Shropshire Community Health
NHS Trust

Document Details	
Title	Outbreak Management Policy - Incorporating Bed and Ward Closure
Trust Ref No	763-56773
Local Ref (optional)	
Main points the document covers	This policy details guidance on dealing with an outbreak of infection occurring during office hours and 'out of hours'.
Who is the document aimed at?	All staff who work in a clinical environment throughout the Shropshire Community Health NHS Trust
Author	Head of Infection Prevention and Control
Approval process	
Who has been consulted in the development of this policy?	PHE, Consultant Microbiologists, Occupational Health Department, Risk manager and IPC Governance meeting members.
Approved by (Committee/Director)	Infection Prevention and Control Governance Meeting – notified to Quality and Safety Operational Group
Approval Date	11 July 2019
Initial Equality Impact Screening	Yes
Full Equality Impact Assessment	N/A
Lead Director	Executive Director of Nursing and Operations, DIPC
Category	Clinical
Sub Category	Infection Prevention and Control
Review date	11 July 2022
Distribution	
Who the policy will be distributed to	IPC Governance Meeting Members
Method	Electronically to IPC Governance Meeting Members and available to all staff via the Trust website
Document Links	
Required by CQC	Yes
Key Words	Outbreak, *legionella spp.,* norovirus, bed, ward, closure

Amendments		
No	Date	Amendment
1	October 2019	Significant Incident changed to Significant Impact. Policy Title changed Addition of Period if Increased Incidence

Contents

Outbreak Management Policy on a Page

This is only to be used as a summary. See full policy for detailed advice.

Two or more people experiencing similar symptoms linked in time/place e.g. diarrhoea, influenza symptoms, wound infection

YES

- Contact IPCT or on-call Microbiologist. They will assess the situation with regards to isolation or closing the bay (staff are to seek advice with regards to closing the bay)
- Ensure you have information to hand about symptomatic patients and their contacts
- Collects samples; swab for suspected influenza, diarrhoea (with or without vomiting) to be labelled as an outbreak sample
- Complete outbreak paperwork
- Record observations
- Fluid balance/Bristol stool charts
- GP to review patients
- Commence isolation audits – send to IPCT
- If the bay/ward has been closed it is to be opened by the on-call Microbiologist out of hours or IPCT in hours **only**
- **Datix to be completed**

Cleaning, PPE, communication and equipment:

- Full Tristel clean twice a day to include all equipment
- Surgical face mask when dealing with vomit and influenza like illness (this includes while waiting for results)
- Appropriate use of gloves and aprons
- Good communication between multidisciplinary team to include Domestic services
- Use single use/single patient use equipment if possible i.e. BP Cuffs
- Inform visitors
- Erect relevant boards
- Provide patients/staff and visitors with relevant leaflets

- IPCT in hours **01743 277671**
- Out of hours on-call microbiologist **01743 261000**

Closed bay:

- No new admissions into that bay
- No discharges to other health or social care premises (unless the patient requires acute care; staff in the acute setting **MUST** be made aware of the outbreak to enable them to put precautions in place)

1 Introduction

The Trust has an obligation to manage any outbreak of infection or significant incident to prevent spread and protect patients, staff and visitors. The impact of outbreaks on the NHS is extensive and it is important that measures to reduce transmission and control outbreaks do not have a negative impact on patients and their visitors. Outbreaks will occur from time to time and prompt action will protect patients, staff and the public from infection.

Each incident is unique. However, certain arrangements in every case are necessary and these will be applicable to surveillance, investigation, management and control of infection.

An outbreak may be defined as two or more related cases of an infective disease. Acute outbreaks are those that lead to a sudden increase in the number of people with symptoms and non-acute outbreaks are those that develop over a number of days or weeks.

Suspected outbreaks must be notified to the Infection Prevention and Control (IPC) team as soon as possible.

2 Purpose

The purpose of this policy is to provide staff who work in the clinical areas of the Trust 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
- To deal with the significant incident

This policy provides advice for dealing with an outbreak of infection or significant incident occurring during office hours and 'out of hours'.

In the event of an outbreak in a prison this policy will be used in conjunction with the prison contingency plan policy. Public Health England provides advice.

3 Definitions

Term / Abbreviation	Explanation / Definition
CCDC	Consultant in Communicable Disease Control
CCG	Clinical Commissioning Group
CCR	Clinical Case Review
CDI	*Clostridium difficile* Infection
D & V	Diarrhoea (a stool loose enough to take the shape of a container) and vomiting
DIPC	Director of Infection Prevention and Control
HPU	Health Protection Unit
IPC	Infection Prevention and Control
IPCG	Infection Prevention and Control Governance
MRSA	Meticillin Resistant *Staphylococcus aureus*

Norovirus	Norovirus, also known as winter vomiting disease, causes gastroenteritis and is highly infectious. The virus is easily transmitted through contact with infected individuals from one person to another.
OCT	Outbreak Control Team
Outbreak	Two or more people experience similar symptoms linked in time/place
PHE	Public Health England
PII	Period of Increased Incidence
PIR	Post Infection Review
RCA	Root Cause Analysis
SaTH	Shrewsbury and Telford Hospitals
SI	Serious Incident
SIP	Service Improvement Plan

4 Duties

4.1 The Chief Executive

The Chief Executive has overall responsibility for ensuring infection prevention and control is a core part of Trust governance and patient safety programmes.

