PLAN FOR HANDLING MAJOR OUTBREAKS
OF FOOD POISONING

This Model Plan was prepared by a joint working group comprising representatives from the Directors of Public Protection in Wales- Communicable Disease Technical Panel, the National Public Health Service - Infection and Communicable Disease Service, the National Assembly for Wales and the Food Standards Agency:

The Model Plan will act as a template for all individual local authority major food poisoning outbreak plans.

Welsh Health Circular WHC(90)64 required local authorities in collaboration with their Proper Officer and others to make adequate arrangements for dealing with serious outbreaks of food poisoning. These arrangements are contained in this Major Food Poisoning Outbreak Plan, which forms part of wider plans for dealing with cases and outbreaks of any communicable disease, including waterborne disease. The Plan will outline the duties and responsibilities of the local authority, and the constituent parts of the National Public Health Service for Wales including the CCDC Health Protection Team, the NPHS Microbiology Laboratory and the NPHS Communicable Disease Surveillance Centre.

The Plan requires the local authority to make arrangements in the following areas;-

- in leadership and co-ordination of outbreaks
- consultation with other organisations
- appointment of proper officers and alternates
- accommodation, staffing and resources
- cross boundary outbreaks
- communications
- investigation and control, and
- training.

Preface to the 2nd edition.

The revision of this Model Food Poisoning Outbreak Plan template comes at a time of many changes to the administrative systems that support the communicable disease function. This edition encompasses those changes. The chief of these is the formation of the National Public Health Service.

The National Public Health Service began in April 2003 and combines the functions and duties of the former health authorities, the Public Health Laboratory Service and the Communicable Disease Surveillance Centre. Within the structure of the National Public Health Service is the Infection and Communicable Disease Service which contains those services which are distinctly relevant to the implementation of this Plan, namely

- the Consultant in Communicable Disease Control and Health Protection Team,
- the NPHS Microbiology Laboratories, and
- the Regional Epidemiologist of the Communicable Disease Surveillance Centre.

However, some administrative systems are still in the process of change. These include

- a review of the formal, and informal means of notification of communicable disease,
- the implementation of the local authority Lead Officer programme, and
- the completion of the benchmarking programme covering the operation of the communicable disease function within local authorities.

These reviews will be completed within the life of this edition of the Model Plan and it is expected that each local authority will include the necessary changes when producing their individual local outbreak plans.
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<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>CCDC</td>
<td>Consultant in Communicable Disease Control</td>
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<tr>
<td>CDSC</td>
<td>Communicable Disease Surveillance Centre</td>
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<tr>
<td>CMO</td>
<td>Chief Medical Officer,</td>
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<td>CSIW</td>
<td>Care Standards Inspectorate, Wales</td>
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<tr>
<td>DEFRA</td>
<td>Department for Environment, Food and Rural Affairs</td>
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<tr>
<td>DML</td>
<td>Director of NPHS Microbiology Laboratory</td>
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<tr>
<td>DPP</td>
<td>Director of Public Protection</td>
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<tr>
<td>DPPW</td>
<td>Directors of Public Protection in Wales</td>
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<tr>
<td>EHD</td>
<td>Environmental Health Department</td>
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<tr>
<td>EHO</td>
<td>Environmental Health Officer</td>
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<td>FSA</td>
<td>Food Standards Agency, Wales</td>
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<td>HPA</td>
<td>Health Protection Agency</td>
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<td>ICD</td>
<td>Infection Control Doctor</td>
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<td>ICDS</td>
<td>Infection and Communicable Disease Service</td>
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<td>ICT</td>
<td>Infection Control Team</td>
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<td>LA</td>
<td>Local Authority</td>
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<td>LHB</td>
<td>Local Health Board</td>
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<td>LO</td>
<td>Lead Officer of the local authority</td>
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<td>NHS</td>
<td>National Health Service</td>
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<td>NPHS</td>
<td>National Public Health Service</td>
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<td>OCT</td>
<td>Outbreak Control Team</td>
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<td>PHL</td>
<td>NPHS Laboratory</td>
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<tr>
<td>PHLS</td>
<td>Public Health Laboratory Service [within HPA]</td>
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<tr>
<td>PO</td>
<td>Proper Officer</td>
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<td>PRO</td>
<td>Public Relations Officer</td>
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1. **INTRODUCTION**

1.1. This document sets out arrangements for managing outbreaks of food poisoning, including those diseases where the vector may be water related.

The plan is comprised of two parts. Part 1 is a policy document to be agreed and adopted by all parties. Part 2 consists of supporting appendices which are intended to be sufficiently flexible to recognise any local variations whilst still maintaining consistency of implementation.

1.2. Responsibility for managing outbreaks is shared by -

__________________________________________________(Local Authority) and
____________________________________________(Local Health Board).

This responsibility includes the provision of sufficient financial and other resources necessary to bring the outbreak to a successful conclusion.

1.3. This plan is intended to be a framework for local authorities to discharge their duties in relation to the management and control of food poisoning outbreaks. To facilitate this, the appendices contain procedures, guidance and other information that local authorities may refer to as appropriate.

2. **MANAGEMENT AND ORGANISATION ARRANGEMENTS FOR HANDLING OUTBREAKS**

2.1. The primary objective in the management of an outbreak is to protect public health by identifying the source of the outbreak and implementing necessary measures to prevent further spread or recurrence of the infection (Appendix 2).

The successful management of outbreaks is dependent upon good and timely communication between the Local Authority (LA), the Local Health Boards and National Public Health Service and all interested parties.

2.2. On occasions when there are Cross Boundary interests, e.g. place of residence in one Authority and place of employment in a different Authority, the investigation, screening and exclusion is to be undertaken by the authority where the individual is resident. Discussions with all interested Authorities will take place in order to ensure agreement on screening, exclusion and clearance (Appendix 6).

2.3. In the event of several local authorities being involved, the outbreak will be declared by agreement. Where there is no agreement then either authority may declare the outbreak (Appendix 6).
3. **DETERMINATION OF AN OUTBREAK**

3.1. Detection and Assessment

Where it appears to any one of the Director of Public Protection (DPP), Proper Officer (PO)/Consultant in Communicable Disease Control (CCDC) or the Director of Microbiology Laboratory (DML)/Consultant Microbiologist that an outbreak may exist, immediate contact will be made with the other two parties. The three parties will jointly consider the facts available and will determine whether or not an outbreak does exist. Anyone of the parties can declare an outbreak, if required.

