

CONTROL OF AN OUTBREAK OF INFECTION IN HOSPITAL (INCLUDING CLOSURE OF ROOMS AND WARDS)	Clinical Guideline Registration Number: 04077 Status: Public
-----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

Developed in response to:	Health and Social Act 2008
CQC Fundamental Standards:	12

Consulted With:	Individual/Body:	Date:
Infection Prevention Group	Infection Prevention Group	November 2017
Nicola Gibson/Lucy Ellis	Infection Prevention Nurses	November 2017
Dr Ellie Makings	Chief Medical Officer	November 2017
Victoria Parker	Director of Communications	November 2017
Peter Fry	Chief Operating Officer	November 2017
Lyn Hinton	Director of Nursing	November 2017
Jo Myers, Hilary Bowring, Alison Cuthbertson	Associate Directors of Nursing	November 2017
Marcus Milner	Lead Biomedical Scientist	November 2017
Andy Wright	Hotel Services Manager	November 2017

Professionally Approved By:	Dr Louise Teare	November 2017
Louise Teare	Director of Infection Prevention and Control	7 th December 2017

Version Number	7.0
Issuing Directorate	Corporate Nursing
Approved by	DRAG Chairmans Action
Approved on	6 th March 2018
Trust Board Sign Off Date	March/April 2018
Next Review Date	February 2021
Author/Contact for Information	Infection Prevention Team
Policy to be followed by (target staff)	All Trust staff
Distribution Method	Intranet & Website
Related Trust Policies	All infection control policies 04071 Standard Infection Prevention Precautions 09033 Cleaning Policy 04072 Hand Hygiene Policy 09047 Commodes and Bedpans Policy 08021 Linen Policy 04070 Decontamination Policy 10047 Steam Cleaning SOP 04077 Outbreak Policy

Document Review History:

Version No:	Reviewed by:	Active Date:
1.0	Infection Control Team	2003
2.0	Infection Control Team	June 2004
3.0	Infection Control Team	March 2007
4.0	Chris Craven	October 2007
4.1	Chris Craven - Minor Revision	March 2008
5.0	IP Team	24 February 2011
6.0	Amanda Kirkham	November 2014
7.0	John Swanson	19 th March 2018

Index

- 1. Purpose**
- 2. Background**
- 3. Scope**
- 4. Equality and Diversity**
- 5. Roles and responsibilities**
- 6. Recognition of an Outbreak**
- 7. Initial Response**
- 8. Situation Assessment**
- 9. Outbreak Control Group**
- 10. Control of Outbreak**
- 11. End of Outbreak**
- 12. Audit and Monitoring**
- 13. Implementation and Communication**
- 14. Training**
- 15. References**

1.0 Purpose

1.1 The purpose of these guidelines is to minimise the risk to patients and staff by identifying and containing the spread of infection in an outbreak situation.

2.0 Background

2.1 A precise definition of what constitutes an outbreak can be difficult as each outbreak incident is unique.

2.2 In practice, it is an episode of infection in which there is evidence of spread, either, clinically, microbiologically or epidemiologically which requires immediate action; or a rate of infection or illness above the expected rate for that time and place.

2.3 Signs and symptoms will vary with each organism, and may affect both patients and staff.

2.4 Definition of a major outbreak:

- This is characterised by a large number of identified cases and there is a serious health hazard to other patients, staff or the local community.
- The DIPC may be required to seek advice from the Consultant in Communicable Diseases (CCDC) in this situation.
- If the outbreak is as a result of an influenza pandemic, the Pandemic Influenza Plan will require implementation
- Any one single case of certain diseases such as viral haemorrhagic fever may lead to the implementation of the major outbreak control plan due to their serious nature

2.5 Definition of a minor outbreak:

- Characterised by a small number of individuals with similar symptoms within a small area over a period of time.
- An outbreak such as this may be monitored by the Infection Prevention Team and managed at a local level with the closure of beds/ bays rather than a whole ward.

3.0 Scope

3.1 This Policy applies to all staff employed by the Trust on a substantive and temporary basis.

4.0 Equality and Diversity

4.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

5.0 Roles and Responsibilities

5.1 It is the responsibility of nursing and medical staff to recognise any suspected outbreaks, and report as soon as possible to the Infection Prevention Team or out of hours, to the on call Consultant Microbiologist.

