



Hospital Outbreak Management Policy

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Owner	Director of Infection Prevention and Control		
Author	Nurse Consultant Infection Control		
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Staff/Groups Consulted	Infection Control Doctor Medical Director Director of Infection Prevention and Control Associate Directors of Nursing Matrons Infection Prevention Control team		
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Equality Impact Assessment Completed	Yes		

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1 Aim

- The Hospital Outbreak Management Guidelines define the arrangements to be instigated in the event of an outbreak of hospital infection. These guidelines provide a framework for the reporting, investigation and control of outbreaks of infection within the Trust.
- The rapid detection of an outbreak will ensure prompt action is taken to isolate infectious patients and commence containment measures to prevent further spread of infection.
- The Infection Prevention & Control Team (IPCT) need to be informed as soon as an outbreak is suspected. [Annex 1](#) indicates the process to be followed.
- Outbreaks of hospital infection vary greatly in extent and severity and this plan recommends general procedures which are to be followed in all types of outbreaks of infection.
- This guidance applies to all staff employed by the Trust. This guidance intentionally does not specify the type of infection or the number of cases that constitutes an outbreak; this will be decided by a risk assessment on a case by case basis by the IPCT.

2 Definition of Terms

- **Hospital Outbreak** – 2 or more cases on the same ward within a 48 hour period, usually diagnosed on clinical grounds from their characteristic epidemiological features.
- **Source Isolation** – Placement of a patient suffering from a communicable / infectious disease in a single room to prevent the spread of infection to others.
- **Chlorine Dioxide Based Cleaner / Disinfectant** – A high level cleaning and disinfectant product, which is rapidly effective against micro-organisms including spores and Norovirus.

3 Duties and Responsibilities

In addition to ensuring the IP&C precautions detailed in this policy are followed, when a ward is placed under restricted access due to suspected outbreaks of norovirus, specific duties and responsibilities include:

Ward Manager or Deputy

- Informing the IP&C team of suspected outbreaks. Out of hours the Clinical Site Management Team (CST) must be informed.
- Monitoring that all staff working on / or visiting as outbreak restricted area are following the IP&C precautions detailed in this policy.
- Escalating staff shortages in housekeeping to the Housekeeping manager and Matron.

- Signing off a terminal clean once completed via the snap audit tool hyperlink prior to a restricted area being re-opened.
- Attending outbreak meetings.

Infection Prevention and Control Team

- Assessing wards with suspected outbreaks and advising when bays or wards should instigate outbreak restrictions and when these can be lifted.
- Reviewing outbreak restricted areas on a daily basis and advising on IP&C management to reduce the risk of spread.
- Attending and reporting to the bed capacity meetings daily during an outbreak.
- Signing off a terminal clean once completed via the snap audit tool hyperlink prior to a restricted area being re-opened.
- Monitoring activity in the community and instigating 'enhanced cleaning' in all public areas when necessary.
- Communicating to relevant Trust staff when a bay or ward within the Trust has restrictions in place and when these have been lifted.
- Informing the communication team of any restrictions in place and when they have been lifted, so they can update the public website as necessary.
- Updating the Trust intranet daily with details of wards/bays with outbreak restrictions in place.

Matron / Clinical Site Management Team.

- Out of hours, assessing wards with suspected outbreaks and contacting the on-call medical microbiologist for advice regarding closures, as required.
- In the absence of the IP&C team, providing newly closed wards with an outbreak pack.
- Close liaison with the IP&C team during outbreaks and attending outbreak meetings as required.

Medical staff

- Early identification of patients and ensuring appropriate management, including prompt isolation.
- Adherence to the Trust IP&C precautions detailed in this policy when a ward / bay is placed under restricted access

Matrons

- Daily review of bays/wards with outbreak restrictions in their area, and ensuring the precautions detailed in this policy are in place, including checking that there are adequate cleaning staff on the ward.
- Signing off a terminal clean once completed via the snap audit tool prior to a restricted area being re-opened.

Housekeeping Manager

- To ensure that cleaning staff are appropriately trained in the enhanced cleaning required during outbreaks.
- In conjunction with the matrons, organise extra cleaners for a ward with restrictions in place, when there are insufficient ward assistant to carry out the enhanced cleaning.
- Co-ordinate staff to undertake the terminal cleans of the restricted area prior to it re-opening, and oversee the terminal clean process.

Communications Department

- Updating the public website with details of wards with outbreaks and any other relevant information including details of responsible visiting and any other restrictions in place. (See Appendix 3– Communications and visiting Escalations plan) for further details.