3.2. Declaration

The decision to declare an outbreak and to subsequently convene an Outbreak Control Team (OCT) as necessary may be made jointly by the three parties or by either of the parties.

The establishment of an outbreak control team will normally be considered if an outbreak is characterised by one or more of the following:

1. immediate and/or continuing health hazard significant to the local population;
2. one or more cases of serious disease;
3. large numbers of cases;
4. involvement of more than one local authority.

Core membership of the OCT will be in accordance with Appendix 3

3.3. Outbreak Control Team

The Chairman of the OCT will be appointed at the first meeting and will normally be the DPP or the PO/CCDC as appropriate.

It shall be the duty of the Chairman to ensure that the OCT is managed properly and in a professional manner.

Responsibility for handling the outbreak must be given to the OCT by the parent authorities, and representatives must be of sufficient seniority to make and implement decisions and to ensure that adequate resources are available to undertake the investigation.

3.4. Communication

It is essential that effective communication be established between all members of the team and maintained throughout the outbreak in accordance with Appendices 2 and 3. Minutes will be taken at all meetings of the OCT and circulated to participating agencies.

3.5. Conclusion
At the conclusion of the outbreak the OCT will prepare a written report.

4. **OUTBREAK REPORT**

Where an OCT is convened a record of proceedings will be made and circulated to an agreed distribution list. In the event of a significant outbreak a report will in addition be circulated to CDSC in Wales, to the National Assembly for Wales, the Local Health Board, all local authorities involved and any other parties as deemed appropriate by the OCT.

This report will contain details of the investigation, compilation of the results and conclusions. Minutes of all outbreak control team meetings will be appended.

The suggested format is contained in Appendix 16.

Where an OCT is not convened the CDSC green form will be sent to CDSC (Wales) and the National Assembly for Wales by the CCDC. In addition, local authorities will complete the Outbreak Report Form and send it to CDSC, Wales.

5. **REVIEW**

5.1. The LA will review annually with the relevant LHB and NPHS their joint arrangements for ensuring that appropriate support is made available to the PO in the discharge of his/her duties.

5.2. The review will include a consultation between the relevant parties and any other organisations or individuals as appropriate regarding organisational arrangements for the management of an outbreak of food poisoning.

5.3. Simulation exercises to test the efficiency and effectiveness of the plan will be held at least every two years in the event of the plan not having been activated during that time.

5.4. Records of the annual review and any amendments shall be kept and summarised in the Outbreak Plan.
This plan has been jointly agreed by the following:-

Signed: ________________________________ Date: __________________
Designation._____________________________________________
on behalf of ________________________________ (Local Authority)

Signed: ________________________________ Date: __________________
Designation._____________________________________________
on behalf of: ________________________________ (Local Health Board)

Signed: ________________________________ Date: __________________
Designation._____________________________________________
on behalf of: ________________________________ (NPHS Health Protection Team)

Signed: ________________________________ Date: __________________
Designation._____________________________________________
on behalf of: ________________________________ (NPHS Microbiology Laboratory )
BACKGROUND

The specific statutory responsibilities, duties and powers which are significant in the handling of an outbreak of food poisoning are set out in the Public Health (Control of Disease) Act 1984, the Public Health (Infectious Diseases) Regulations 1988, the Food Safety Act 1990 and the Public Health (Ships) Regulations 1979.

The responsibilities, duties and powers are placed either upon the local authority or upon a PO or an authorised officer of the local authority.

DEFINITIONS

Food Poisoning (CMO (92) 14.WO) - Any disease of an infectious or toxic nature caused by or thought to be caused by the consumption of food or water.

Guidance:

1. Food Handlers Fitness To Work - Guidance For Food Businesses, Enforcement Officers and Health Professionals 1995 - DoH. This guidance reflects the current advice in respect of food handlers (Appendix 9).

2. Management of Outbreaks of Foodborne Illness - DoH 1994. The guidance should be available to all Consultants and trainees in Public Health Medicine who are in the on-call rota, and to all those in the EHD who undertake investigation of gastro-intestinal infections (Appendix 8).

   This guidance details features of microbiological and chemical foodborne illness together with advice on exclusion from work/school, and must be cross referenced to the exclusion criteria contained within Communicable Disease Report October 1995 (Appendix 11).

3. The Prevention of Human Transmissions of Gastro intestinal Infections, Infestations and Bacterial Infestations. CDR Review No11. Volume 5, October 1995. This guidance is directed at doctors and Environmental Health Officers for the purpose of controlling infection in general populations.

INSPECTION OF PREMISES HANDLING FOOD

In considering their programmes for the inspection of premises concerned with the handling of food, the LA will assess risk in accordance with Food Safety Act 1990 Code of Practice No 9 and give special attention to those premises which appear to pose the greatest risks.
Appendix | Roles of local authorities, local health boards, the NPHS, and other agencies
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2 |  

1. **Local Authorities**

1.1. LA's have statutory responsibility for the control of food poisoning and notifiable infectious disease in their locality under the Public Health (Control of Disease) Act 1984, and the Public Health (Infectious Diseases) Regulations 1988.

1.2. LA's also have an important role in the control of some zoonoses as the licensing authority for animal establishments, and as an enforcing authority under the Health and Safety at Work etc. Act 1974.

1.3. The Local Government Act 1972 enables the LA to appoint individuals as PO's to carry out certain functions of the LA. It also enables the LA to delegate powers to individual officers in order to ensure the effective and efficient operation of its functions.

1.4. The LA normally appoints the DPP as a PO with delegated authority to sign notices, issue licences and to lay information and make complaints to the Justices for the prosecution of offenders without reference to the LA, in respect of relevant environmental health legislation.

1.5. The LA normally appoints and authorises the NPHS’ CCDC as PO under the terms of the Public Health (Control of Disease) Act 1984. LA’s will also appoint a sufficient number of Alternate Proper Officers who will act in the absence of the PO. All Proper Officer appointments will be made in writing and confirm specifically the enactments in which they will act.

1.6. The PO normally reports to the LA through the DPP.

1.7. The CCDC when acting as PO does so as an officer of the LA, and this is the role fulfilled in the Outbreak Plan unless dealing with an outbreak of non-notifiable disease.

1.8. Other public health professionals in the NPHS will normally be appointed and authorised as alternates to act in the absence of the PO.

1.9. At an early stage in the investigation the DPP will inform the FSA of the outbreak providing suitable and sufficient initial information. Where the outbreaks satisfies the criteria described in paragraph 5 of appendix 2, the FSA will be co-opted onto the Outbreak Control Team.

