Infection Control Outbreak Policy

Version 1.0

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Name of Responsible Committee/Individual:	Governance Committee
Equality and Diversity Impact Assessment	16 February 2009
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Target Audience:	**All Staff**

Contents

1 Introduction

This document constitutes the NHS Hull's written plan for the control of outbreaks of disease due to infection in its community provider services and should be referred to enable effective management of such incidents.

2 Purpose

2.1 The purpose of this policy is to provide staff who work in the clinical areas of the PCT with a robust framework to enable them to effectively control and manage an outbreak situation. The specific aims of the policy are:-

- To ensure staff are able to appropriately identify an outbreak situation.
- To ensure all relevant parties are informed of the outbreak situation.
- To control the spread of infection.

3 Scope

3.1 This policy applies to all employees of the PCT, any staff who are seconded to the PCT, contract and agency staff and any other individual working on PCT premises.

4 Responsibilities

4.1 The Director of Infection Prevention and Control is responsible for ensuring that evidence based policies and procedures in relation to the control of infection are developed and their implementation is monitored.

4.2 The Nurse Specialist Infection Control is responsible for producing evidence based policies in relation to the control of infection, providing training and support to assist with their implementation and for monitoring and reporting on their implementation.

4.3 The Senior Managers of Clinical Teams are responsible for implementation of Infection Control Policies and ensuring staff are able to access specific Infection Control Training sessions in line with the Statutory & Mandatory Training Policy.

4.4 Individual practitioners are responsible for ensuring that they exercise Standard Infection Control Precautions and implement the policy, seeking further advice from the Nurse Specialist Infection Control or Microbiologist as required.

5 Equality and Diversity

5.1 The PCT is committed to:

- eliminating discrimination and promoting equality and diversity in its Policies, Procedures and Guidelines, and
- designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that no individual or group is disadvantaged.

5.2 To ensure the above, this Outbreak Policy has been Equality Impact Assessed.

5.3 Details of the assessment are available on the PCT's website or by calling the PCT on (01482) 344700.

6 Definition

6.1 The classical definition of an outbreak is:-

'The occurrence of two or more related cases of infection'.

6.2 An outbreak may consist of a single case e.g. Hepatitis B or C virus/HIV in a healthcare worker or a group of cases for example, a higher than expected number of patients suffering from diarrhoea[1]. (Hawker. J et al 2005).

7 Confirmed Outbreak Plan

7.1 Either an outbreak or an incident may result in the implementation of the outbreak plan. The decision will depend on the particular circumstances and will be made by the Director of Infection Prevention and Control (DIPC) and the Nurse Specialist Infection Control (NSIC). Out of hours this will be the Modern Matron. The commonest organism responsible for the implementation of the outbreak plan is usually an enteric pathogen e.g. Small Round Structured Virus – Norovirus. (Chadwick et al 2000).

7.2 If an outbreak is suspected the NSIC/Modern Matron (OOH) will immediately:

- Gather the necessary information from the wards.
- Identify whether or not there is an outbreak and its extent.
- Establish a case definition (this involves finding a reason/cause of outbreak).

7.3 The following situations may result:

7.3.1 No Outbreak

The NSIC will inform the staff involved in making the initial report that there is no outbreak and the reasons why this is the case. Reassurance will be given and care taken not to discourage further reporting.

7.3.2 Confirmed/Possible Outbreak

When there is clear evidence that an outbreak is in progress the NSIC will, in conjunction with the senior nurse on duty, arrange a meeting of an appropriate outbreak team. The NSIC will inform the Consultant in Communicable Disease Control. An incident log (1 log) will be initiated to ensure that the laboratory is made

[1] The definition of diarrhoea is three or more episodes of loose stools in a 24 hour period.

aware of the outbreak (I log number to be used on all specimens collected to enable epidemiological monitoring).

The Outbreak Plan will be invoked by the DIPC, NSIC or the Consultant in Communicable Disease Control depending upon the nature of the outbreak, i.e. whether the infection is predominantly hospital or community based, the DIPC will chair the outbreak group meeting.

