Contingency plans for the control of infectious outbreaks/ incidents

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Type of document	Policy
Target audience	All CWP staff
Document purpose	*Outbreaks of infection within a hospital or healthcare setting vary greatly in extent and severity, ranging from a few cases restricted to a single ward or area, up to a hospital wide outbreak, involving many service users / clients and possibly staff members. The number of cases required for a situation to be classified as an outbreak varies according to the infectious agent, severity of symptoms and the number of cases in a given time, period and location (Public Health England 2014)* *The decision to classify a given situation as an infection incident or outbreak will be made by the IPC Team (IPCT) after consultation with relevant clinical staff. The aim of this policy is to ensure prompt action to:* *- Recognise early a major outbreak of food poisoning or communicable disease* *- Define its important epidemiological characteristics and aetiology* *- Prevent further spread* *- Prevent its recurrence if possible.* *Maintain satisfactory communication with external agencies that have a legitimate interest in the outbreak.*

Approving meeting	Note approving meeting	Date 27-Apr-21
Implementation date	27/04/2021 followed by an annual compliance review	

CWP documents to be read in conjunction with	
GR1	Incident reporting management and review policy
IC7	Patient isolation policy
IC	All infection prevention and control policies

Document change history	
What is different?	Title of Occupational Health updated to Workforce Wellbeing Services Where to access related documents/notices added Appendix 1 updated Sections 1, 2.1, 3 and 4 have been updated.
Appendices / electronic forms	Appendix 2 added
What is the impact of change?	Low – approved at IPCSC

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.

Document consultation	
Clinical Services	Who within this service have you spoken to
Corporate services	Who within this service have you spoken to
External agencies	Who within this service have you spoken to

Financial resource implications	None

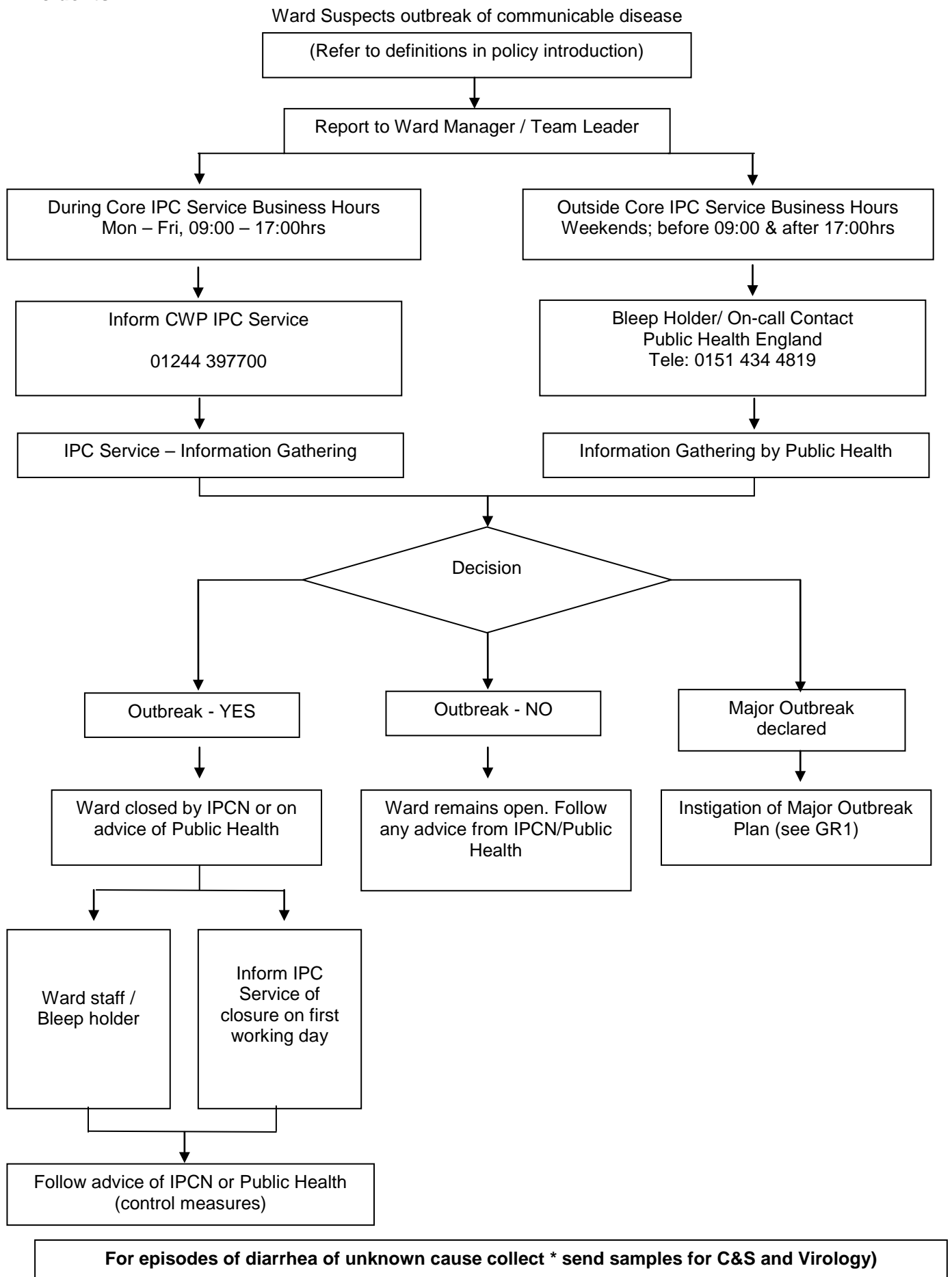| **External references** |
|---|
| 1. Guidelines for the management of norovirus outbreaks in acute and community health settings and social care settings. (produced by the Norovirus Working Party: an equal partnership of professional organisations) (March 2012) |
| 2. Communicable Disease Outbreak Management Operational guidance, produced by PHE (2014) |
| 3. The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance (2015) |
| 4. Management of outbreaks of foodborne illness in England and Wales – Food Standards Agency (2008) |