2. **Local Health Boards**

2.1. The LHB has a number of responsibilities in relation to the public health function, including overall responsibility for the health of the population within its geographical boundaries. This includes commissioning services for disease prevention, health promotion and health care according to local need.
2.2. Each LHB has the services of an appropriately qualified CCDC with executive responsibility for the surveillance, prevention and control of communicable disease within the LHB’s boundary. It is expected that the CCDC will be available for appointment as PO of the LAs within the LHB coterminus area, for communicable disease control. (Note: ‘Control’ includes surveillance and prevention as well as control).

2.3. Each LHB, through the CCDC, will be responsible for maintaining and developing effective liaison with those agencies, including LA EHDs and others inside and outside of the NHS with responsibility for communicable disease control. Further the LHB, in collaboration with the relevant LAs, will ensure that appropriate arrangements are in place for the control of communicable disease and that the responsibilities for these are clearly defined.

2.4. LHB’s commission health care services through formal contracts with NHS Trusts and other health care providers. Contracts should ensure that satisfactory infection control arrangements are in place, including a requirement that the CCDC be informed of any notifiable disease, or infection problems with implications for the public health. They should also ensure that the CCDC has access to patients suffering from infection and to advice from clinical colleagues.

3. The National Public Health Service

The NPHS role is specified in a Service Level Agreement between the Velindre Trust for public health services to the Local Health Boards and consists of the following parts:-

- the CCDC and health protection team,
- the NPHS Microbiology Laboratory
- the NPHS Communicable Disease Surveillance Centre,

3.1 The CCDC and the health protection team.

This group supports the LHB in the discharge of its duties. It is the initial point of contact for any possible outbreak, conducts the initial investigation and participates in the OCT. It will liaise and communicate with the LHB, NAW and others where appropriate.

3.2 THE NPHS Microbiology Laboratory.

3.2.1. The NPHS/ML is responsible for maintaining a national capability for the detection, diagnosis, treatment, prevention and control of infections and communicable disease.

3.2.2 The NPHS/ML network of laboratories provides comprehensive laboratory facilities for the identification of infection and infectious agents in humans and the environment.

3.2.3 The CDSC provides epidemiological expertise for population surveillance, investigation of outbreaks and development of strategies for prevention and control. It also offers training for public health doctors and Environmental Health Officers (EHOs) in outbreak management.
3.3 The NPHS Communicable Disease Surveillance Centre

3.3.1 CDSC (Wales) conducts surveillance in Wales, and provides expert epidemiological advice and assistance in the control of outbreaks upon request.

3.3.2 CDSC should be involved in the following types of incident:

(a) outbreaks of unknown cause involving severe morbidity or mortality;
(b) outbreaks due to relatively rare pathogens;
(c) outbreaks suspected to involve other districts or be the herald of a large scale incident;
(d) outbreaks which are attracting public or national media concern;
(e) outbreaks of particular interest to national surveillance.

3.3.3 CDSC may also ask to assist with incidents that provide opportunities for training or advancing public health knowledge.

3.3.4 In national or international outbreaks, CDSC may be best placed to co-ordinate the outbreak investigation with the co-operation of CsCDC and DsPP.

4. National Health Service Trusts.

4.1 NHS Trusts are providers of health care and should also be required to collaborate with all relevant agencies for the prevention, surveillance and control of communicable disease. This should include providing all necessary support to the OCT in the event of an outbreak.

4.2 If an outbreak of food poisoning occurs on NHS premises, responsibility for outbreak control passes to the OCT convened in accordance with this plan.

4.3 Arrangements for outbreak control in hospitals are set out in Appendix 6.

5. Food Standards Agency Wales

The Food Standards Agency is an independent food safety watch dog set up by Parliament in April 2000 to protect the public’s health and consumer interests in relation to food. The FSA has developed a Food Law Enforcement Plan which contains a standard in relation to the enforcement activities of local authorities. The standard contains clauses dealing with the control of outbreaks of food poisoning with which local authorities are expected to comply. The preparation and adoption of a Major Food Poisoning Outbreak Plan is one such clause.
The Food Standards Agency Wales will, when notified by a local authority of an outbreak of food-borne disease which has wider implications, offer support to local authorities during their investigations. The response of the Agency will be dependent upon the particular circumstances and may include access to their scientific experts and communication links with local authorities in other parts of the United Kingdom. The Agency will, where necessary, facilitate the issue of a food hazard warning or a RASFF (Rapid Alert System for Food and Feed).

6. Care Standards Inspectorate, Wales.

6.1 The Care Standards Act received Royal Assent in July 2000 and provides the powers for the National Assembly for Wales (the Assembly) to establish a new comprehensive social and health care regulator — the Care Standards Inspectorate for Wales (CSIW). The new CSIW commenced on 1st April 2003.

6.2 CSIW has responsibility for registering and inspecting nursing and residential care homes under the Registered Homes Act 1984 and regulations made thereunder. The inspection teams of CSIW ensure that standards of care as laid down in regulations are in place in each premises. CSIW will also ensure that adequate infection control arrangements are in place.

7. Health Protection Agency

7.1 The HPA is a new health protection agency covering England and Wales and commenced in April 2003. The Agency combines the roles of the district health authorities, Public Health Laboratory Service, Communicable Disease Surveillance Centre, the Chemical Incident Support Unit and other health protection elements.

7.2 However, its remit in Wales is limited to those services which are not provided by the National Public Health Service. In practice and with regard to the management of communicable disease outbreaks, this covers the microbiological services provided at the Central Public Health Laboratory.

7.3 The HPA will provide information and laboratory services in respect of micro-organisms which are the subject of food poisoning [and other] outbreaks. Access to the HPA and its services is made through the National Public Health Service Microbiology Laboratories.
1. MEMBERSHIP OF THE OUTBREAK CONTROL TEAM

**Core Members-All Outbreaks**

Director of Public Protection

Proper Officer/Consultant in Communicable Disease Control.

Consultant in Communicable Disease Control - if not Proper Officer

Director Microbiology Laboratory/Consultant Microbiologist

Lead Officer for Communicable Disease of the local authority

Chief Executive or Public Health Director of the Local Health Board.

**Additional Core Members-Some Outbreaks**

Local Authority Secretariat

Resource Team provided by

- local authority
- National Public Health Service
- Microbiology Laboratory
- Local Health Board.