Outbreak Group suggested Membership:-

- Director of Infection Prevention Control (DIPC)
- Nurse Specialist Infection Control (NSIC)
- Consultant in Communicable Disease Control or Deputy
- Modern Matron
- Senior Nurse or deputy from the ward area
- Unit Dr/GP or deputy
- Cleaning Contract Manager/Deputy
- Facilities services Manager or Deputy
- Communications Manager
- Risk Manager
- Consultant Microbiologist

Depending upon the nature of the outbreak the following may also be co-opted:

- Director of Public Health
- Catering Manager
- Occupational Health Representative
- Laundry Manager
- Domestic Services Manager
- Environmental Health Officer
- Estates Manager
- Director of Laboratories
- The Consultant in Infectious Diseases
- Social Services Manager

7.3.3 The Functions of the Outbreak Control Group

The functions of the group are:

- To take all necessary steps to ensure the clinical care of patients during the outbreak is not compromised.

- To co-ordinate all the arrangements for the investigation of the source and cause of the outbreak.

- To identify and co-ordinate the control measures required to manage the outbreak.

- To ensure robust communication channels are established with appropriate stakeholders, PCT staff, patients, their relatives, the public and the Regional Epidemiologist and local/national media.

The group will meet as required (at the discretion of the DIPC) and no longer than 72 hours after commencement of the outbreak, to review progress and agree actions.

The group will formally define the end of the outbreak and communicate this decision throughout the PCT and to other appropriate organisations. The group will prepare a preliminary report, and a final report including lessons learnt from the outbreak de-briefing session.

Refer to appendix 2 for further information regarding the specific functions of the outbreak group.

7.3.4 Weekends and Out of Hours

During weekends and bank holidays it is difficult to justify calling together a full outbreak meeting. In this case the Modern Matron on call will close the affected ward to admissions, transfers and discharges to nursing and residential homes in agreement with the Director on call for the PCT, (refer to section 7.3.5)

The closure of minor injuries, day hospitals and outpatient areas attached to affected inpatient areas will be undertaken on an individual unit basis. (This will depend on the number of staff affected by the outbreak and also how staff routinely work between areas).

Modern Matrons will follow the protocol as set out in appendix 5 and provide the NSIC with a full handover at the earliest opportunity on the next working day.

7.3.5 Ward/Unit Closure

In instances where the Nurse Specialist Infection Control is notified or becomes aware of an increase in the number of patients with infectious disorders then a decision will need to be made whether or not to close the ward admissions, transfers and discharges to nursing and residential homes. This decision will be made by the Nurse Specialist Infection Control (NSIC) after discussion with the Director for Infection Prevention and Control (DIPC), Senior Manager, Modern Matron and Senior Nurse on duty. If there are clinical staff who are providing care for patients on wards that are effected they should liaise with the nurse in charge of area to agree continuing care arrangements for those patients during the outbreak period.

Once a ward/unit has been formally closed to admissions, transfers and discharges to nursing and residential homes the Consultant in Communicable Disease Control will be notified of the fact by the NSIC. The Occupational Health department and other relevant people will be notified by NSIC. An outbreak control group may need to be convened, led by the DIPC to monitor and assess the situation. If the outbreak is of sufficient scale then the Major Outbreak Plan/Emergency Plan will be evoked.

7.3.6 End of the Outbreak

At the end of the outbreak a short report will be prepared by the NSIC and circulated to the action group. A debrief meeting will be held for all interested parties to attend.

8 Monitoring Compliance with and Effectiveness of this Policy

8.1 The implementation of this policy will be monitored through the following processes:

- Patient complaints

- Patient Advice and Liaison Services (PALS)
- Adverse Incident Reporting procedures

9 References

Management of hospital outbreaks of gastro-enteritis due to small round structured viruses. Journal of Hospital Infection. 45:1-10. Chadwick et al (2000).

Communicable Disease Control Handbook.2nd ed. Oxford. Blackwell Publishing. Hawker. J et al (2005).

10 Review

10.1 This Policy will be reviewed every two years or when major changes in legislation dictate review.

10.2 Minor amendments (such as changes in title) may be made prior to the formal review, details of which will be monitored/approved by the Associate Director of Corporate Affairs in consultation with the Equality and Diversity Co-ordinator and HR where relevant. Such amendments will be recorded in the Register and a new version of the PPG issued.

APPENDIX 1

OUTBREAK PLAN

NURSE SPECIALIST INFECTION CONTROL CHECKLIST FOR INPATIENT AREAS/UNITS

Many of the actions listed will be inappropriate for some types of outbreaks. The list is intended only as a reminder of the actions that may sometimes be necessary.

Initial Assessment

1. Is an Outbreak Control Group necessary?
2. Is the Outbreak Control Group appropriately constituted?
3. Should the Consultant in Communicable Disease Control be notified or otherwise involved?
4. Is there any community involvement in an established outbreak/incident?