5.2 Chief Executive

- The Chief Executive has overall responsibility for ensuring that the Trust has the necessary management systems in place to enable the effective implementation of this Policy and overall responsibility for the health and safety of staff, patients and visitors

5.3 Director of Nursing

- The Director of Nursing has strategic responsibility for ensuring systems are in place to facilitate the nursing staff's awareness of this Policy and appropriate support is given to enable staff in delivering practice as outlined in this Policy
- The Director of Nursing is a member of the Outbreak Control Group
- The Director of Nursing chairs the Outbreak Control Group in the absence of the DIPC or Matron for Infection Prevention

5.4 Chief Medical Officer

- The Chief Medical Officer has strategic responsibility to ensure that systems are in place to facilitate the awareness of medical staff of this Policy and that appropriate support is given to enable staff in delivering practice as outlined in the document

5.5 Director of Infection Prevention and Control (DIPC)

- Has operational responsibility for the effective implementation of this policy
- The DIPC is a member of the Outbreak Control Group and will chair the outbreak meetings and advise the executive on call if a ward needs to be closed
- The DIPC will include in the monthly and annual DIPC report the wards closed and bed days lost for discussion at the Infection Prevention and Control Group meeting
- Enlist the help of outside agencies if the situation warrants this i.e. Public Health England

5.6 Infection Prevention and Control Team (IPT)

- Ensure all staff are made aware of this policy and to offer expert advice for the risk assessments required to prioritise the use of single rooms / cohort nursing

- Promptly investigate reported cases of infection in a ward or department. This information will determine whether the cases are potentially epidemiologically linked and involves liaison with the medical and nursing teams involved
- Collate all the necessary information in collaboration with the senior nurse in charge of the ward and feed this back to the DIPC so an informed decision can be made on actions required
- Advise the ward staff on control measures and guide them to the necessary documentation which can be found on the intranet
- Inform the Director of Nursing, Clinical Operations Team, Domestic Services Manager, Associate Directors of Nursing and Matron for the area of the situation
- Ensure that outbreak meetings are arranged and are members of the outbreak control group
- Collate the outbreak data required for the monthly and annual DIPC report
- Liaise closely with Occupational Health Manager regarding any staff that may be affected
- Liaise with the Public Health England regarding outbreaks within the acute Trust and in the community
- Ensure that a daily brief of an outbreak situation is provided for patients and relatives
- Will inform the Commissioners of the outbreak

5.7 Service Co-coordinator

- Lead on the risk assessment regarding placement of patients out of hours, and when necessary, liaise with the Microbiologist on call for advice
- To initiate control measures when an outbreak is suspected out of hours
- To communicate any decisions made to the IPT as soon as possible
- Is a member of the Outbreak Control Group
- Acts as a contact for advice for staff out of hours

5.8 Senior Hotel Services Manager

- To organise and manage any additional cleaning requirements as requested by the DIPC and IPT

- To assist in restricting access to hospital wards/departments as requested by the DIPC

5.9 **Domestic Services Manager**

- Leads on daily cleaning of the affected ward and will arrange the necessary deep clean prior to an area re-opening as advised by the IPT
- Initiates the deep clean protocol pack for cleaning the ward/bay
- Is a member of the Outbreak Control Group

5.10 **Communications Manager**

- Communicates with staff and visitors and the general public as requested by DIPC

5.11 **Matron for clinical area**

- Is a member of the Outbreak Control Group
- Is responsible for collecting data for outbreak meetings in the event of a major outbreak affecting more than one ward
- Ensures the level of staffing on the ward is sufficient for dealing with an outbreak
- Liaises with the IPT and Ward Manager to ensure the safe discharge of patients during the outbreak period.

5.12 **Ward Manager for clinical area**

- Ensures prompt reporting of a suspected outbreak to the IPT
- Will ensure any necessary documentation required during the outbreak period is completed by ward staff
- Will monitor practice on the ward to ensure infection control procedures are adhered to as advised by the IPT.
- Will ensure appropriate provision of resources is made to enable safe practice (e.g. protective clothing)
- Contacts relatives in the event of a ward closure or restricted visiting, and ensures they are kept up to date on a daily basis
- Restricts non essential personnel from entering a closed area whilst ensuring that staff required to assess and treat patients are advised of any precautions to take

5.13 Occupational Health

- Is represented in the Outbreak Control Group
- Collates data for staff sickness in relation to the outbreak
- Offers expert advice and counseling support to staff in appropriate return to work

5.14 All Staff

- Must comply with this Policy and act in a responsible manner
- Must liaise with the IPT in a timely manner if need advice or support
- Must employ outbreak control measures as advised by the IPT
- All staff have a responsibility to ensure that infection prevention is embedded into their everyday practice and applied consistently at all times

6.0 Recognition of an Outbreak

6.1 An outbreak is defined as two or more cases epidemiologically linked (person, time, place) e.g. diarrhoea, respiratory tract infection. Initial reports of a potential outbreak may arise from a number of sources. These include:

- Laboratory reports.
- The 'Alert' surveillance system.
- Medical or nursing staff.
- Occupational Health staff.
- General Practitioners.
- Residential or nursing establishments.
- Neighbouring hospitals or Health Protection Units.
- National surveillance schemes.
- Environmental Health departments.