Regional Epidemiologist/Communicable Disease Surveillance Centre

Public Relations Officer

**Co-opted Members as necessary** e.g.

Divisional Veterinary Officer

Meat Hygiene Service

Public Analyst

Food Examiner.
Water Company plc

Environment Agency

Health and Safety Executive

Representatives from other Outbreak Control Teams/Local Authorities

Food Standards Agency

Care Standards Inspectorate, Wales.

Port Health

Provider Units

Infection Control Team

Immunisation Co-ordinator

2 DUTIES OF THE OUTBREAK CONTROL TEAM

These may include:-

1. Reviewing evidence and confirming that there is an outbreak or a significant incident which requires Public Health intervention.

2. Defining cases and identification of cases or carriers as appropriate.

3. Determining the causative agent and the foodstuff(s) by which it was transmitted.

4. Determining the way in which the foodstuff was infected.

5. Stopping the outbreak if it is continuing.

6. Developing a strategy to deal with the outbreak and allocating individual responsibilities for implementing action.

7. Investigating the outbreak, implementing control measures and monitoring their effectiveness, using laboratory and epidemiological expertise.

8. Ensuring adequate manpower and resources are available for the management of the outbreak.

9. Ensuring that in the absence of a team member a competent deputy is made available.

10. Ensuring appropriate arrangements are in place for out of hours contact with all members.
11. Preventing further cases elsewhere by communicating findings to National Health agencies.
12. Keeping relevant local agencies, the general public and the media appropriately informed.
13. Providing support, advice, and guidance to all individuals and organisations directly involved.
14. Preparing a final report for OCT members, CDSC (Wales), National Assembly for Wales, and all Local authorities involved and any other parties as deemed appropriate by the OCT.

3. ROLES AND RESPONSIBILITIES OF OCT MEMBERS

The Control Team will work without undue interference. Each member will recognise the roles and duties of other members, particularly where an outbreak crosses LA boundaries or involves a Hospital(s).

Members of the OCT must declare any interest in an organisation or premises which is the subject of the Outbreak investigation. This likely to occur if the premises is owned by the NPHS, LHB, NHS Trust or local authority. Where an interest is declared the Chairman of the OCT shall ensure that any member of the OCT attends as a member of the OCT and not as duty holder of the premises. A person having an interest in a premises and being part of an OCT shall have no vote in determining a policy or action by the OCT. Alternatively, the Chair of the OCT may require the nomination of an additional person from that organisation to the OCT.

3.1. Director of Public Protection

1. Determines the outbreak status in consultation with other Core OCT Members.
2. Provides facilities and resources for the OCT including administrative support for team meetings.
3. Where necessary, organise an outbreak control centre or helpline.
4. To provide specialist information or action on environmental health aspects of any disease control.
5. To make available staff to assist in the investigation of the outbreak as required by the OCT.
6. To arrange for the inspection of premises considered to be implicated in any outbreak and to receive reports thereon.
7. To consider the use of statutory powers as appropriate.

8. To make available to other LAs on a reciprocal basis any extra resources or assistance they may require.

9. To inform the Chairman and Chief Executive of the Authority of the outbreak and action taken in response.

10. To liaise with other DsPP and the National Assembly for Wales if the outbreak is wider than of local significance or where regional or national withdrawal of food may be required, using the food hazard warning system in conjunction with Code of Practice No 16 and the Food and Environmental Protection Act 1985.

11. Where appropriate, to carry out environmental investigations and where necessary to exercise powers of entry, closure or prosecution.

12. To liaise with other bodies including government departments such as the National Assembly for Wales, DEFRA, FSA and government agencies such as the Environment Agency.

13. Where appropriate, to arrange for the transport of clinical and/or environmental specimens to recognised laboratories for analysis.

14. Where appropriate, to investigate the availability of cleansing and/or other treatment of premises.

15. To prepare the final report with other members of the OCT and to distribute and publish as appropriate.

3.2 **Proper Officer/Consultant in Communicable Disease Control**

1. The duties of the proper officer shall be the subject of formal agreement with the LA before appointment.

2. Determines the outbreak status in consultation with other Core OCT Members.

3. Provides expert medical and epidemiological advice to the OCT on the management of the outbreak including the interpretation of the clinical data, methodology of investigation and control measures to minimise spread and prevent recurrence.

4. Receives notifications from general practitioner and others.

5. To inform the Chief Medical Officer at the National Assembly for Wales and the LHB's Director of Public Health of the outbreak.

6. To consult and liaise with CDSC (Wales) and with other C'sCDC..

7. To assess and collate epidemiological information and to carry out epidemiological studies.
8. Where appropriate, to arrange for medical examination of cases and contacts and the taking of clinical specimens

9. Where appropriate, to arrange immunisation and/or prophylaxis for cases, contacts and others at risk.

10. Prepare final report with other OCT members.

11. When acting as a PO the CCDC does so as an officer of the LA even though employed by the National Public Health Service

12. To notify NHS Trusts of arrangements in respect of hospital outbreaks.

3.3 **Director of NPHS Microbiology Laboratory/Consultant Microbiologist**

1. Determines the outbreak status in consultation with other Core OCT Members.

2. To provide expert microbiological advice to the OCT on patient management, interpretation of clinical data, methodology of investigation, collection of specimens and control measures required to minimise spread and prevent recurrence.

3. To arrange prompt analysis and reporting of clinical and/or environmental samples, as required.

4. To advise on the inspection of premises and collection of appropriate samples, as required.

5. Where necessary, to provide certificates of analysis in respect of samples submitted for examination.

6. Where appropriate, to arrange for any further testing or typing of organisms identified or isolated.

7. To liaise with other public health, hospital and reference laboratories.

8. The local ML will normally:

   - provide suitable specimen containers and request forms;
   - provide laboratory testing facilities;
   - arrange for any special investigations required to be carried out by reference laboratories;
   - be responsible for arranging transport of specimens/isolates to reference laboratories;
provide both rapid and written confirmation of results;

9. Prepare final report with other OCT members.

3.4 **NPHS – Communicable Disease Surveillance Centre (Wales)**

1. To provide expert epidemiological advice and assistance to the OCT for the investigation and management of the outbreak.

2. To liaise with the Health Protection Agency (Colindale) and where appropriate other national and international public health agencies.

3. Where trainees are seconded to the NPHS, CDSC will agree with the CCDC the nature and extent of their role in an outbreak.

4. Where appropriate, to assist in the dissemination (or collection) of information about the outbreak to colleagues in Wales and elsewhere.

5. To consider and utilise any opportunities for training of public health and environmental health staff in outbreak management.