4.2 Director of Infection Prevention and Control

The Director of Infection Prevention and Control (DIPC) is responsible for overseeing the implementation and impact of this policy, make recommendations for change and challenge inappropriate infection prevention and control practice.

4.3 Infection Prevention and Control Team

The Infection Prevention and Control (IPC) team is responsible for providing specialist advice in accordance with this policy, for supporting staff in its implementation, and assisting with risk assessment where complex decisions are required.

The IPC team will ensure this policy remains consistent with the evidence-base for safe practice, and review in line with the review date or prior to this in light of new developments.

4.4 Managers and Service Leads

Managers and Service Leads have the responsibility to ensure that their staff including bank and locum staff etc. are aware of this policy, adhere to it at all times and have access to the appropriate resources in order to carry out the necessary procedures.

Managers and Service Leads will ensure compliance with this policy is monitored locally and ensure their staff fulfil their IPC mandatory training requirements in accordance with the Trust Training Needs Analysis.

4.5 Staff

All staff have a personal and corporate responsibility for ensuring their practice and that of staff they manage or supervise comply with this policy.

Need to consider other key staff who may have specific duty under this policy e.g. Medicines Management, Occupational Health

4.6 Roles and Responsibilities of Key Personnel Involved in the Outbreak Control Team

Depending on the nature of the outbreak, appropriate members of the Outbreak Control Team should be drawn from the following list:

- DIPC
- Director of Public Health/Public Health Consultant
- IPC Team
- CCG IPC Team representative (Shropshire/Telford and Wrekin)
- CCDC
- PHE Nurse
- Deputy Director of Operations
- Service Delivery Manager
- Locality Clinical Manager
- Community/Clinical Services Manager for affected area
- Emergency Planning and Business Continuity Lead
- Prison Governor
- Facilities and Estates Manager
- Hotel Services Manager
- SCHT Consultant Microbiologist/IPC Doctor
- Risk Manager
- Local Authority Environmental Health Department Representative
- Medicines Management Representative
- Occupational Health Department Representative
- Water Authority Representative
- Communications Team
- Administrative support
- Others as appropriate (specified by the chairperson)

NOTE: In order to ensure the successful and timely management of an outbreak, it is recognised that in some cases several major decisions in relation to the outbreak may have been taken prior to the meeting e.g. restriction of movement, exclusion of individuals from work, removing staff from duty.

4.6.1 Responsibilities of the Chair of the Outbreak Control Team (OCT)

- Where necessary convene the OCT
- Ensure OCT membership is appropriate
- Chair the OCT meeting (Refer to Appendix 1 for Draft Agenda)
- Ensure that the necessary communications and consultations occur including conference calling etc.

- Be responsible for coordinating work on the control of the outbreak
- Ensure a final report is written and circulated
- Ensure any changes to policies required based on lessons learnt are actioned

4.6.2 Director of Infection Prevention and Control (DIPC)

- Take the lead in managing the outbreak and implementing the outbreak control plan
- Where necessary declare a serious incident or a serious outbreak following appropriate consultation with the Director of Public Health and the Public Health England (PHE) Consultant/Consultant in Communicable Disease Control (CCDC)
- In collaboration with the IPC Team recommend appropriate isolation of patients, restriction of movement of staff and patients where possible
- Be responsible for ensuring the maintenance of the Outbreak Control Plan
- Inform appropriate bodies including the local Clinical Commissioning Groups (CCG)s and local General Medical Practitioners
- Notify the Chief Executive and act as a link between the OCT and Chief Executive
- Agree the strategy for communication with the media, including information to be released
- Ensure that adequate resources and adequately trained staff are available to allow the investigation and control of the outbreak to proceed without hindrance
- Assist the communications department with media and other relations, if required
- Consider whether there is a need for mutual aid from other health care establishments

4.6.3 Deputy Director of Operations/Service Delivery Managers

- Ensure that clinical services are available for the diagnosis and treatment of cases and contacts
- Receive situation reports from healthcare managers

4.6.4 Consultant in Communicable Disease Control (CCDC)

- Take the lead in epidemiological investigation and provide medical advice to the team as required
- Ensure laboratory tests are undertaken appropriately and report results to the OCT
- Present relevant information to the OCT
- Provide advice and guidance on the microbiological aspects of the investigation and control of the outbreak in conjunction with the Consultant Microbiologist
- Liaise with CCDC colleagues in adjacent districts
- Assist the DIPC with the media and other relations, if required
- Monitor progress
- Co-ordinate multi agency response to the incident