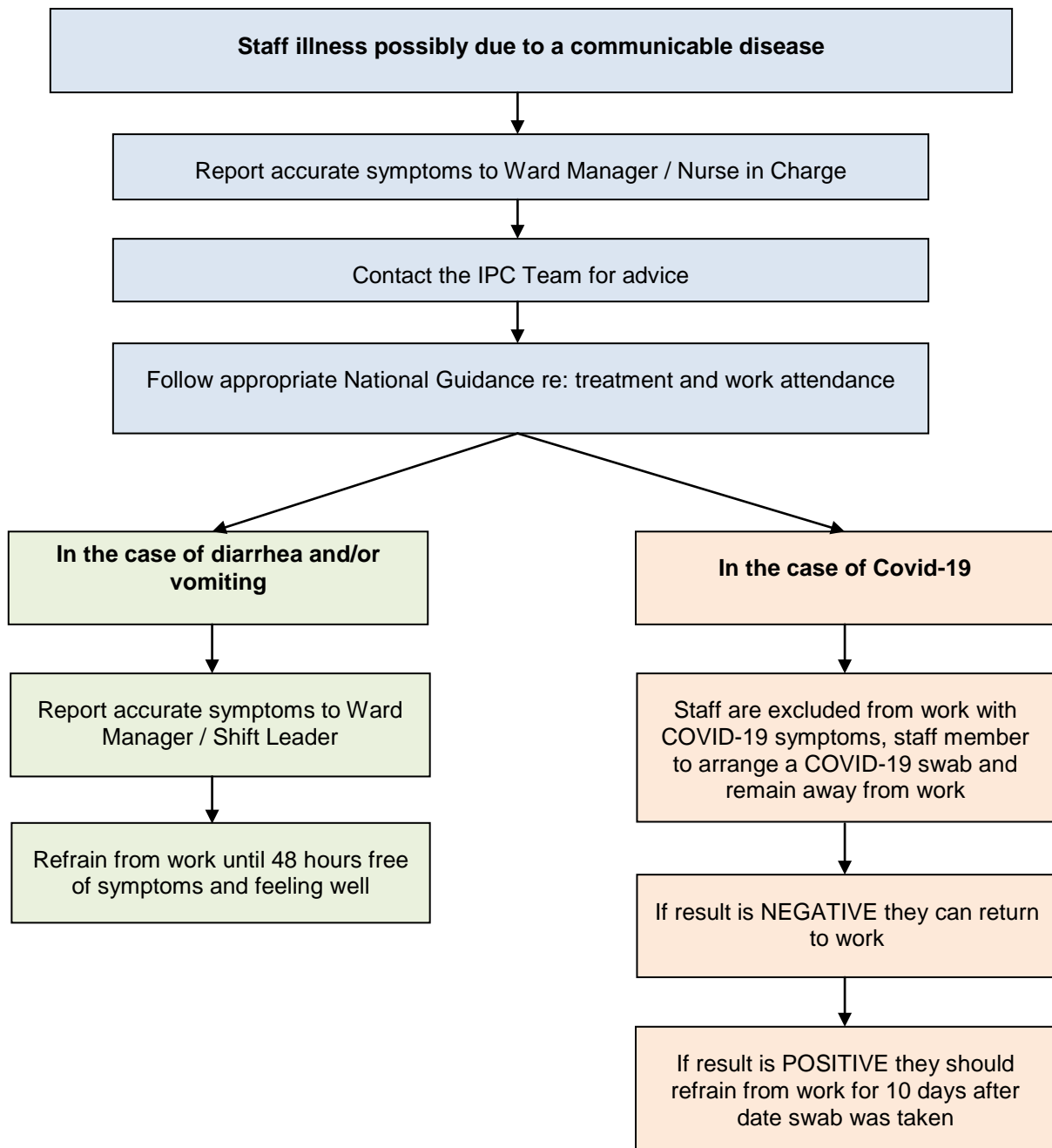| **Equality Impact Assessment (EIA) - Initial assessment**	**Yes/No**	**Comments**
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? Select		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted. If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