6. If CDSC staff are involved in field investigations the OCT may expect:
   - expert advice from a consultant;
   - a field visit by a public health trainee either on short or long-term attachment accompanied, if appropriate, by a consultant;
   - support with study design and assistance with questionnaire development, interviews, data processing and analysis;
   - attendance at initial OCT and subsequent meetings as necessary;
   - a preliminary and final report of CDSC’s involvement including recommendations for action;
   - copies of outbreak master file data or other material collected by CDSC, if requested
   - assistance in preparing a scientific report for publication, if appropriate;
   - advice on improving local surveillance.

7. To prepare final report with other OCT members.
4.0 Tasks of the Outbreak Control Team.

The following tasks should be considered in order to deal effectively with an outbreak. The step-by-step approach does not imply that each action must follow the one preceding it. In practice, some steps must be carried out simultaneously and not all steps will be required on every occasion.

4.1 Preliminary Phase

* Consider whether or not cases have the same illness and establish a tentative diagnosis.
* Establish case definition (clinical and/or microbiological).
* Determine if there is a real outbreak
* Case finding and establishing single comprehensive case list
* Collect relevant clinical and/or environmental specimens for laboratory analysis
* Conduct unstructured, in-depth interviews of index cases
* Conduct appropriate environmental investigation including inspection of involved or implicated premises
* Identify population at risk
* Identify persons posing a risk of further spread
* Form preliminary hypotheses
* Initiate immediate control measures
* Make decision about whether to undertake detailed analytical studies
* Assess the availability of adequate resources to deal with the outbreak

4.2 Descriptive Phase

* Identify and investigate the food distribution chain
* Identify persons posing a risk of further spread and issue appropriate enteric precautions
* Identify as many cases as possible
* Describe cases by 'time, place and person'
* Construct epidemic curve
* Collect clinical and/or epidemiological data from affected and unaffected persons using a standardised questionnaire

4.3. **Collation**

* Calculate attack rates
* Confirm factors common to all or most cases
* Categorise cases by 'time, place or person' associations
* Review hypotheses
* Collect further clinical or environmental specimens for laboratory analysis
* Ascertain source and mode of spread
* Carry out analytical epidemiological study

4.4. **Control Measures**

* Control the source: animal, human or environmental
* Control the mode of spread by:
  
a) Isolation or exclusion of cases and contacts
b) Screening and monitoring of contacts
c) Protection of contacts by immunisation or prophylaxis
d) Examination, sampling and detention and where necessary seizure, removal and disposal of foodstuffs
e) Giving advice in respect of closure and/or disinfection of premises
f) Giving advice on prohibition of defective processes, procedures or practices

* Monitor control measures by continued surveillance for disease
* Evaluate the management of the outbreak and make appropriate recommendations for the future
* Declare the outbreak over
4.5. **Communication**

* Consider the best means of communication with colleagues, patients and the public, including the need for an incident room and/or helplines

* Ensure appropriate information and advice is given to the public, especially those at high risk

* Ensure accuracy and timeliness

* Include all those who need to know

* Use the media constructively

* Liaise with all relevant agencies including:
  
  a) Other LA’s/Port Health
  b) Other Local Health Boards
  c) CDSC (Wales)
  d) NHS Trusts
  e) Health Protection Agency,
  e) General Practitioners
  f) Education and Social Services Departments
  g) Public Analyst
  h) Government Agencies e.g. DEFRA, Environment Agency
  i) National Assembly for Wales,
  j) Divisional Veterinary Officer
  k) Water Company plc
  l) Health and Safety Executive,
  m) Food Standards Agency
  n) Care Standards Inspectorate, Wales.

* Prepare a written report.

* Disseminate information on any lessons learnt from managing the outbreak
5.0 Media Relations

1. The Outbreak Control Team (OCT) will endeavour to keep the public and media as fully informed as necessary without prejudicing the investigation and without compromising any statutory responsibilities or legal requirements and without releasing the identity of any patient.

2. At the first meeting of the OCT arrangements for dealing with the media should be discussed and agreed.

3. Press statements should be prepared and agreed by the OCT.

4. Press statements will normally only be released by a nominated public relations officer (PRO) on behalf of the OCT. If the OCT considers this inappropriate, or the nominated PRO is not available, the Team will nominate an alternative spokesperson.

5. No other member of the OCT or the participating agencies will release information to the press without the agreement of the Team.

6. With the agreement of the OCT, press spokespersons will be appointed for specific purposes.

7. Press conferences will normally be arranged by the lead LA.

8. With the agreement of the OCT, press conference arrangements may be made jointly with other LAs or the Local Health Boards if they were involved in the management of the outbreak. The conference should be conducted in accordance with the areas of responsibility outlined above.

9. Notwithstanding the above, all media statements should be prepared having regard to the provisions contained in Code of Practice No. 16 (Appendix 10).

10. Copies of press statements will be sent to the National Assembly for Wales and other organisations as appropriate.
6.0 Dealing with Cross Boundary Outbreaks.

1. The PO/CCDC must inform the office of the Chief Medical Officer of the National Assembly for Wales of any cross boundary outbreak and should invite the NPHS Communicable Disease Surveillance Centre to assist in its investigation and management.

2. The initial meeting of the OCT will normally be chaired by an officer (PO or DPP) for the local authority where the majority of cases reside. The lead responsibility for the remainder of the outbreak will stay with this authority.

3. There will be a duty on the chairman of the OCT to invite officers from local authorities and agencies to be part of the OCT where appropriate.

4. Other involved authorities will be invited to participate at an appropriate level and to provide resources at a proportionate level.
7.0 Dealing with Hospital Outbreaks.

On NHS premises, control of infection is the responsibility of the Infection Control Doctor (ICD) and the Infection Control Team (ICT) on a day to day basis. Each Unit/Trust has an Infection Control Committee of which the CCDC is a member.

1. Where an outbreak of food poisoning occurs the ICD will inform the CCDC. The CCDC will consult with DPP and DML and the three parties will jointly consider the facts available and will determine whether or not an outbreak does exist.

2. If an outbreak of food poisoning occurs on NHS premises responsibility for outbreak control passes to the CCDC and the relevant LA and the outbreak is managed in accordance with the principles of this outbreak plan.

3. It is the responsibility of the CCDC to bring these arrangements to the attention of NHS Trusts.
The Department of Health has published a book titled the Management of Outbreaks of Foodborne Illness. [December 1994; 33393AR1k]. The book provides guidance on the management of outbreaks of food borne illness and is designed as a best practice guide within which investigators can operate. The need for guidance was recognised by the Committee on the Microbiological Safety of Food [Richmond Committee] and was produced a working group set up by the DoH.