4.6.5 Locality Clinical Manager/Ward Manager

- Report to line manager
- Ensure outbreak pack documentation is completed – found on IPC page at: https://www.shropscommunityhealth.nhs.uk/ipc-leaflets
- Ensure correct signage is displayed on the entrances to the ward/bays
- Only if outbreak involves bed(s) and/or bay closure complete a Datix incident form to report an outbreak
- In the event of whole ward closure a Datix incident form must be completed and escalated to the Trust Risk Manager for reporting as a Serious Incident (SI) within three days
- To implement recommendations as agreed by the OCT
- To collect and document relevant information/data on patients
- Assist with and ensure full co-operation from staff in respect of assistance with taking samples and monitoring the outbreak
- To organise provision of appropriate nursing and medical staff to manage increased workload relating to symptom relief and infection prevention and control stock requirements etc.
- To ensure that staff and domestics are available e.g. enhanced cleaning and cleaning out of hours (ward staff to be aware, up to date in their training and competent in mixing chemicals such as Tristel)
- To ensure effective communication within your area
- Be in regular contact with the IPC team providing daily updates of the situation
- Escalate staffing issues and risk assess

4.6.6 Infection Prevention and Control Nurse/Team

- Commence outbreak documentation
- Review the outbreak at least once daily
- Provide advice and guidance on matters of infection control
- Participate in education and training to support the outbreak plan
- Arrange as necessary, for environmental investigations e.g. the inspection of the area implicated in the outbreak and the procurement of samples, swabs, specimens of food or water etc.
- Will visit the ward and audit during the outbreak if deemed necessary
- Liaise closely with the healthcare staff within the area concerned
- Communicates to senior management and includes information regarding bed closures and plans to reopen
- Assist in the appropriate environmental investigations
- Contribute to outbreak reports, including the final report

4.6.7 Consultant Microbiologist

- Organise appropriate laboratory investigation of the outbreak/incident and communication of the results

- Provide specialist advice on the microbiological aspects of the outbreak/incident
- Liaise with microbiologists in other laboratories, including reference laboratories, which are involved in the investigation

4.6.8 Administrative and Clerical Support to the Outbreak Control Team

- Take minutes of each meeting of the OCT and to produce a timely written record of the meeting
- Be involved in other administrative and clerical functions as appropriate to the incident/outbreak

4.6.9 Communications Manager

- Advise and assist in the preparation of communications for the media
- Communicate with the media if directed by the OCT
- Liaise closely with Press/Public Relations Officers of partner organisations as appropriate to ensure that all information is agreed and consistent

4.7 Terms of Reference of the Outbreak Control Team

- Agree a case definition
- Facilitate the optimal clinical care of patients and staff
- Review evidence of the outbreak/incident and the results of epidemiological and microbiological investigations, including data collection and analysis
- Investigate the source and cause of the outbreak/incident
- Decide on control measures and determine the necessary commitment of personnel and resources required to manage all aspects of the incident
- Monitor effectiveness of control measures
- Identify what additional expert assistance may be required and whether required
- Provide clear guidelines for communication with patients, relatives, clinical staff and where necessary, other relevant organisations outside of the Trust as well as the media
- Document the outbreak
- Decide when the outbreak/incident may be declared over/resolved
- After the outbreak/incident, to prepare for submission to the Infection Prevention and Control Governance Meeting/Quality and Safety Committee its report of the outbreak- see section 11.2 of this policy

4.8 Committees and Groups

4.8.1 Board

The Board has collective responsibility for ensuring that appropriate and effective policies are in place to minimise the risks of healthcare associated infections.

4.8.2 Quality and Safety Committee

Are notified of all IPC incidents.

4.8.3 Infection Prevention and Control Governance Meeting

Is responsible for:

- Advising and supporting the IPC team
- Reviewing and monitoring individual serious incidents, claims, complaints, reports, trends and audit programmes
- Sharing learning and lessons learnt from infection incidents and audit findings
- Agreeing and escalating key risks/items of concern to the appropriate Directors and/or the Quality and Safety Committee
- Approval of IPC related policies and guidelines

5 Recognition of an Outbreak

An outbreak of infection should be suspected if:

- Two or more people experience similar symptoms linked in time/place e.g. diarrhoea and/ or vomiting, sore throat, influenza-like tracheitis, wound or skin infection/rashes
- Microbiology reports that may show an increase in the number of isolates of a single species
- The Occupational Health Department notices an increased incidence of a specific infection in staff
- Occasionally a major outbreak may be declared after a single patient has acquired infection in hospital e.g. Legionella, or if a particularly hazardous infection is diagnosed e.g. avian influenza, diphtheria, botulism

Ward staff must isolate affected patients as soon as possible to prevent and control the outbreak. They must also send appropriate specimens to the laboratory for examinations. A DATIX must be completed if the patient is unable to be isolated within 2 hours.

Please refer to SCHT Isolation policy.
https://www.shropscommunityhealth.nhs.uk/content/doclib/10430.pdf

Ward staff to commence completion of the outbreak pack.