Agenda for initial team meeting

1. Initial assessment
2. Case definition
3. Management/organisational aspects
4. Investigation of outbreak
5. Control measures required
6. Communication

APPENDIX 2

CHECKLIST FOR THE END OF FIRST OUTBREAK CONTROL GROUP MEETING

Management/Organisational Aspects

1. Individual in charge of epidemiological investigations identified.

2. Need for increased clinical care (nursing and medical staff) considered.

3. Need for increased domestic, laundry, sterile supplies and ancillary staff considered.

4. Need for increased laboratory assistance considered.

5. Need for assistance from Communicable Disease Surveillance Centre, Colindale, London considered.

6. Nursing procedures defined.

7. Domestic procedures defined.

8. Isolation facilities defined.

9. Adequate supplies available, including medications.

Investigation

1. Case definition made on clinical and/or microbiological criteria.

2. Epidemiological studies initiated.

3. Clinical samples obtained, sent to Hull and properly labelled.

4. Food samples obtained and properly labelled.

5. Environmental samples and properly labelled.

6. Rapid transport of specimens to specified laboratories and to Reference Laboratory if appropriate.

7. Consideration of required accommodation.

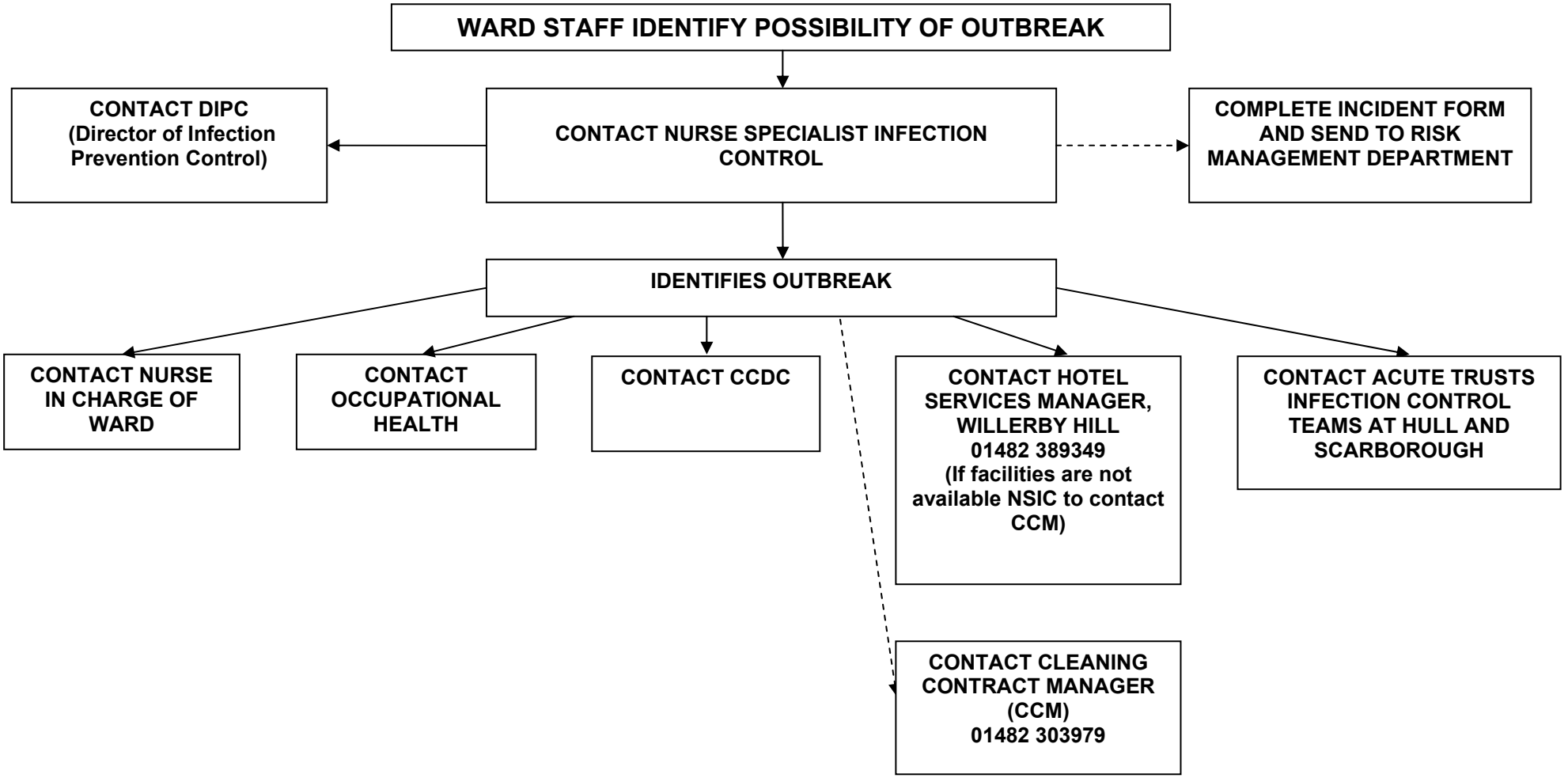
8. Need for microbiological screening of patients, Occupational Health/Unit staff and other contacts.