Contents

Quick reference flowchart 1 - Contingency plans for the control of infectious outbreaks/ incidents.

Ward Suspects outbreak of communicable disease

(Refer to definitions in policy introduction)

Report to Ward Manager / Team Leader

| During Core IPC Service Business Hours Mon – Fri, 09:00 – 17:00hrs | Outside Core IPC Service Business Hours Weekends; before 09:00 & after 17:00hrs |

Inform CWP IPC Service

01244 397700

Bleep Holder/ On-call Contact Public Health England Tele: 0151 434 4819

IPC Service – Information Gathering

Information Gathering by Public Health

Decision

| Outbreak - YES | Outbreak - NO | Major Outbreak declared |

Ward closed by IPCN or on advice of Public Health

Ward remains open. Follow any advice from IPCN/Public Health

Instigation of Major Outbreak Plan (see GR1)

Ward staff / Bleep holder

Inform IPC Service of closure on first working day

Follow advice of IPCN or Public Health (control measures)

For episodes of diarrhea of unknown cause collect * send samples for C&S and Virology)

Quick reference flowchart 2 - Staff illness possibly due to a communicable disease, (please also consider referral to Workforce Wellbeing Services were appropriate as in policy IC10).

Staff illness possibly due to a communicable disease

Report accurate symptoms to Ward Manager / Nurse in Charge

Contact the IPC Team for advice

Follow appropriate National Guidance re: treatment and work attendance

In the case of diarrhea and/or vomiting

Report accurate symptoms to Ward Manager / Shift Leader

Refrain from work until 48 hours free of symptoms and feeling well

In the case of Covid-19

Staff are excluded from work with COVID-19 symptoms, staff member to arrange a COVID-19 swab and remain away from work

If result is NEGATIVE they can return to work

If result is POSITIVE they should refrain from work for 10 days after date swab was taken

1.   Introduction

Outbreaks of infection within a hospital or healthcare setting vary greatly in extent and severity, ranging from a few cases restricted to a single ward or area up to a hospital wide outbreak involving many service users and possibly staff members.