Precise details of individual patients and staff and when their symptoms started should be recorded. Name, unit number, age, symptoms and the date they started will be required and the outbreak monitoring form should be used to record these details (Appendices 2 & 3). In the event of diarrhoea and/or vomiting outbreak it is advised that the diarrhoea and vomiting daily summary is used.

Refer to Management of Gastro-intestinal Infections including norovirus Policy.
https://www.shropscommunityhealth.nhs.uk/content/doclib/10380.pdf

6 Notification of a Suspected Outbreak or Significant Impact on Services due to Infection

Responsibility for reporting a suspected outbreak/significant impact on services lies with both the clinician responsible for the patients and the nurse in charge of the ward/unit/area.

Suspected outbreaks of infection or significant impact should immediately be reported to one of the following:

- The IPC team (Office hours) on 01743 277671
- A Consultant Microbiologist in the Shrewsbury and Telford Microbiology Laboratory (via hospital switchboard out of hours on 01743 261000)

It is essential any clinical staff report their suspicions promptly.

(It does not matter if investigation subsequently shows no outbreak; it is essential not to delay reporting and to seek advice if unsure).

6.1 Statutory Notification

Health protection legislation in England has been updated to give public authorities new powers and duties to prevent and control risks to human health from infection or contamination, including by chemicals and radiation. The revised measures are contained within the amended Public Health (Control of Disease) Act 1984. The regulations were updated in 2012 but had already been in force since 6 April 2010 and those relating to laboratory notifications 1 October 2010. The new legislation adopts an all hazards approach, and, in addition to the specified list of infectious diseases, there is a requirement to notify cases of other infections or contamination which could present a significant risk to human health.

The 2010 regulations for clinical notifications requires Registered Medical Practitioners to notify the 'Proper Officer' of the relevant Local Authority usually delegated to the CCDC of the local Public Health England (PHE) where they have reasonable grounds for suspecting that a person(s) has any notifiable infectious diseases, infection or contamination orally, by phone for urgent cases e.g. E.coli O157, Typhoid etc. on 0344 225 3560 Option 2.

Out of hours please contact First Response on 01384 679031and ask for the Consultant on call for West Midlands North PHE

For non-urgent cases, use the electronic reporting form (refer to Appendix 4) which can be posted. Appendix 4 also includes a link to a full list of notifiable diseases. The attending Registered Medical Practitioner should fill out a notification certificate immediately on diagnosis of a suspected notifiable disease and should not wait for laboratory confirmation of the suspected infection or contamination before notification. The certificate should be sent to the Proper Officer within three days.

Notifications sent to the PHE must be made in a secure manner. This may be by telephone, letter or encrypted email or to a secure fax machine. If in doubt please contact the local PHE for advice. Contact details: West Midlands North PHE Team on 0344 225 3560 option 2, (Out of hours contact First Response on 01384 679031 and ask for the Consultant on call for West Midlands North PHE Team)

6.2 Local Notification

A Datix incident form must be completed by the ward staff in the event of an outbreak of infection and if the ward is closed escalate to the Trust Risk Manager for reporting as an SI.

6.3 Reporting Outbreaks of Norovirus to Public Health England

Refer to section 24 of the SCHT Management of Norovirus and other Gastro-intestinal Infections Policy, https://www.shropscommunityhealth.nhs.uk/content/doclib/10380.pdf
The IPC Team will complete the Norovirus returns for PHE.

7 Investigation of a Suspected Outbreak

Suspected outbreaks are initially investigated by the IPC team and reported back to the DIPC and other relevant managers.

7.1 Minor Outbreak

- Usually characterised by similar signs and symptoms affecting people in one area and may occur over a period of days or weeks
- Small outbreaks of infection, most commonly due to norovirus, occur in all hospitals from time to time, and are routinely recognised, investigated and

controlled by the IPC nurses in conjunction with the Consultant Microbiologist, medical and nursing staff

- Minor outbreaks may require actions including ward closure but do not usually require convening a major outbreak team unless causing major disruption

7.2 Major Outbreak

Generally this is characterised by similar clinical signs and symptoms affecting a significant number of people (e.g.10 or more patients and/or staff) in one unit/ward, area. However, an infection may be considered major either due to the number of cases or because of the seriousness of the disease.

7.2.1 Only in Certain Circumstances will a Major Outbreak be Declared

Including:

- A risk of spread to the community
- A risk of mortality or major morbidity
- An infection resistant to all antimicrobials
- A need for control measures requiring disruption to services, or control measures that require major cost and workforce planning

Please refer to SCHT Emergency Response Arrangements Policy
https://www.shropscommunityhealth.nhs.uk/content/doclib/11609.pdf

8 Bed and or Ward Closure

Beds and/or ward closures may be required in both minor and major outbreaks where the risk of infection to new admissions is high and the risk cannot be reduced by routine IPC measures e.g. hand washing, isolation nursing or cohort isolation nursing. The IPC team in consultation with the Consultant Microbiologist and/or DIPC will advise when beds and or ward closures are to be observed.