Outbreak Recognition

An outbreak of infection may be suspected by:

- 2 or more cases on the same ward within a 48 hour period, usually diagnosed on clinical grounds from their characteristic epidemiological features.
- Laboratory surveillance of microbiology reports that may show an increase in the number of isolates of a single species. In this instance the Laboratory alerts the IPCT.
- Medical or nursing staff may notice an increased incidence of a specific infection or may suspect infection as a result of the symptoms exhibited. In this instance the ward alerts the IPCT.

Management Arrangements

Suspected outbreaks of infection should be immediately reported to:

- Infection Control Nurses (ICN) – Ext 4401 or bleep 5401
- Clinical Site Manager (CSM) out of hours bleep 5535
- Consultant Microbiologist on call – 01823 343765 – or out of hours via Switchboard

Investigation of a Suspected Outbreak

All staff should be vigilant and report any suspicions of an outbreak to the IPCT promptly. Suspected outbreaks are initially investigated by the IPCT (see [Annex 3](#)). From the initial assessment it should be determined if:

- Outbreak is confined to hospital
- Outbreak is not confined to hospital
- Outbreak is of major importance or where there is increased potential for spread.

On the basis of the information and assessment of the situation it will be determined if this constitutes an outbreak, if so the guidelines will be put into action.

Minor Outbreak Confined to Hospital

In the case of a small outbreak the IPCT will manage the outbreak liaising with the appropriate clinicians and nursing staff. The IPCT or CSM out of hours will initiate infection control procedures to include:

- Restricted Access to the ward until situation risk assessed and discussed at outbreak meeting
- Restricted Access of a department in conjunction with the divisional matron
- Inform the Infection Control Doctor (ICD, based at Taunton)
- Inform the Director of Infection and Control Prevention (DIPC) who will inform the Chief Executive (CE) and the Divisional Manager
- Inform the Divisional Matron
- Inform Clinical Site Manager (CSM)
- Inform Senior Nurse for the area.

The IPCT will commence

- Data collection to determine whether an outbreak is occurring.
- Request diagnostic and screening microbiological tests as appropriate
- Isolation or cohort nursing of cases in liaison with CSM.
- Restriction of admissions and transfers where applicable.
- Informing the local HPU in line with the Health Care Associated Infection Operational Guidance and Standards for Health Protection Units, if necessary.

The Nurse Consultant Infection Control (NCIC) is the person primarily responsible for action within the hospital and will advise the DIPC and the ICD. Out of hours the CSM will inform the On-Call Microbiologist who will advise on the actions required to control the outbreak.

An Outbreak Control Group (OCG) will be convened as instructed by the DIPC/Infection Control Doctor.

The OCG will generally consist of:

- The IPCT
- The DIPC/Director of Nursing or representative
- Relevant Clinicians and Matrons
- Clinical Site Manager
- Senior Nurse from affected area
- Facilities Representative

Major Outbreaks Not Confined to Hospital/Outbreak of Major Importance

- The NCIC, DIPC and ICD/local HPA will determine if a major outbreak exists. The ward or department will be closed by the investigating member of the IPCT.
- The decision that an outbreak is a major incident takes into consideration the number of people involved and the pathogenicity of the organism and potential for transmission within the hospital or community. For example, a single case of a viral haemorrhagic fever or diphtheria is a major incident.
- The major outbreak plan is instituted when several hospital patients have linked symptoms and are therefore suspected of having the same infection, e.g. food poisoning, influenza, Clostridium difficile or viral gastro-enteritis (norovirus)

The DIPC or ICD will inform the Chief Executive that a Major Outbreak Control Group (MOCG, see [Annex 2](#)) needs to be convened, consisting of:

- Medical Director or representative
- CCDC/HPA Nurse Advisor
- Senior Manager on-call
- Matron/Senior Nurse representative
- Clinical Site Manager
- Facilities Manager
- On-call Consultant Physician/Surgeon
- Housekeeping/Catering Representative
- Occupational Health Advisor
- Communication Manager

Function of the Major Outbreak Control Group

- To agree a case definition
- To take all necessary steps for the continuing clinical care of patients during the outbreak.
- To clarify the resource implications of the outbreak and its management, and how they will be met, e.g. additional supplies and staff (particularly nurses, doctors and key staff).
- To agree and co-ordinate guideline decisions on the investigation and control of the outbreak and ensure they are implemented, allocating responsibility to specific individuals who will then be responsible for taking action.
- To consider the need for outside help and expertise.
- To ensure that adequate communication channels are established, including nominating responsibility for making statements to the news media throughout the duration of the outbreak.
- To consider the need for a help line (contact head of telecommunications).
- To provide clear instructions and/or information for ward staff and others including contracted staff.
- To agree arrangements for providing information to patients, relatives and visitors.
- To ensure communications with the Department of Health.
- To meet frequently to review progress on outbreak investigation and control.
- To define the end of the outbreak and evaluate the lessons learned.
- To prepare interim reports (detailed Minutes of OCG Meetings) and also a final report.
- To inform others inside and outside the hospital, of lessons to be learned from the outbreak.