Broadly, an outbreak or incident can be defined as:

- An incident in which two or more people experiencing a similar illness are linked in time or place, such as Diarrhoea and/or vomiting;
- A greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred (Period of Increased Incidence);
- **For a COVID-19 outbreak, the definition is two or more cases to occur within the same ward environment within 14 days**
- A single case for certain rare diseases such as diphtheria, botulism, rabies, viral haemorrhagic fever or polio;
- A suspected, anticipated or actual event involving microbial or chemical contamination of food or water. (Public Health England, 2012)

The decision to classify a given situation as an infectious incident or outbreak will be made by the Infection Prevention and Control Service (IPCS) after an assessment of the situation involving the relevant clinical staff. The IPCS comprises of the Director of Infection Prevention and Control (DIPC) / Associate Director of Nursing and Therapies, Head of Infection Prevention and Control, Lead Nurse and Infection Prevention Control Nurses.

The rapid recognition of an infectious incident or outbreak is most important. Vigilance on the part of nursing, medical and other staff can lead to the early identification of an infectious incident or outbreak and lead to swift intervention.

The aim of this policy is to ensure prompt action to:

- Early recognition of an outbreak of food poisoning or communicable disease;
- Define its important epidemiological characteristics and aetiology;
- Prevent further spread;
- Prevent its recurrence where possible;
- Maintain satisfactory communication with external agencies that have a legitimate interest in the outbreak.

2.   Guiding principles

For effective and efficient management of an outbreak this policy is based on the following principles:

- Personal responsibility of named individual members of the outbreak control team for managing defined aspects of the outbreak;
- Maintain clear lines of communication within the trust and satisfactorily managing communication with external agencies;
- Keep the operational details of this policy up to date.

2.1   Overall responsibility

Within Cheshire and Wirral Partnership NHS Foundation Trust (CWP) it is the responsibility of the IPCS to commence and carry out the outbreak plan and manage the outbreak in conjunction with the DIPC, trust staff and relevant other agencies and trusts. An outbreak management group may be coordinated, dependent on severity, and this will include our emergency planning team. This also applies to pandemic influenza and more recently outbreaks of COVID-19.

3.   Immediate action

Any member of healthcare staff discovering a service user with symptoms of a suspected communicable disease must report this to the ward manager or equivalent at once. This person must then contact the IPCS immediately for further advice.

In conjunction with advice given from the IPCS the outbreak will be assessed and appropriate instructions and advice given to manage the situation e.g. service user isolation as per the IC7 patient isolation policy.

The IPCN will liaise with the department and the member of staff in charge of the area.

The IPCN will determine whether or not ward / unit closure is required in conjunction with the DIPC or relevant other in their absence. The IPCN will determine if a major outbreak has occurred and an outbreak plan will be instigated by them. The IPCN will then ensure the relevant outbreak checklist (appendix 1 and appendix 2) and relevant other documents can be found on the IPC web page at http://nww.cwp.nhs.uk/TeamCentre/IPC/Pages/home.aspx

If the outbreak has occurred outside of the IPCS Core Business Hours (08:00h – 18:00h, Mon-Fri), then then the relevant on-call manager should obtain advice from the on-call support services, namely Public Health England on call (0151 434 4819). The telephone number is available on the IPCS Intranet page and also via the IPCS Office answer machine. The on-call manager should be adhering to this guidance. In such circumstances the outbreak plan will be assessed on the next working day or sooner if advised to do so.

It is not the responsibility of the nurse in charge to close a unit or ward without advice from the responsible person namely the IPCN, DIPC or Public Health England.

4.   Staff illness possibly due to communicable disease
Illness amongst **any** staff members, whether participating in direct patient care or not, must be reported to their immediate manager who will then ensure this information is communicated to the IPCS. The IPCS will then liaise accordingly with the Workforce Wellbeing Service and relevant other organisations where the situation will be monitored on at least a daily basis by the IPCS or relevant on call system. It is imperative that staff submit samples where appropriate/advised (i.e. Diarrhoeal illness), so that the causative organism can be identified.