A bay/ward/department closure means this area is unable to accept new admissions or inter-ward transfers; neither can it discharge patients to other health or social care premises. Should this occur a Datix must be completed and rationale for decision taken if this has not been discussed with the IPC team and/or on-call Microbiologist.

There is evidence that outbreaks due to norovirus and *Clostridium difficile* can be controlled by containment in bays/rooms with doors closed and adherence with IPC procedures rather than entire ward closures. With these organisms it is likely that the IPC team will recommend bay closures rather than whole ward closure unless the symptomatic patients are distributed throughout the ward.

On-going review for the need for closure will be undertaken by the IPC team and will advise when beds and or wards can reopen as soon as it is appropriate.

Once reopening is sanctioned, arrangements for terminal cleaning of the area will be delegated to the relevant manager and undertaken in advance of reopening.

9 Action Required by Community Hospital on Suspicion of an Outbreak

9.1 Monday - Friday (9am to 5pm)

(Refer to Appendix 5 – In-hours flow chart for managing outbreak)

- When an outbreak/incident is suspected, the nurse/person in charge of the clinical area must contact the IPC team

- The IPC nurses will assess the situation, and inform the Consultant Microbiologist, DIPC, microbiology laboratory, CCG IPC team, PHE, the relevant manager of clinical areas and others as appropriate of the situation
- It is the **responsibility** of the **nurse in charge** to telephone the IPC team daily to give an update on the outbreak
- Once an outbreak or incident has been recognised the IPC team will continue to work with the clinical area to manage the outbreak
- Clinical staff in the affected area will be responsible for completing a Datix incident form in the event of an outbreak of infection and if the ward is closed escalate to the Trust Risk Manager for reporting as a SI

9.2 Out of Hours, Weekends or Public Holidays

(Refer to Appendix 6 – Out of hours flow chart for managing outbreak)

- The nurse/person in charge of the affected area must contact the on-call Consultant Microbiologist via Shrewsbury and Telford Hospitals (SaTH) switchboard on (01743 261000) for advice
- The on-call Consultant Microbiologist will assess the situation. This involves taking details of the affected patients/staff and a history of the illness. Healthcare staff must have this information available
- Clinical staff in the affected area will be responsible for contacting and updating the IPC team on the next working day
- Clinical staff in the affected area will be responsible for completing a Datix incident form and if the ward is closed escalate to the Trust Risk Manager for reporting as an SI
- The SCHT on call manager should be notified following the consultation with the on call microbiologist, to advise of any staffing implications, patient safety implications, and any bed closures affecting capacity.

Some outbreaks/incidents are of such a limited extent that the IPC nurses will deal with the situation (minor outbreak). However, other outbreaks/incidents may require an OCT to be established.

10 Initial Procedures for the Management of a Major Outbreak

The IPC team will initiate infection control procedures to include:

- Isolation nursing
- Case finding
- Data collection
- Diagnostic and screening microbiological tests

10.1 Activation of the Major Outbreak Plan

A decision whether an OCT is required will be made jointly by the DIPC, the IPC team, the Consultant Microbiologist, the CCDC and the Public Health Consultant. These people will decide who would be best to chair the meeting depending on the circumstances surrounding the outbreak. Refer to Appendix 1 for a draft agenda for OCT meetings.

10.2 Conclusion of Major Outbreak and the Final Report

After the major outbreak has been declared over the OCT should hold a final meeting with the following objectives and in particular the group should address:

- Has the source of infection been controlled?
- Have sufficient practicable measures been taken to prevent recurrence of this or similar episodes?
- Have adequate measures been set up to monitor infected patients and to assess and monitor the situation overall?
- Are there any implications for future service provision?
- Are any policy changes needed as a consequence of the outbreak?
- Lessons learned should be identified by the OCT and a service improvement plan, (refer to Appendix 7 for a template) developed with timelines and person/s identified to be responsible for undertaking/coordinating the actions.
- Wider lessons learned should be disseminated/embedded within wider organisation e.g. staff training may need to be reviewed following an outbreak
- The Chair of the OCT is responsible for closing the incident, withdrawing control measures, disbanding the OCT, informing those who need to know that the incident is closed and submitting a report of the outbreak to the IPC Governance Meeting/Quality and Safety Committee

10.3 Conclusion of the Minor Outbreak and the De-brief Meeting

Following the IPC team declaring the minor outbreak over a de-brief meeting may be arranged and chaired by the ward manager. The meeting should be held within 10 days of the outbreak being declared over. A member of the IPC team must be in attendance. A summary of the outbreak will be discussed, lessons learnt identified and a service improvement plan (if appropriate), developed (Appendix 7) with timelines and person/s identified to be responsible for undertaking and co-ordinating the actions.

The sharing of any lessons learnt and best practices identified will be disseminated through the ward team meetings, Ward Managers' meeting, community hospital sisters' meeting the IPC link staff group, Incident review Meeting and IPC Governance Meeting.

