☐
Work continuously to improve quality services and to minimise errors	☐
Support and value its staff	☐
Work together with others to ensure a seamless service for patients	☐
Help keep people healthy and work to reduce health inequalities	☐
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	☐

Appendix 3 Due Regard Screening Template

Section 1	
Name of activity/proposal	Escalation process to be followed when there is a suspected or known increased incidence or outbreak of infection within LPT in-patients' policy.
Date Screening commenced	25th July 2023
Directorate / Service carrying out the assessment	Enabling- Infection prevention and control team
Name and role of person undertaking. this Due Regard (Equality Analysis)	Claire King Infection prevention and control nurse
Give an overview of the aims, objectives, and purpose of the proposal:	
AIMS: The aim of this policy is to provide trust wide guidance for the escalation/management of an increased incidence/outbreak of infection. It identifies clear and concise roles and responsibilities in identification of an outbreak and the procedures that must be put into place to ensure the situation is controlled and managed with the minimal risk to patient, staff and public safety.	
OBJECTIVES: Is to provide staff with a clear escalation process to be followed when there is an increased incidence/outbreak of infection. Staff will be able to identify if there is an increased incidence/outbreak of infection and will be able to put procedures into place to ensures that the situation is controlled and managed to ensure that there is minimal risk to patient, staff and public safety.	

Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact, please give brief details
Age	No Impact
Disability	No Impact
Gender reassignment	No Impact
Marriage & Civil Partnership	No Impact
Pregnancy & Maternity	No Impact
Race	No Impact
Religion and Belief	No Impact
Sex	No Impact
Sexual Orientation	No Impact
Other equality groups?	No Impact

Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.	
Yes	No
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4.

Section 4
If this proposal is low risk, please give evidence or justification for how you. reached this decision:

Signed by reviewer/assessor	Claire King Infection prevention and control nurse	Date	25th July 2023
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	A Hemsley	Date	26 July 2023

Appendix 4 Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	**Escalation process to be followed when there is a suspected or known increased incidence or outbreak of infection within LPT in patients' policy.**	
Completed by:	**Claire King**	
Job title	**Infection prevention and control nurse**	**Date 25-07-2023**
Screening Questions	**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	Y	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	Y	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	N	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	**N**	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	N	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	N	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other	N	

information that people would consider to be particularly private.		
8. Will the process require you to contact individuals in ways which they may find intrusive?	**N**	
If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.		
Data Privacy approval name:	**Claire Kinh**	
Date of approval	**September 2023**	

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