

**Procedure Group:** Clinical / Infection Prevention & Control

**Version no:** 2.0

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**Approved by:** Lisa Cairns – Chief Nurse

## Outbreak Procedure

### 1. Procedure purpose

This procedure describes the arrangements for the investigation, management and control of infectious outbreaks within St Andrew's Healthcare.

The majority of infection Prevention & Control problems are dealt with on a day-to-day basis by the Infection Control Lead (IC Lead); however, in cases of serious communicable disease, major outbreaks, or where there is increased potential for spread, it is necessary for further action to be taken.

Some outbreaks in hospital may be a reflection of whatever is circulating in the community but the close confines in hospital present opportunities for spread. Some infections have the capacity to spread readily between vulnerable patients and healthcare workers in hospitals and between hospitals and nursing homes, presenting major problems to those places affected.

Effective response to an outbreak is essential to prevent further transmission of infection. Therefore all healthcare workers must comply to make this measure effective. It is the responsibility of all staff to ensure that the correct procedure is followed when dealing with an outbreak of infection.

Each incident of infection is different and requires specific measures to deal with the individual circumstances. However, certain basic arrangements will be applicable to all outbreaks of infection. It is important to remember that careful observance of the infection prevention & control policy & procedures relating to patients' care and staff health will help to prevent outbreaks of infections.

### 2. Links to Policy (if applicable)

[Infection Prevention & Control Policy](#)