Please refer to:-

Appendix 8 for de-brief meeting agenda template,

Appendix 9 for IPC team outbreak summary template,

Appendix 10 for ward outbreak summary template and

Appendix 11 for the template for reporting the outbreak to IPC Governance Meeting

11 Periods of Increased Incidence (PII)

Periods of increased incidence (PII) of infection: two or more new cases detected following admission in a 28-day period on a ward e.g. MRSA, CDI

The IPC Team will:

- Seek advice from the Consultant Microbiologist at SaTH.
- The ward/area involved will be required to report the incident via Datix.
- The laboratory will be requested to send all positive specimens for typing.
- The ward/area will be required to complete the following audits:

- IPC Isolation self-audit
- Completion of additional Hand Hygiene, Bare Below the Elbow and Personal Protective Equipment Observational Tool
- A Cleanliness Monitoring audit

- The ward area will also be requested to complete a CCR/RCA on each patient involved.
- A deep clean of a bay and/ or the ward may be also be requested by IPC team.

The IPC team will notify the DIPC, Deputy Directors, Divisional Manager and relevant LCMs and CCG IPC Lead, (PHE may also need to be notified depending on numbers and timeframes).

IPC Team will continue to liaise with the ward and monitor.

A PII meeting will be arranged following the completion of the documentation to review any lapses in care and lessons learned to be shared.

The PII meeting minutes will be presented at the SCHT Serious Incidents and Lessons Learned Group.

12 Consultation

This policy has been developed by the IPC team in consultation with appropriate clinical services managers, advisors/specialists (e.g., Medical Advisor, Specialist Nurses, Medicine Management), PHE and IPC Governance Meeting members.

A total of three weeks consultation period was allowed and comments incorporated as appropriate.

12.1 Approval Process

The IPC Governance Meeting members will approve this policy and its approval will be notified to the Quality and Safety Committee.

13 Dissemination and Implementation

This policy will be disseminated by the following methods:

- Managers informed via Datix who then confirm they have disseminated to staff as appropriate
- Staff - via Team Brief and Inform
- Awareness raising by the IPC team
- Published to the Staff Zone of the Trust website

The web version of this policy is the only version that is maintained. Any printed copies should therefore be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments. When superseded by another version, it will be archived for evidence in the electronic document library.

13.1 Advice

Individual Services' IPC Link staff act as a resource, role model and are a link between the IPC team and their own clinical area and should be contacted in the first instance if appropriate.

Further advice is readily available from the IPC team or the Consultant Microbiologist.

13.2 Training

Managers and service leads must ensure that all staff are familiar with this policy through IPC induction and update undertaken in their area of practice.

In accordance with the Trust's mandatory training policy and procedure the IPC team will support/deliver training associated with this policy. IPC training detailed in the core mandatory training programme includes Standard Infection Control Precautions and details regarding key IPC policies. Other staff may require additional role specific essential IPC training, as identified between staff, their managers and / or the IPC team as appropriate. The systems for planning, advertising and ensuring staff undertake training are detailed in the Mandatory Training Policy and procedure. Staff who fail to undertake training will be followed up according to the policy.

Further training needs may be identified through other management routes, including Clinical Case Review (CCR), Root Cause Analysis (RCA) and Post Infection review (PIR), following an incident/infection outbreak or following audit findings. Additional ad hoc targeted training sessions may be provided by the IPC team.

14 Monitoring Compliance

Compliance with this policy will be monitored as follows:

- Hand hygiene will be audited in accordance with the Hand Hygiene Policy and via peer Hand Washing Assessments
- Cleaning standards within Community Hospitals will be monitored in accordance with the Publicly Available Specification (PAS) 5748 framework
- Environmental and patient equipment cleaning will be monitored as part of local routine cleanliness audits
- Audited locally using the HCAI Prevention audits undertaken by the IPC team and by staff as Self- audits as part of the IPC audit programme
- Additional periodic auditing and self-audits by clinical teams
- The IPC Governance Meeting will monitor compliance of the cleanliness audit scores and the IPC team audit programme

Numbers of staff undertaking IPC training, which includes Standard Infection Control Precautions will be monitored by the Organisational Development and Workforce Department

As appropriate the IPC team will support Services' Leads to undertake IPC CCRs/RCAs/PIRs. Managers and Services' Leads will monitor subsequent service improvement plans and report to the IPC Governance Meeting.

Knowledge gained from CCR/RCA/PIR and IPC audits will be shared with relevant staff groups using a variety of methods such as reports, posters, group sessions and individual feedback.

The IPC team will monitor IPC related incidents reported on the Trust incident reporting system and, liaising with the Risk Manager, advise on appropriate remedial actions to be taken.