The book replaces previous guidance issued in 1982
This is set of guidelines prepared by an expert working group which was convened and produced by the Department of Health. The aim of the booklet is to prevent the introduction of infection into the workplace and the subsequent transmission of pathogens into food by food handlers.

The Food Safety (General Food Hygiene) Regulations 1995 requires the proprietors of food businesses to impose suitable control measures where employees are suffering from specified infections which may be transmitted by food or water. The proprietors of food businesses do not have to notify the local authority of cases of food poisoning in food handlers but they are required to impose suitable control measures on employees who are suffering from infectious intestinal disorders.

The document deals with the following:

i) The role of managers
ii) categories of workers
iii) risk factors and preventive measures
   a) gastro-intestinal infection
   b) infections requiring special consideration, including enteric fever, VTEC and hepatitis A
   c) skin conditions

iii) factors not associated with microbiological contamination of food
iv) pre-employment assessment
v) medical certification

The document is extensively used by the food industry in order to apply the principles of exclusion from work of food handlers suffering from infectious intestinal disorders. The principles are those which are outlined in more detail by the Communicable Disease Review document No. 11, dated October 1995, Volume 5
### Appendix 10

#### Out of hours service and emergency arrangements.

**10.0 Out of Hours Service and Emergency Arrangements.**

Local authorities must make suitable and sufficient arrangements for providing an effective communicable disease function service at times out of the normal office hours. This will include:

- in the evening and night times after normal office hours have finished
- on weekends
- during bank holidays
- during extended periods of office closures eg Christmas, Easter.

The arrangements must include references to communications, resources/equipment, and enforcement activity administration.

**1. Communications.**

The local authority shall ensure that effective communications are in place and for that purpose:

- contact between local authority officers including field officers and departmental management personnel are effective
- contact between local authority field staff and staff from the National Public Health Service
- local authority staff are provided with suitable equipment to enable contact between agencies
- provide and maintain contact information between local authority and all other interested agencies

**2. Resources**

The local authority shall make arrangements to make available appropriate equipment for use during an outbreak investigation, and should include:

- food sampling equipment such as jars, bags, labels, sampling forms, knives, saws, tags, cold storage facilities
- investigation equipment such as questionnaires, faecal sample pots and sample forms,
- access to computer systems and email/internet systems

**3. Enforcement activity administration.**

Local authorities should ensure that staff undertaking OOH actions have the necessary administrative and enforcement competencies and for that purpose:

- each officer is authorised to act under the relevant legislation such as the Food Safety Act 1990 and the Public Health (Control of Disease) Act 1984
that officers are authorised to undertake specified enforcement actions such as the service of notices and the seizure and detention of food.
- carries appropriate documentation to demonstrate such authorisations
- has received suitable training to be competent to act in the investigation of the outbreak
The exclusion of persons from work or any other persons from certain kinds of association at is based upon the risk of transmission of a communicable disease determined during the investigation of the case.

Guidelines have been produced based on the current experience in England and Wales and these have been published in a Communicable Disease Review document entitled “The prevention of human transmissions of gastro-intestinal infections, infestations and bacterial intoxications.” [CDR Vol 5. Review No. 11][October 1995]

The document defines risk groups which are the basis of exclusion protocols;

<table>
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<tr>
<th>Risk group</th>
<th>definition</th>
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<tr>
<td>1</td>
<td>Food handlers whose work involves touching unwrapped foods to be consumed raw or without further cooking.</td>
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<td>2</td>
<td>Staff of health care facilities who have direct contact, or contact through serving food, with susceptible patients or persons in whom an intestinal infection would have particularly serious consequences</td>
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<td>3</td>
<td>Children aged less than 5 years who attend nurseries, nursery schools, play groups or other similar groups.</td>
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<td>4</td>
<td>Older children and adults who may find it difficult to implement good standards of personal hygiene - for example, those with learning disabilities or special needs; and in circumstances where hygienic arrangements may be unreliable - for example, temporary camps housing displaced persons. Under exceptional circumstances children in infant schools may be considered to fall into this group.</td>
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NB Guidelines for the exclusion of cases in risk groups 3 and 4 assume that, once cases have recovered and passed normal stools, they can subsequently practise good hygiene under supervision. If that is not the case, individual circumstances must be assessed.

For each identified infection an exclusion is based on the specific risk group to which the individual belongs.

The guide stresses that it is not a guide on the clinical management of individual cases but focuses on the issues as they affect a general population. Following investigation, any exclusion is determined with reference to the CDR document.
The following codes of Practices have been produced under section 40 of the Food Safety Act 1990 and local authorities must have regard of them in the performance of their duties.

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<tr>
<td>1</td>
<td>Responsibilities for Enforcement of the Food Safety Act 1990</td>
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<td>2</td>
<td>Legal Duties</td>
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<tr>
<td>3</td>
<td>Inspection Procedures - general</td>
</tr>
<tr>
<td>4</td>
<td>Inspection, Detention and Seizure of Food.</td>
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<tr>
<td>5</td>
<td>The Use of Improvement Notices</td>
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<td>6</td>
<td>Prohibition Procedures</td>
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<td>7</td>
<td>Sampling for Analysis or Examination</td>
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<td>8</td>
<td>Food Standards Inspections.</td>
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<tr>
<td>9</td>
<td>Food Hygiene Inspections; Inspection Rating. The Priority Classification of Food Premises.</td>
</tr>
<tr>
<td>10</td>
<td>Enforcement of the Temperature Control requirements of the Food Hygiene Regulations.</td>
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<td>11</td>
<td>Enforcement of the Food Premises (Registration) Regulations 1992</td>
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<tr>
<td>12</td>
<td>Division of responsibilities for Quick Frozen Foodstuffs Regulations 1990.</td>
</tr>
<tr>
<td>13</td>
<td>Crown Premises</td>
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<tr>
<td>15</td>
<td>Enforcement of the Food Safety (Fishery Products) Regulations 1992.</td>
</tr>
<tr>
<td>16</td>
<td>Food Hazard Warning System.</td>
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<tr>
<td>18</td>
<td>Enforcement of the Dairy Products Regulations 1995</td>
</tr>
<tr>
<td>19</td>
<td>Qualification and Experience of Authorised Officers.</td>
</tr>
<tr>
<td>20</td>
<td>Exchange of Information between Member States of the EU on Food Control Matters.</td>
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<td>Appendix</td>
<td>Points of contact</td>
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to be completed by each local authority
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<tr>
<th>Appendix</th>
<th>Standard letters, forms and documents</th>
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to be completed by each local authority
This section provides the guidance to local authorities on the sending of pathological specimens by post. However, it may be necessary to arrange for delivery by hand if legal proceedings are being considered. Continuity of the evidence chain supported by witness statements may be required.