Investigation and Management of Suspected Food-Related Incidents/Outbreaks

- This should be read in conjunction with the Trust's Food Hygiene Policy.
- During the investigation of diarrhoea and/or vomiting in patients and/or staff on Trust premises, food or drink may be identified as a potential route or vehicle of infection. In this event the ICN/ICD or the Facilities Manager for Catering (if IPCT not available) must be notified immediately. Investigation and data gathering will be commenced and the relevant cascade undertaken (see [Annex 4](#))
- Annex 4 shows the cascade for dealing with food related incidents and is approved by the South Somerset Environmental Health Department and the Consultant in Communicable Disease Control for Somerset.

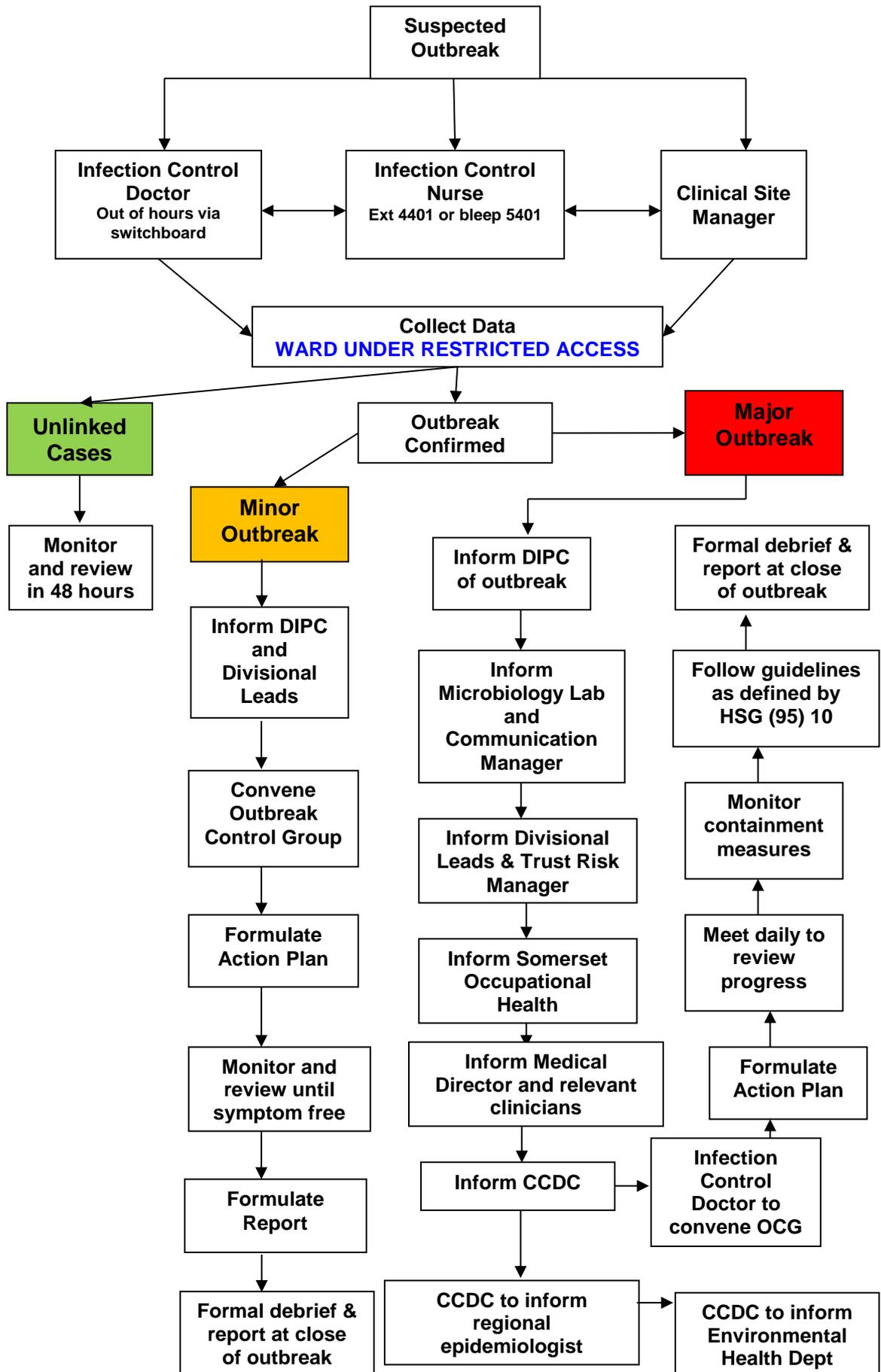
Outbreak Management Kits

In the event of an outbreak Trust Outbreak Management Kits will be issued from the IPCT or CSM. These include laminated posters, information for staff/patients/relatives.

Notifiable Diseases

If the disease is notifiable by law, the medical staff responsible for the patient must also notify the Consultant for Communicable Disease Control (CCDC) by telephone on 0844 225 3557.

Outbreak Management Algorithm



Annex 2

Major Outbreak Control Group

Members of a MOCG

- DIPC/Director of Nursing
- HR Representative
- Medical Director
- Matron or designated representative
- Occupational Health Doctor (or Nurse)
- Consultant in Communicable Disease Control (CCDC)
- Health Protection Nurse
- DIPC for Primary Care Trust
- Community Infection Control Nurse
- Environmental Health Officer (if infection likely to be food or water borne)
- Clinical Site Manager or Admissions Co-ordinator
- Regional Epidemiologist
- Director of Facilities or representative
- Representative for Health + Safety Executive (HSE) if applicable
- Communication Manager
- Infection Control Unit, Colindale (HPA)

Others to be co-opted on to the Group where appropriate

- Discharge Facilitator as applicable
- Environmental Health Officer (if infection likely to be food/water borne)
- Pharmacy representative
- Pathology representative
- Radiology representative
- Supplies representative
- Health and Safety Lead
- Outside Agencies (Police/Ambulance/Social Services)
- Other representation may be required from:
 - Health and Safety Executive (HSE)
 - Infectious Diseases Physician
 - Legionella Lead (if Legionella suspected)