9. Need for serological screening of patients, staff and other contacts.

10. Follow up contacts, e.g. patients, staff, visitors, family and community.

Appendix 3

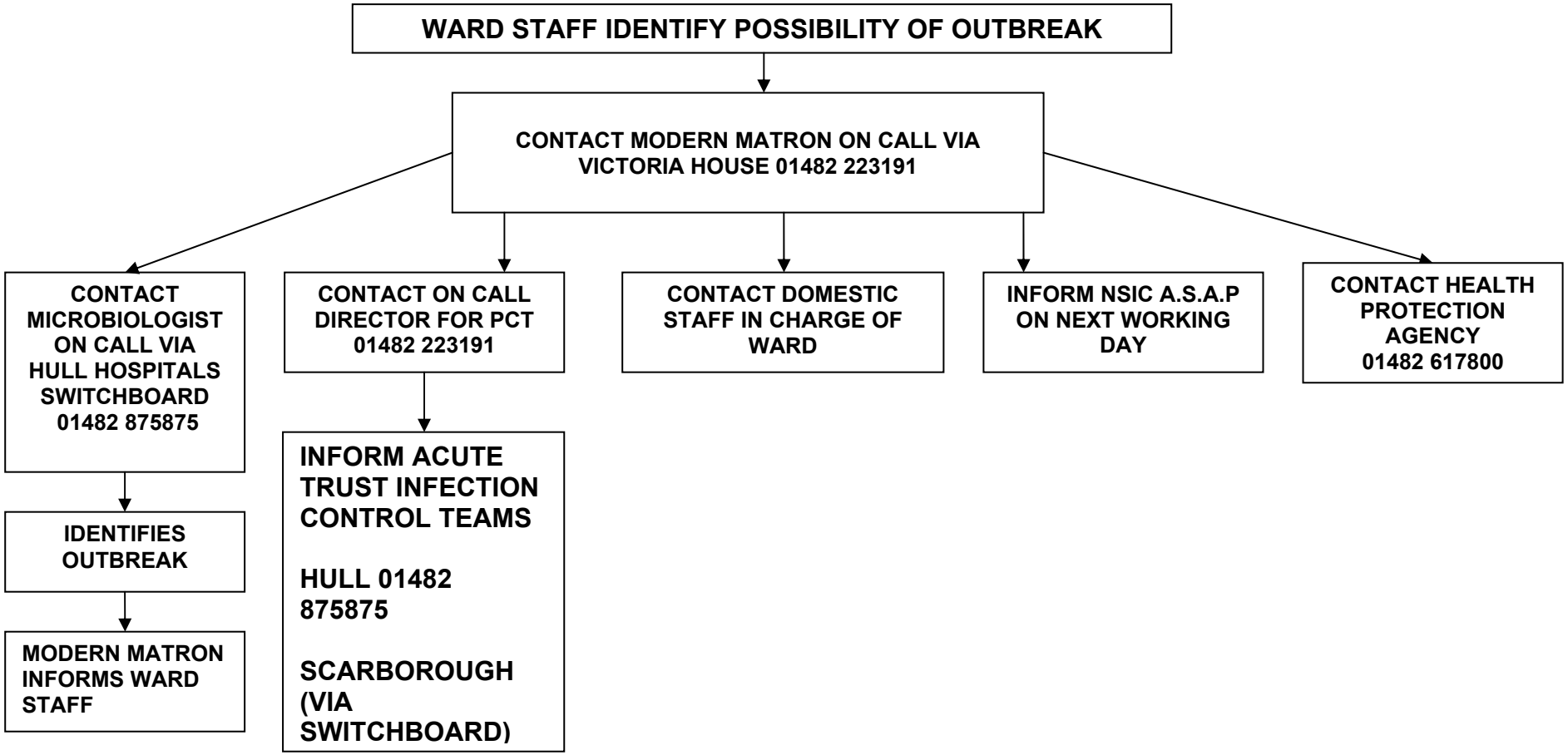
IN HOURS
OUTBREAK PLAN COMMUNICATIONS FLOW DIAGRAM



Please Note: In the event of the NSIC Hull PCT being unavailable please Contact ICS for ERY PCT on: 01482 672192 or 07515 788143