1. Pathological specimens - articles sent for medical examination or analysis. Deleterious substances and things likely to injure other postal packets of persons engaged in the business of the Post Office are normally prohibited from transmission by post. However, pathological specimens, excluding those known or suspected to contain Hazard Group 4 pathogens, requiring examination or analysis may be transmitted by post providing that they are sent in packaging which meets Post Office requirements.

2. Specimens may be sent by a qualified medical practitioner or a registered dental practitioner, veterinary surgeon or a registered nurse or a recognised laboratory or institution.

3. Under no circumstances may members of the public post any pathological specimen, unless it is at the specific request of a qualified medical practitioner or a registered dental practitioner or a veterinary surgeon or a registered nurse or a recognised laboratory or institution. In such cases, the person or organisation making this specific request of a member of the public must supply the approved or specified packaging and provide clear instructions on its use.

4. Only the FIRST CLASS LETTER POST or DATAPOST service may be used. The parcel post service may not be used.

5. There is a range of packaging types which are acceptable to the Post Office for the sending of pathological specimens.

In all cases, the following must be strictly observed:

Packaging Requirements

6. The Royal Mail has indicated that it will accept and deliver all diagnostic specimens, whether for microbiological examination or for any other pathology discipline investigation, in its recommended packaging. The packaging is defined as follows:-
   - The specimen (clinical material) must be placed in a securely sealed watertight container not exceeding 50ml or 50gm
   - The specimen container must be wrapped in enough absorbent material to absorb all possible leakage in the event of damage and is best placed in a leakproof plastic bag for transport
   - If multiple primary specimens are placed in a single leakproof plastic bag then they should be individually wrapped in absorbent material to prevent breakage, there being sufficient absorbent material to absorb the entire contents
   - The specimen in its transport bag is then to be placed into a secondary container for transport. Either the primary specimen container or the secondary container should be able to withstand without leakage an internal pressure differential of at least 95kPa (0.95 bar)
The specimen in its secondary container must be placed in either a clip down container, cylindrical light metal container, strong cardboard box with full depth lid, or a two piece polystyrene box. The empty spaces should be filled with absorbent material (to prevent rattling and to act as a cushion), and the two halves firmly fixed together with self adhesive tape.

Finally, the outer container must be placed in a padded bag, the outer cover of which must be labelled in bold capitals, “DIAGNOSTIC SPECIMENS”. The sender’s name and address should be clearly visible so that contact can be made in the event of damage or leakage.

8. Whichever of the methods is used, we recommend the use of a padded bag as an additional outer cover. Royal Mail lightweight packs, on sale at main post office counters, are suitable padded bags.

9. Royal Mail has now, however, introduced its own 650 packaging for the transport of diagnostic specimens. The “safeBOX™” system is provided postage paid from Royal Mail, but still has the requirement of the 95kPa pressure differential.

Post Office Agreement to be Obtained for Non-standard Packaging

10. If none of the approved range of packs is suitable, then any person or organisation intending to send pathological specimens through the post using other types of packaging must first apply to the Post Office for permission, and submit samples of the packaging types to be used, together with a written assurance that this proposed packaging conforms to the requirements in 6 and 7 above. Applications must be made to Royal Mail (Customer Services) enclosing sample packs (minus specimen) and giving details of amounts and types of specimens to be sent. For Royal Mail Customer Services addresses refer to “A Guide to Helpline Telephone Numbers and Addresses” available from Post Offices.

11. The Post Office’s agreement will refer to the particular packaging types submitted if a user wishes at any time to use different non-standard packaging, it must be submitted to the Post Office for approval.

Labelling

12. The outer cover or wrapping must be conspicuously labelled Diagnostic Specimen - “. It must show the name and address of the sender to be contacted in case of damage or leakage.

Vaccines, etc

13. Therapeutic and diagnostic substances such as blood products, serum etc are accepted under the same conditions as for pathological specimens. However, Anthrax vaccine must now be delivered refrigerated within 2 hours of it being sent, so making sending by Royal Mail impracticable.

Warning

14. Any postal packet found in the parcel post, or posted in breach of the conditions set out above, will be detained and may be destroyed with all its wrapping and enclosures. Any person who sends or attempts to send by post any deleterious substances or thing which is likely to injure other postal packets or persons engaged in the business of the Post Office without conforming to the above regulations maybe liable to prosecution.
Local authorities are reminded that all reports and other documents produced by the OCT must comply with the requirements of the Data Protection Acts 1994 and 1998. For that purpose reports and other documents will anonymise any sensitive personal information and references to patients and businesses will be numerical and alphabetical, respectively.

Introduction/Background - Brief narrative of circumstances of outbreak

Investigation
- Case Definition
  - Epidemiological
  - Microbiological
  - Environmental

Results
- Epidemiological
- Microbiological
- Environmental

Control Measures

Conclusions/Recommendations
- a statement on the causes of the outbreak, including any failures of procedures or breaches of legislation
- identification of culpable persons or businesses
- referrals to other agencies for their actions
- comments on the conduct of the investigation
- comments on any training needs identified by the investigation and performance against agreed standards

Appendices
- Minutes of OCT meetings
- Results of statistical analyses
- Epidemiological Report
- CDSC Report form
The following initiatives were drawn up by the South East Wales Infectious Disease Liaison group, approved by the Society of Directors of Public Protection in Wales- Communicable Disease Technical Panel and included in the National Assembly for Wales Chief Medical Officers’ Communicable Disease Strategy, published in July 2001.

As part of the continuing development of the communicable disease function in local authorities and in particular the implementation of the Major Food Poisoning Outbreak Plan, two further aspects require examination for inclusion into the Plan. The concepts of a “lead officer” and of “secondment officers” are seen to be important aspects of a local authority's role in providing effective and sufficient resources to enable it to respond to major outbreaks of communicable diseases.

The C.M.O.’s Communicable Disease Strategy has recommended the adoption of the principle of a “lead officer” and the object of the discussion paper was to provide a framework for local authorities to implement this recommendation.

**Lead Officer**

**Title**

It will be a recommendation that each local authority in Wales to appoint a “lead officer” for communicable disease whose title will be Lead Officer in communicable disease (LO). This officer will be an existing employee of an authority working in the communicable disease/food safety section within the public protection department.