For staff illness where the ward is closed due to suspected COVID-19 please ensure:

- Staff are excluded from work with COVID-19 symptoms, staff member to arrange a COVID-19 swab and remain away from work
- If result is NEGATIVE they can return
- If result is POSITIVE they should refrain from work for 10 days after date the swab was taken or onset of symptoms

Maintaining accurate data pertaining to staff illness e.g. symptoms, date of onset etc. is imperative during an outbreak. The nurse in charge/manager should co-ordinate this in the first instance until the IPCS take over. In any case data should be kept up to date in between times and advice sought if there are any significant changes. The outbreak documentation is available on the IPC intranet page as a guide.

4.1   Staff returning to work following illness
Staff experiencing illness possibly linked to an outbreak of communicable illness in their workplace should refrain from work. In the case of diarrhoea and/or vomiting, staff should refrain until they have been **symptom free for 48 hours** at least, and are feeling well again. For other communicable illness, the appropriate advice should be followed as in **IC10 - Prevention and management of exposure to health care associated infections (HCAI) and inoculation incidents** and as per national guidance. Advice can be accessed via the IPCS.

For staff illness where the ward is closed due to suspected COVID-19 please ensure:

- Staff are excluded from work with COVID-19 symptoms, staff member to arrange a COVID-19 swab and remain away from work
- If result is NEGATIVE they can return

• If result is POSITIVE they should refrain from work for 10 days after date swab was taken or onset of symptoms

5. Staff movement during an outbreak

During an outbreak in an inpatient area staff movement must be kept to the absolute minimum with only essential staff entering the affected area. However, it is also recognised that service user safety is a priority and therefore it may be necessary on occasion's e.g. Crisis Support Team for staff to work across wards / units. All attempts must be made for agency / temporary staff not to be allocated to care for symptomatic service users unless in an emergency situation.

It is the responsibility of the nurse in charge of the ward to ensure that a notice is placed at the ward entrance, as soon as an outbreak is confirmed, advising all visitors to the affected area to speak to the ward staff before entering the ward. Notices are available on the IPC intranet page.

6. Instigation of the outbreak plan

The IPC team in conjunction with the DIPC or relevant other (in their absence) will have the discretion as to the instigation or not of the major outbreak plan. Individual ward closures can be initiated without the activation of the major outbreak plan. If the safe operation of the hospital or clinical area is compromised then implementation of the contingency plan is mandatory.

6.1 Outbreak Management Group
Membership may include:
- Director of Infection Prevention and Control;
- Infection Prevention and Control team;
- Consultant in Communicable Disease Control;
- Manager of the affected area;
- Consultant in charge of the service users / clients of the affected area;
- Modern Matron of the affected area;
- Emergency Planning manager
- Facilities and Estates manager;
- Head of communications / PR manager;
- If food poisoning is suspected then an environmental health officer from the specific locality will be involved;
- Secretarial support;
- Other staff may be co-opted to further outbreak meetings as deemed necessary.

6.2 Objectives of the outbreak control team
- To facilitate the clinical care of service users;
- To investigate the source and cause of any outbreak;
- To implement measures necessary to control the outbreak;
- To monitor the effectiveness of the control measures;
- To provide clear guidelines for communication with service users / patients, their friends / relatives, media, staff and other services within and outside the Trust;
- To evaluate the overall experience of controlling the outbreak and implement the lessons learnt accordingly.

6.3 At the end of the outbreak
After the outbreak has been controlled, a final meeting of the outbreak control team should be held with the aim of achieving the following objectives:
- To review the experience of all the participants involved in the management of the outbreak;
- To identify shortfalls and particular areas of concern that were encountered;
- To revise the outbreak plan as appropriate;
- To recommend if necessary, structural or service improvements which could reduce the chance of recurrence of the outbreak;

- Provide an outbreak report to the Director of Infection Prevention and Control, and subcommittee for noting and consideration of further action required.