OUT OF HOURS
(WEEKENDS AND BANK HOLIDAYS)

OUTBREAK PLAN COMMUNICATIONS FLOW DIAGRAM



INFORMATION SHEET FOR MODERN MATRONS

Before an outbreak can be established appropriate information needs to be collected to enable you to make an informed decision. Data needs to be collected using the outbreak data collection sheets appendix 6 & 7 of the outbreak policy. This confidential information needs to be updated on a 24 hr basis for both patients and staff. This information is to be forwarded to the Nurse Specialist Infection Control to enable a review and report of the situation to be completed.

Patients

1. You need to establish if there are any other causes i.e. medical, physical or pharmaceutical reasons for the patient's symptoms.

2. If no other apparent explanation for symptoms is identified then an outbreak should be declared. The relevant agencies and professionals need to be informed as identified in Appendix 4 of the outbreak policy.

Ward staff need to ensure:

1. Admissions and transfers to the ward should cease. No discharges to nursing and residential homes should occur but patients can be discharged to their own homes, if this appropriate.

2. Patients can be transferred out of the affected ward on medical need. Staff must ensure they inform the accepting ward of the outbreak status and the patient is transferred into a cubical.

3. Symptomatic patients need to be isolated from asymptomatic patients.

Staff

1. You need to inform the nurse in charge to ensure that staff movement between MIU, OPD, day hospital and wards should cease. This includes cleaning and portering staff.

2. Bank/agency staff need to be informed the ward is closed due to an outbreak and were possible should not be used to staff affected areas. If bank or agency staff have work in the closed ward since the onset of symptoms they cannot work in any other area for at least 48hrs from their last duty.

Samples

It is important that samples are obtained from all symptomatic patients and staff members. The following advice needs to be given to staff collecting specimens.

1. The collection of samples from affected patients and staff should commence immediately.

2. Ensure all samples are labelled correctly with full clinical information and sent to Hull Microbiology, (including Macmillan Wolds Unit). A taxi maybe required. Label samples as:

   'Possible outbreak, name of ward & Hospital, then give a description of the symptoms.'

3. Staff samples should be labelled:

   'As requested by Dr Powell'

   And results should be forwarded to the Occupational Health Department Humber Mental Health, Trust, College House, Willerby Hill.

4. If the outbreak is due to a possible food related cause, food samples will need to be retained for sending to the food laboratory from 24hrs before symptoms commenced and for the day of onset of symptoms. You will need to inform the catering staff to retain these samples in the freezer until they can be collected by the ICS.

Management actions

1. Liaise with domestic staff with regard to specific increased cleaning schedules and solutions to be used.

2. Ensure ward staff are aware that all laundry is to be classed as infected.

3. Visitor restrictions need to put in place in affected areas. Ensure a notice is displayed at all entrances to inform visitors of the outbreak and asking that no symptomatic visitors visit the unit until they are clear of symptoms for 48hrs.

4. Ward staff need to ensure no food stuffs or flowers are brought onto the ward during the outbreak.

5. Ensure that alcohol gel is available for staff, patient and visitor use at the entrance and exits to units and a notice is displayed asking them to be used on entrance and exit from the unit.

If you are unsure whether there is an outbreak or not you can place the ward on a 24hr review. This means you stop all admissions, transfers and discharges and review the situation in 24hrs time.

CONFIDENTIAL PATIENT OUTBREAK DATA COLLECTION SHEET

Hospital Site Ward

Date outbreak commenced

Patient Name	Bed No	Patient No	Medical diagnosis	Date of onset	Symptoms & no of episodes	Date sample sent	Sample Result	Symptom free	24 hrs Symptom free	48 hrs Symptom free	72 hrs Symptom free

CONFIDENTIAL STAFF OUTBREAK DATA COLLECTION SHEET

Hospital Site Ward

Date outbreak commenced

Name	Date of Birth	Type of staff	Date of onset	Symptoms & no of episodes	Date sample sent	Sample Result	Symptom free	24 hrs Symptom free	48 hrs Symptom free	Returned to work	Comments