### 3. Scope – Applicable to all staff

### 4. Key requirements

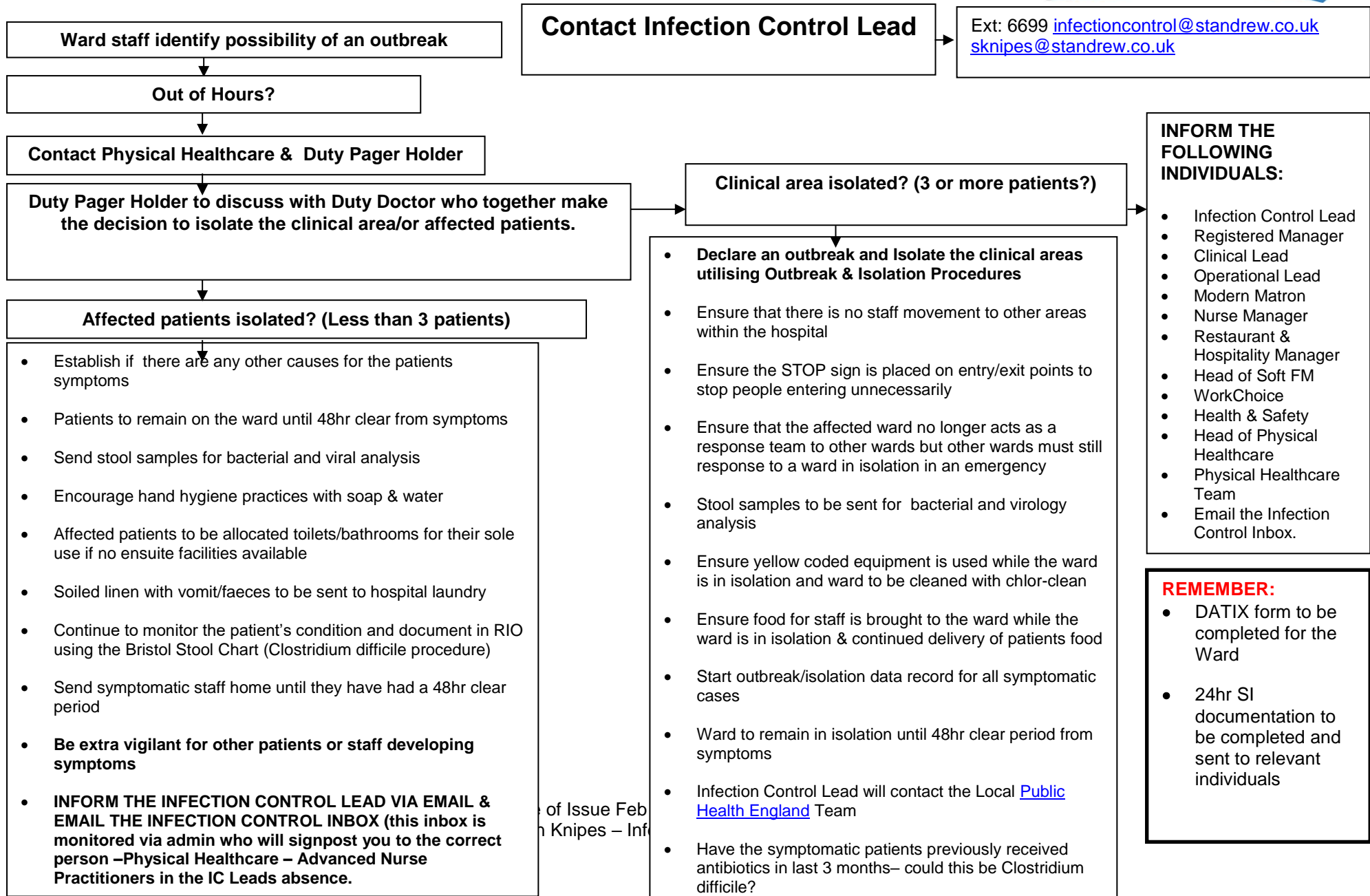
Reporting an Outbreak

A common cause of outbreaks is gastroenteritis, and symptoms such as diarrhoea, vomiting, abdominal pain or pyrexia should alert staff. However outbreaks could be due to **any** communicable organism.

Any member of staff who suspects an outbreak of any sort will report it immediately to the person currently in charge of the ward who, in turn should inform the Duty Doctor, Infection Control Lead, Responsible clinician (RC), Clinical Lead, Operational Lead, Modern Matron and Nurse Manager who should investigate the report and if convinced



that symptoms are due to gastroenteritis or other communicable disease, follow the outbreak flow chart below:-



**Contact Infection Control Lead**

Ext: 6699 [infectioncontrol@standrew.co.uk](mailto:infectioncontrol@standrew.co.uk)  
[sknipes@standrew.co.uk](mailto:sknipes@standrew.co.uk)

Ward staff identify possibility of an outbreak

Out of Hours?

Contact Physical Healthcare & Duty Pager Holder

Duty Pager Holder to discuss with Duty Doctor who together make the decision to isolate the clinical area/or affected patients.

Affected patients isolated? (Less than 3 patients)

- Establish if there are any other causes for the patients symptoms
- Patients to remain on the ward until 48hr clear from symptoms
- Send stool samples for bacterial and viral analysis
- Encourage hand hygiene practices with soap & water
- Affected patients to be allocated toilets/bathrooms for their sole use if no ensuite facilities available
- Soiled linen with vomit/faeces to be sent to hospital laundry
- Continue to monitor the patient's condition and document in RIO using the Bristol Stool Chart (Clostridium difficile procedure)
- Send symptomatic staff home until they have had a 48hr clear period
- **Be extra vigilant for other patients or staff developing symptoms**
- **INFORM THE INFECTION CONTROL LEAD VIA EMAIL & EMAIL THE INFECTION CONTROL INBOX (this inbox is monitored via admin who will signpost you to the correct person –Physical Healthcare – Advanced Nurse Practitioners in the IC Leads absence.)**

Clinical area isolated? (3 or more patients?)

- **Declare an outbreak and Isolate the clinical areas utilising Outbreak & Isolation Procedures**
- Ensure that there is no staff movement to other areas within the hospital
- Ensure the STOP sign is placed on entry/exit points to stop people entering unnecessarily
- Ensure that the affected ward no longer acts as a response team to other wards but other wards must still respond to a ward in isolation in an emergency
- Stool samples to be sent for bacterial and virology analysis
- Ensure yellow coded equipment is used while the ward is in isolation and ward to be cleaned with chlor-clean
- Ensure food for staff is brought to the ward while the ward is in isolation & continued delivery of patients food
- Start outbreak/isolation data record for all symptomatic cases
- Ward to remain in isolation until 48hr clear period from symptoms
- Infection Control Lead will contact the Local [Public Health England](#) Team
- Have the symptomatic patients previously received antibiotics in last 3 months– could this be Clostridium difficile?