Appendix 1 - Control measures that ward / unit should implement during outbreak of D&V/Flu

CONTROL MEASURE	COMMENTS
Isolate Service Users where possible. Consider cohort isolation.	
Inform Modern Matron of Outbreak. **If Out of Hours inform the on call Manager.**	
Inform Facilities Team of outbreak, in order to commence enhanced cleaning promptly.	
In Central & East – inform Bed Management **– 01625 661799**, and MDGH IPC Team – **01625 661417** (also for C Diff positive patient inform MDGH IPC Team) **Out of Hours - Ward closed by Public Health England** – ward to inform Bed Management of ward closure – 01625 661799. First working day – IPC Nurse to inform MDGH IPC Team via generic e-mail: ecn-tr.InfectionControlAdmin@nhs.net	
Place outbreak notices at ward entrance advising staff and visitors that ward is closed.	
Inform ward doctor of symptomatic patients and document on Care Notes.	
Designate toilet facilities if en-suite not available.	
Enhanced cleaning using hypochlorite 1000ppm, to include sanitary areas and frequently touched surfaces, e.g. door handles.	
Disposable paper towels and liquid soap with dispenser should be in hand-washing areas.	
Remove alcohol hand gel from use and remind staff to use liquid soap and water for hand washing.	
Staff should wear gloves and plastic aprons when dealing with infected patients or contaminated areas. Yellow waste bags to be replaced with orange bags for the duration of the outbreak.	
Minimise staff movement between wards and postpone non-essential visits.	
D&V - exclude symptomatic staff from work for 48hrs, after their last symptoms, as per Trust policy. For other outbreaks refer to IPC for advice.	
Close to admissions and discharges / transfers to other care settings, unless medically necessary.	
Risks assess activities for Service Users until ward re-opens. D&V affected SUs cannot have leave from the ward and should not join group activities or kitchen based activities until they have been 48 hrs clear	
Allocate temp / bank staff to care for asymptomatic service users wherever possible.	
Ward/Unit should keep a record of staff and patients who are ill (form attached).	
Obtain specimens if possible. **Request Bacteriology and Virology.** Ensure specimens are labelled correctly. Label "possible outbreak on ………….*ward*".	
IPC Nurse to commence outbreak mapping chart and update electronic copy daily throughout the outbreak.	

Appendix 2 - Control measures that ward / unit should implement during Covid-19 outbreak

CONTROL MEASURE	COMMENTS
IPCN to inform Head of IPC and Lead Nurse outbreak is suspected.	
Head of IPC/Lead Nurse to obtain approval from DIPC that outbreak can be declared.	
Once outbreak declared outbreak meetings to be set up and TCG to be updated via scheduled TCG meeting.	
IPCT start outbreak mapping chart and update electronic copy daily	
IPCT update weekly report for NHSE and send to EP Tuesday afternoon	
Isolate Service Users where possible. Consider cohort isolation.	
Inform Modern Matron of Outbreak.	
Inform Facilities Team of outbreak, in order to commence enhanced cleaning promptly.	
Inform Bed Management via email: cwp.centralisedbedmanagementhub@nhs.net	
Out of Hours - Ward closed by Public Health England – ward to inform Bed Management of ward. Ward to contact IPCT on first working day to update. First working day – IPC Nurse to inform MDGH IPC Team via generic e-mail: ecn-tr.InfectionControlAdmin@nhs.net	
Place outbreak notices at ward entrance advising staff and visitors that ward is closed.	
Inform ward doctor of symptomatic patients and document on Care Notes.	
Designate toilet facilities if en-suite not available.	
Enhanced cleaning using hypochlorite 1000ppm, to include sanitary areas & frequently touched surfaces, e.g. door handles.	
Disposable paper towels and liquid soap with dispenser should be in hand-washing areas.	
Remind staff to use liquid soap and water or alcohol gel for hand washing.	
Staff should wear surgical face masks, gloves and plastic aprons when dealing with infected patients or contaminated areas. Orange waste bags for the duration of the outbreak.	
Minimise staff movement between wards and postpone non-essential visits.	
Exclude staff from work with COVID-19 symptoms, staff member to arrange a COVID-19 swab and remain away from work. If result is NEGATIVE they can return If result is POSITIVE they should refrain from work for 10 days after date swab was taken/onset of symptoms	
Close to admissions and discharges / transfers to other care settings, unless medically necessary.	
Postpone activities for Service Users until ward re-opens.	
Allocate temp bank staff to care for asymptomatic service users wherever possible.	
Ward should keep a record of staff and patients who are ill (form attached).	
Obtain nose and throat swabs for symptomatic service users	