**Qualifications.**

The LO will be a qualified E.H.O. with a degree in Environmental Health or the EHORB Diploma and preferably additional qualifications in a related subject. The LO should have extensive experience in the C.D. function as a field officer and preferably in a management/supervisory role. Although communicable disease is not limited to food poisoning, the officer should have extensive experience in food safety. It is envisaged that the National Assembly for Wales in conjunction with the local authorities will provide additional training for this officer so that the post holder can act effectively on behalf of the local authority in all aspects of communicable disease.
This training will cover such fields as:

- organism microbiology
- disease epidemiology
- statistics
- information technology as applied to CD
- outbreak management and organisation
- inter agency relationships
- media skills/communications.

**Job Description:**

1. To provide expert advice and information on all aspects of the CD function within the local authority
2. To advise on specific aspects of investigation of serious or major incidents of communicable disease
3. To provide advice and support to the chairman of the OCT during major outbreaks of food poisoning.
4. To lead the investigative processes for such outbreaks on behalf of the local authority.
5. To assess the effectiveness and progress of such investigations.
6. To be available for secondment to another local authority following a request from that authority. This secondment is to assist that authority in the performance of tasks outlined in this document.

It is anticipated that this officer will be a named person in the local authority Major Food Poisoning Outbreak Plan but will not assume the responsibility of chairing the Outbreak Control Team convened to manage and control the outbreak. This function has already been dealt with in the Plan.

**Date of implementation by/authority.**

**Further aspects to consider**

1. Level of appointed person;
   The person designated “specialist officer” should be the officer who normally carries out the investigative work in an outbreak situation. The LO would not normally be a person at the head of the organisation who’s role is essentially managerial neither should it a recently qualified officer.

2. Type of specialism required.
   It is anticipated that the LO will be or have had experience in the Food Safety/Communicable Disease functions.
3. Additional qualifications are not required but are desirable and additional training will be provided by the local authority as described above.

4. The LO description is attached to an existing post and continues as long as that post is occupied. It is as permanent as the need for it can be demonstrated.

**Named Lead Officers**

A N Other Environmental Health Officer.

Date of appointment

**Arrangements for Secondment Officer**

A further aspect of a local authority's competence to successfully control and manage a major F.P. outbreak is to have sufficient number of trained staff available when required. It is possible that either because of job vacancies, holidays or sick absence or because the outbreak is so large that an individual authority may be unable to provide sufficient internal staff resources. It is in these instances that resources may be obtained from a neighbouring local authority through a process of secondment.

To facilitate this process, local authorities should have in place appropriate administrative processes to enable and authorise the secondment of an officer another local authority on an immediate basis. The delegated powers must include the ability to appoint and give an appropriate level of authorisation to act on behalf of the local authority under the relevant pieces of legislation. Such authorisations must be explicit and date limited

Who should be seconded

- qualified E.H.O.
- experience in food safety and/or infectious disease
- familiar with outbreak investigation
- familiar with IT

Tasks to be accomplished

- to act in an investigative capacity at a food premises
- to interview cases, controls and other relevant personnel

**Responsibility of Seconding Authorities**

- to provide full personal accident and corporate liability insurance
- third party insurance and indemnity
- pre-work activity briefing on the incident
- ensure proper authorisation and powers of entry
- agree maximum period of secondment
- provide sufficient equipment, ppe, and stationery for investigation
- ensure H. & S. regime
- provide A-Z map, telephones
- measure costs of secondment.

Responsibility of sending authority

- ensure no loss of remuneration, pension, leave entitlement
- existing workload to be modulated to reflect period of secondment.
Notification is the basis of all communicable disease investigative work, and without notification all outbreak and sporadic investigations will cease. All surveillance activity is completely reliant on some form of notification, in its widest definition. The legal basis for notification is laid out in the Public Health Control of Disease Act 1984 which requires medical practitioners attending a patient to notify the Proper Officer if they are suffering from a notifiable disease. This notification is usually made on an official certificate for which a fee is payable to the medical practitioner.

However, it is recognised that notification by this method is not timely or accurate and does not satisfy the criteria specified for an effective public health protection service. In addition, the list of diseases specified in statute is fixed and cannot be added to without a change in the law except for a local emergency. This exception is rarely used, if at all.

Current practice as operated by local authorities and their proper officer and the National Public Health Service [and formerly in health authorities] has widened the methods of notification and increased the number of diseases which are notified. This has become necessary in order to operate an effective intervention in communicable disease investigation and control, and is greatly facilitated by modern technology in the dissemination of information. To that end all NPHS laboratories, NHS Trust hospitals, NPHS Infection and Communicable Disease Service and local authorities are connected by dedicated software programmes and electronic mail transfer.

Local authorities are required to write to the general practitioners in their area on an annual basis to remind them of the importance of timely notifications to assist in the investigation of food borne disease. They should also be reminded of the inclusive definition of “food poisoning”.

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The Local Government Act 1972 allows local authorities to appoint “Proper Officers” to perform certain functions to discharge the duties that a local authority has to carry out. Determined by the specific policies of each individual Council, certain powers will be delegated to the DPP to enable to the discharge of the communicable disease function. Section 1 of the Public Health (Control of Disease) Act 1984 requires local authorities to execute the provisions of that Act. To assist the DPP in the performance of the function, the DPP will appoint EHP’s and authorise them to carry out specific functions. Each EHP will be authorised by a committee minute or report depending on the level of delegation within that authority.

Similarly, the local authority can appoint a medically qualified person to act as a Proper Officer to assist in discharging the functions of the Act and associated regulations. Guidance was given on this matter in circular WHRC(73)33). The appointment and level of authorisation will be confirmed by a committee minute or delegated power as appropriate. In addition, the local authority should appoint other medically qualified persons to act when the Proper Officer is not available. These “Alternate Proper Officers” must be similarly appointed and authorised. Guidance was given on this matter in circular WHC(94)27).

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<tr>
<th>name</th>
<th>job title</th>
<th>method of appointment and authorisation</th>
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Appendix

Review process

<table>
<thead>
<tr>
<th>Date</th>
<th>Type of Review/Amendment</th>
<th>Detail</th>
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<tbody>
<tr>
<td>June 1998</td>
<td>initial document produced</td>
<td>Carried out as a requirement of CDTP document control protocols.</td>
</tr>
<tr>
<td>January 2004</td>
<td>full review</td>
<td>Necessary following re-organisation of NHS and creation of National Public Health Service</td>
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<tr>
<td>January 2009</td>
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