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16 Associated Documents

This policy should be read in conjunction with:

- Cleaning and Disinfection Policy
- Emergency Response Arrangements Policy
- Hand Hygiene Policy
- Isolation Policy
- Incident Reporting Policy
- Performance Management of Root Cause Analysis of Infection Incidents Policy
- Specific IPC organism policies including MRSA, *Clostridium difficile,* Multi resistant Gram–negative bacteria and gastrointestinal infections including Norovirus
- Standard Precautions including Surgical Hand Scrub, Gowning and Gloving Policy

17 Appendices

Appendix 1 – Draft Agenda for Outbreak Team Meetings

Appendix 2 – Outbreak Monitoring Form Patient Details

Appendix 3 – Outbreak Monitoring Form Staff Details

Appendix 4 – Notification of Infectious Disease or Contamination Form

Appendix 5 – In-Hours Flow Chart for Managing Outbreak

Appendix 6 – Out of Hours Flow Chart for Managing Outbreak

Appendix 1 – Draft Agenda for Outbreak Team Meetings

Outbreak Control Team Meeting

Date and Venue

AGENDA

1.	Welcome and Introductions	
2.	Notes of previous meetings (2nd Meeting onwards)	
3	Background to Incident/Outbreak	
4	Actions to Date	
5	Current Situation: ▪ Patient status ▪ Isolation/cohort facilities-capacity ▪ Staffing issues ▪ Cleaning ▪ Supplies	
6	Recommended Control Measures	
7	Implications of Control Measures / Available Resources	
8	Agreed Action Plan	
9	Clarification of Individual Responsibilities	
10	Communication Strategy	
11	Completion of Datix Incident Form	
12	Any Other Business	
13	Next Meeting Date and Time	

Debrief/Post Infection Review Meeting
Norovirus Outbreak

AGENDA

1	Introductions and Apologies	
2	Summary of Outbreak – to include number of patients, dates of outbreak	
	2.1 Ward: a. background b. patient issues c. staffing issues d. recent self-audit compliance/service improvement plans e. hand hygiene audit results	
	2.2 IPC Team: a. background b. microbiology results d. audit results and summary of findings e. service improvement plans f. areas of good practice g. epidemic curve	
3	Domestic Staff Issues	
4	Communications	
5	CCG comments	
6	Root Cause and Conclusion	
7	Management of Future Outbreaks and Lessons Learned	
8	Any items of note to include in report to IPCG	
9	Any Other Business	
10	Date of Meeting to Review Progress of Service Improvement Plan	

Appendix 2 – Outbreak Monitoring Form Patient Details

Daily Diarrhoea and Vomiting Monitoring Form - Patients

Ward:		**Bay/Sideroom number:**					**Date:**				
Patient Sticker	**Relevant Past Medical History**	**Previous and Present infection inc antibiotics**	**On Laxatives - name and date stopped**	**Date & Time of 1st Episode**	**Date Stool Specimen Sent / Specimen Result**	**Symptoms**					
Patient one							**Time:**	**Time:**	**Time:**	**Time:**	**Time:**
						D*					
						Type					
						V*					
						N*					
Patient two							**Time:**	**Time:**	**Time:**	**Time:**	**Time:**
						D*					
						Type					
						V*					
						N*					
Patient three							**Time:**	**Time:**	**Time:**	**Time:**	**Time:**
						D*					
						Type					
						V*					
						N*					
Patient four							**Time:**	**Time:**	**Time:**	**Time:**	**Time:**
						D*					
						Type					
						V*					
						N*					

KEY: D = Diarrhoea V = Vomiting N = Nausea

Infection Prevention and Control Team September 2015

Type - refer to Bristol Stool Record Chart

Appendix 3 – Outbreak Monitoring Form Staff Details

Daily Diarrhoea and Vomiting Monitoring Form - Staff

Hospital: | **Month:**

Staff Name	DOB if known	Job Title	Work Area	Date & Time of 1st Episode	Date Stool Specimen Sent / Specimen Result	Date:										
						D*										
						V/N*										
						D*										
						V/N*										
						D*										
						V/N*										
						D*										
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						V/N*										
						D*										
						V/N*										

KEY: D = Diarrhoea V = Vomiting N = Nausea **✓ = Symptomatic x = No symptoms**

Appendix 4 – Notification of Infectious Disease or Contamination Form

Registered medical practitioner notification form template

Health Protection (Notification) Regulations 2010: notification to the proper officer of the local authority	
Registered Medical Practitioner reporting the disease	
Name	
Address	
Post code	
Contact number	
Date of notification	
Notifiable disease	
Disease, infection or contamination	
Date of onset of symptoms	
Date of diagnosis	
Date of death (if patient died)	
Index case details	
First name	
Surname	
Gender (M/F)	
DOB	
Ethnicity	
NHS number	
Home address	
Post code	
Current residence if not home address	
Post code	
Contact number	
Occupation (if relevant)	
Work/education address (if relevant)	
Post code	
Contact number	
Overseas travel, if relevant (destinations & dates)	

Please send completed forms to the proper officer of the local authority or to the local Health Protection Unit.