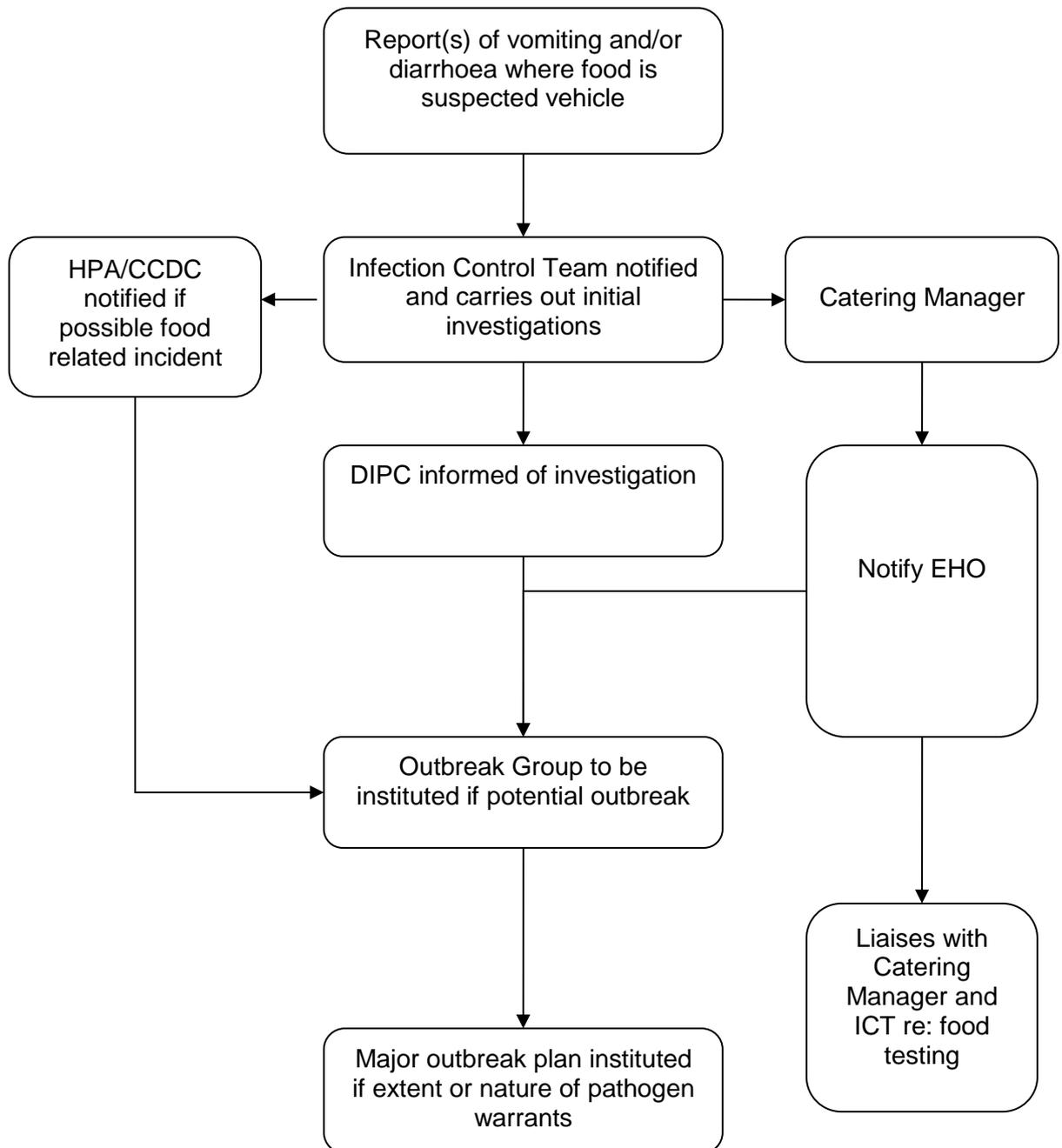
ANNEX 3

INITIAL ACTION PLAN FOR INFECTION CONTROL TEAM (ICD/ICN)

- **INVESTIGATE OUTBREAK** – visit site or telephone site out of hours. Review all evidence/data and assess this is an outbreak. ICD/ICN to decide on action to be taken.
- **GIVE INFECTION CONTROL ADVICE TO LIMIT SPREAD** – isolate potentially infectious patients. Cohort barrier of bays (where case numbers exceed isolation facilities) and arrange for contacts to be screened.
- **POTENTIAL OUTBREAK SITUATION** – contact DIPC and Divisional Manager or Senior Nurse. ICD to inform Chief Executive or deputy. Advise on restriction of admissions and transfers to ward or community hospital. Out of hours inform Senior Manager on call.
- **OUTBREAK CONTROL GROUP TO BE CONVENED** – OCG or MOCG.
- **LIAISE WITH CCDC** – in the case of a major outbreak with community involvement the CCDC will co-ordinate the outbreak.
- **LIAISE WITH PRIMARY CARE SERVICES**
- **MONITOR COMMUNITY ACTIVITY** – Instigate 'enhanced cleaning' in all public areas.
- **LIAISE WITH SUPPORT SERVICES** – additional ward cleaning specifications, linen and laundry, supplies.
- **LIAISE WITH COMMUNICATION MANAGER**
- **ASSESS OUTBREAK AT REGULAR INTERVALS** – advise and update Trust Management of developments and progress with implementation of Infection Control precautions. Advise on additional precautions to be taken if outbreak controls measures failing.
- **STAFF EDUCATION** – increase staff awareness of the organism involved and mode of transmission. Rationale for actions being taken. Involve OH if screening needed or for reassurance and support.
- **PATIENT INFORMATION** – updating patients on the situation is the role of the clinicians and nursing staff.
- **PREPARE REPORTS** – disseminate information and findings to those who need to know.

ANNEX 4

FLOW CHART FOR INVESTIGATING
FOOD RELATED OUTBREAKS IN HOSPITAL



Annex A – Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Name of Document: Hospital Outbreak Management Guidelines

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	no	
	• 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	
2.	Is there any evidence that some groups are affected differently?	no	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	no	
4.	Is the impact of the policy/guidance likely to be negative?	no	
5.	If so can the impact be avoided?	n/a	
6.	What alternatives are there to achieving the policy/guidance without the impact?	n/a	
7.	Can we reduce the impact by taking different action?	n/a	

For advice or if you have identified a potential discriminatory impact of this procedural document, please refer it to The Equality & Diversity Lead, Yeovil Academy, together with any suggestions as to the action required to avoid/reduce this impact.

Signed: R. Grey

Date: May 2013