6.2 Some types of outbreaks, for example, wound infection, may become apparent to the Consultant Microbiologist and to the ward staff looking after a patient on a surgical ward.

Alert the infection prevention team if you think this may be occurring.

6.3 Staff should act on grounds of 'reasonable suspicion' and act promptly seeking advice where there is concern rather than worry about 'false alarms'. It is much better to report early, than wait until there is a major problem.

6.4 Any of the following is suggestive of a potential problem:

- Diarrhoea of unknown origin in two or more patients or staff.
- Vomiting of unknown origin in two or more patients or staff.

- Any patient diagnosed with gastroenteritis, whose symptoms developed after admission.
- Proven spread of an infection from one person to another.
- A rate of illness above the expected rate for that time and place.

6.5 Deciding whether or not an outbreak has or is occurring requires considerable local knowledge and is the responsibility of the Director of Infection Prevention and Control. Any incident with the potential to develop into a major outbreak must be discussed with the CCDC as soon as possible. An outbreak control group will be set up to investigate.

7.0 Initial Response

7.1 Gathering of information from the ward team

7.1.1 Collect patient details: (hospital number, patients surname, first name, date of birth and consultant), Names of staff and those potentially exposed if potential problem is TB, chicken pox, Shingles and Scabies.

7.2 Immediate actions to be taken by staff

7.2.1 It is the duty of all members of staff to take appropriate measures to minimise the risk of infection to patients in their care and also to other health care staff.

- Isolate patient from ward area in a side room
- Inform the Infection Prevention and Control Team
- Ensure sufficient Personal Protective Equipment is available dependent on the suspected condition
- Request additional touch point cleaning via the Domestic Services Manager
- Ensure that all Patients and Staff pay strict attention to hand hygiene
- Collect appropriate specimens from affected patients as advised by IPT
- Ensure that members of staff with symptoms inform Occupational Health department and the Ward Manager
- Ensure the ongoing accurate records of the condition/symptoms of all patients affected are accurately maintained
- Ensure that contaminated linen and waste are disposed of in the orange waste stream
- Prohibit eating and drinking by any staff in ward areas

7.3 On receiving information that suggests an outbreak is occurring, the Infection Prevention and Control Team is responsible for gathering the following information:

- Clinical and demographic data on affected people (including staff if required) in the hospital.
- Details of patients and staff that may have been affected but are no longer in the hospital.
- Clinical and demographic data on contacts if appropriate.
- Epidemiological information e.g. date and time of onset, nature and duration of symptoms.
- Food history in cases of suspected food poisoning.

- Details of patient movement within the hospital or between different hospitals.
- Microbiological information e.g. organism species and group or type.
- Antibiotic sensitivity pattern.

7.4 The microbiology laboratory must be notified that an outbreak is suspected so that organisms may be referred for typing or arrangements made for screening contacts if required.

8.0 Situation Assessment

8.1 As soon as sufficient information is available the Infection Prevention and Control Team will meet to decide whether an outbreak is likely and if so whether this meets the criteria for a major outbreak (see Major Outbreak Plan).

8.2 Once an outbreak has been identified:

- an outbreak group is convened
- standard infection control precautions reinforced
- outbreak measures introduced.

8.3 In order to contain the outbreak it may be necessary to close the ward to all but essential admissions or make adjustments to patient flow. This decision is to be undertaken by the Chief Operating Officer or a nominated deputy, on the advice of the Director of Infection Prevention and Control.

9.0 Outbreak Control Group

9.1 Composition of an outbreak control group

The membership of the outbreak control group will be drawn from the following:

- DIPC and Infection Prevention and Control Team
- Chief Operating Officer
- Medical Director
- Consultant
- Director of Nursing or Deputy Director of Nursing
- Associate Director of Nursing for the affected area
- Matron for the affected area
- Ward Manager
- Occupational Health
- Microbiology representative
- Domestic Services Manager
- Media Communications

9.2 **Functions of an outbreak control group**

The Director of Infection Prevention and Control, CCDC, Medical Director or Director of Nursing will act as chairperson for the group with the remit to:

- Ensure that all necessary steps are taken for the continuing clinical care of the patients during the outbreak
- Make arrangements to co-ordinate the investigation of the source and cause of the outbreak
- Co-ordinate the control measures to be employed
- Establish appropriate communication channels
- Co-ordinate a needs assessment regarding supplies and manpower resources.
- Consider the need for additional help and expertise from other agencies
- Provide clear instructions and/or information for ward and other staff
- Establish communications with the Health Protection Unit when necessary
- Confirm the arrangements for press/media communication for the duration of the outbreak
- Decide if a help line needs to be organised
- Co-ordinate at least daily meetings of the action group to review the progress on the investigation and control of the outbreak
- Define the end of the outbreak
- Evaluation of the process identifying any learning from short falls or difficulties that were encountered, including and improvements required to reduce the risk of reoccurrence
- Prepare preliminary, interim and final reports on the outbreak

10.0 **Control of Outbreak**

10.1 Contact list if ward is closed – responsibility for this decided at outbreak meeting.

- Director of Nursing
- Associate Director of Nursing/ Matron for affected area.
- Clinical Director
- Consultant(s) who most frequently use that ward. (Where many consultants admit to a ward the relevant clinical director should be informed)
- Ward Manager
- Service co-coordinator
- Senior Hotel services Manager
- Staff Bank
- Occupational Health Department
- Domestic Services Manager
- Phlebotomy
- Therapies team
- Head of Procurement.
- Microbiology

10.2 For suspected Norovirus see specific policy.

- 10.3 Measures required will be dependent on the type of outbreak and will be decided by the IPT and DIPC and agreed at the outbreak meeting.
- 10.4 On occasions, visiting may need to be restricted. Next of kin are to be kept informed of progress of their relatives by telephone. If visiting is agreed due to compassionate grounds, those visiting must be advised how to minimise the risk of transmission of infection.

11.0 End of Outbreak

11.1 The ward may be opened due to operational reasons before the outbreak has completed. This decision is not to be taken lightly and the decision is to be made by Director of Delivery. Should this happen the Trust must recognise it is against strong infection control principles.

- Ward to be deep cleaned including all equipment and fogged where possible
- All curtains to be changed
- Communication to be made Trust wide that the ward has re-opened
- Wards to remain closed for 48 hours after last symptomatic patient
- Deep clean sign-off to be completed by Ward Manager/Nurse in Charge, Infection Prevention Nurse, Lead Nurse for the Ward and Domestic Services Manager

11.2 At the end of the outbreak a report will be prepared by the Infection Prevention & Control Team and circulated to members of the outbreak team and others as appropriate. The management of the incident will be reviewed and any lessons learnt communicated to the Outbreak Control Team and other relevant parties.

12.0 Audit and Monitoring

12.1 The effectiveness of the Policy is monitored through the Directorates and an annual Trust wide documentation audit coordinated through the Clinical Audit Department.

12.2 The Infection Control Committee reviews the Infection Control Policies.

12.3 Directorate Lead Nurses are required to monitor and ensure that any necessary remedial action is taken as a result of inappropriate practices and develop localised action plans which are monitored at the Infection Prevention Committee.

12.4 Any training needs are identified and highlighted during monitoring within the Divisions.

12.5 Any breaches on this policy or outbreak events are reported via the Datixweb system and investigated.

13.0 Implementation and Communication

13.1 This Policy will be issued to the following staff to disseminate. These individuals will ensure their staff are made aware of the Policy:

- Ward Sisters/Charge nurses – issue to relevant nursing staff within their ward
- Departmental Managers – issue to relevant nursing staff within their department
- Bed Management Team/Service Co-coordinators – issue to On-call Managers folder
- Clinical Directors
- Lead Nurses
- Hotel Services Manager

13.2 The guideline will also be issues via the Staff Focus and made available on the Intranet and website and a hard copy available on the Ward/Department Infection Prevention Policy folder.

14.0 Training

14.1 Training will be in accordance with the Mandatory Training Policy and Training Needs Analysis.

15.0 References

Damani, N. (2012) Manual of Infection Prevention and Control. 3rd Edition Oxford University Press.

Department of Health (2008). The Health and Social Act: Code of Practice for the Prevention and Control of Health Care Associated Infections. London

Gould.D, Brooker, C (2008) Infection Prevention and Control. 2nd Edition; Palgrave Macmillan

Loveday H et al (2013) epic 3: National Evidence Based Guidelines for preventing Health care associated infections in NHS Hospitals in England. Journal of Hospital Infection s1-70

NICE (2012) Prevention and control of healthcare- associated infections in primary and community care.

Public Health Laboratory Service (2000) Guidance on the Control of Infections in Hospital. Colindale. London.