List of notifiable diseases and organisms https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report#list-of-notifiable-diseases

Appendix 5 – In-Hours Flow Chart for Managing Outbreak

IN HOURS (9am – 5pm Monday to Friday)
FLOW CHART FOR MANAGING OUTBREAK

Outbreak of infection – (2 or more cases of alert organisms
e.g. D&V, MRSA, *Clostridium difficile*, ESBL, Influenza)
Affected area to notify Infection Prevention and Control Nurses

↓

Consultant Microbiologist will be informed by the IPC Nurses

↓

Infection Prevention & Control Team will assess information and advise action
(The Infection Prevention & Control Team will decide if beds/bays and or ward should close)

↓

Infection Prevention & Control Team will inform the ward/department/service area manager about all ward /department closures

↓

In the event of a major outbreak, the DIPC will request an outbreak control team

↓

Outbreak will be monitored and appropriate action taken
(The IPC team/OCT will decide when the ward can be re-opened)

↓

A report will be written at end of a major outbreak by the Chair of the OCT and submitted to IPC Governance Meeting

↓

A minor outbreak debrief meeting will be arranged and chaired by the ward manager within 10 days of being declared over and a summary submitted to the IPC Governance Meeting

↓

Details of both major and minor outbreaks will be discussed at the next IPC Governance Meeting and Quality and Safety meeting

Appendix 6 – Out of Hours Flow Chart for Managing Outbreak

OUT OF HOURS FLOW CHART FOR MANAGING OUTBREAK

Outbreak of infection –
(2 or more cases of alert organisms
e.g. D&V, MRSA, *Clostridium difficile,* ESBL, Influenza)
Inform the on call consultant microbiologist at SaTH on 01743 261000

|

Consultant microbiologist will assess information and advise action Ward/department will inform relevant on call manager of advice given
(The consultant microbiologist will decide if ward/dept. should be closed)

|

Ward/department manager will commence the outbreak monitoring form. The Consultant microbiologist will be contacted if further advice is needed

|

The next working day the ward/department will inform the IPC team of the outbreak. The ward/department should also phone the IPC team for on-going advice

|

Outbreak will be monitored and appropriate action taken
(The IPC team/OCT will decide when the ward/dept. will be re-opened)

|

In the event of a major outbreak, the DIPC will request an OCT

|

Outbreak will be monitored and appropriate action taken
(The IPC team/OCT will decide when the ward can be re-opened)

|

A report will be written at end of a major outbreak by the Chair of the OCT and submitted to IPC Governance Meeting

|

A minor outbreak debrief meeting will be arranged and chaired by the ward manager within 10 days of being declared over and a summary submitted to the IPC Governance Meeting

|

Details of both major and minor outbreaks will be discussed at the next IPC Governance Meeting and quality and safety meeting

Appendix 7 – Service Improvement Plan Template

Service Improvement Plan				
Issues Identified	**Actions to Deliver / Improve**	**Person (s) Responsible for Actions**	**Date to be Completed**	**Date Completed**

Appendix 8 – Draft Agenda for Debrief Meeting Following Outbreak

Debrief Meeting Following Outbreak

Date and Venue

AGENDA

1	Introductions and Apologies	
2	Summary of Outbreak	
	2.1 **IPC Team:** a. background b. ward layout/speciality c. microbiology results d. audit results and summary of findings e. service improvement plans f. areas of good practice g. epidemic curve	
	2.2 **Ward:** a. background b. patient issues c. staffing issues d. recent IPC audit compliance/service improvement plans e. hand hygiene audit results	
3	Domestic Staff Issues	
4	IPC Recommendations	
5	Root Cause and Conclusion	
6	Management of Future Outbreaks and Lessons Learned	
7	Any Other Business	
8	Date of Meeting to Review Progress of Service Improvement Plan	

Appendix 9 – IPC Team Outbreak Summary for Debrief Meeting Template

IPC Team Outbreak Summary for Debrief Meeting

1	Introductions and Apologies
2	Background
3	Microbiology Results
4	Audit Compliance
5	Summary of Audit Findings
6	Areas of Best Practice
7	Epidemic Curve
8	Conclusion
9	IPC Recommendations

Appendix 10 – Ward Outbreak Summary for Debrief Meeting Template

Ward Outbreak Summary for Debrief Meeting

1	Introductions and Apologies
2	Background
3	Patients and Location on Ward
4	Staff
5	Domestic Issues / Input
6	Environmental Issues
7	Equipment / Supplies
8	Visitors
9	Audit results including hand hygiene and isolation audit and service improvement plans
10	Conclusion and Root Cause
11	Ward Staff / Managers Recommendations

Appendix 11 – Outbreak Report template for IPC Governance Meeting

Shropshire Community Health
NHS Trust

Outbreak Report

Hospital & Ward			
Report Completed By		**Date**	

Outbreak Declared On	
Outbreak Declared Over	

Brief Description of Incident

Actions Immediately Taken

Root Causes Identified

Recommendations and outcomes following debrief meeting

Compliance with IPC Practices and Dates	
1	
2	
3	
4	