- INFORM THE FOLLOWING INDIVIDUALS:**
- Infection Control Lead
  - Registered Manager
  - Clinical Lead
  - Operational Lead
  - Modern Matron
  - Nurse Manager
  - Restaurant & Hospitality Manager
  - Head of Soft FM
  - WorkChoice
  - Health & Safety
  - Head of Physical Healthcare
  - Physical Healthcare Team
  - Email the Infection Control Inbox.

- REMEMBER:**
- DATIX form to be completed for the Ward
  - 24hr SI documentation to be completed and sent to relevant individuals

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The following actions should be taken:

- Inform Infection Control Lead & Email Infection Control Inbox, as this inbox is monitored via admin who will be able to signpost you to the correct person in the ICL absence.
- Staff to discuss instigating appropriate isolation procedures with Infection Control Lead or if ICL is on leave contact the Duty Page Holder
- Obtain relevant samples. In the event of diarrhoea and vomiting, do not send vomit samples.
- If food poisoning is suspected, this should be reported to Public Health England using the official reporting form. A notification form can be found at <http://www.hpa.org.uk>
- Record those affected using the persons Affected Form below (on RiO) and update on a daily basis the Infection Control Lead.
- Complete Incident form for the IPU on Datix. Outbreak is defined on the Classification of Risk Matrix as a Level 3 – SI documentation will also be needed to be completed. Individual names will be recorded on the Persons Affected Form and in the Outbreak Report.
- Following control measures for Ward Isolation below

Ward isolation Recommended precautions/Guidelines

- Stool samples to be taken as soon as possible from affected patients.
- **Stool samples to be sent for analysis** to local Hospital to Microbiology and Virology Department requesting bacterial and viral analysis.
- Await results and also confirm results with Infection Control Lead in case of requirement to re-adapt ward precautions.
- Where possible use of **identified toilet** for affected patients.
- No new admissions on the ward
- **Hand Hygiene using soap and water is essential after each and every patient contact.** Alcohol hand rub in these instances should only be used AFTER washing with soap and water
- Where possible **no use** of or limited use of WorkChoice staff. If WorkChoice staff have already been working on the ward when isolation is declared they may continue to work on the ward but not on another ward for a 48 hour clear period of not being on infected ward. This then reduces the risk of transferring the infection to other wards that they may then work on.
- **Visitors with symptoms should not visit until 48 hours symptoms free**
- Visitors to wash their hands at the start and end of the visit and if they are engaged in patient care should be instructed to follow the same precautions as staff. Stop Poster should be displayed.
- **No staff from other wards to have routine access onto the ward** without authorisation from the nurse in charge and only then if deemed absolutely necessary, as in an emergency.
- **Staff on duty not to attend any training** sessions off the ward.
- **Staff not to have access to the canteen** while the ward is in isolation, other resources for staff to be put into place
- Patient's food to be delivered to the Ward – not collected.
- Crockery and cutlery should be washed in the dishwasher.
- **Staff to remain on the ward** while at work, not to visit other wards, or other communal areas within the hospital.

- Ward not to be available as a response team, but in an emergency other wards must respond to the ward in isolation as the emergency takes priority.
  - **Record diarrhoea & Vomiting charts for all affected patients**, this is necessary to differentiate from new outbreaks to patients remaining symptomatic.
  - Ensure hazardous waste is stored and disposed of properly according to hospital policy.
  - Bed linen, towels and clothes should be changed daily and whenever soiled. Follow correct procedure for infected linen so as to avoid cross-contamination.
  - **Use of disposable appropriate colour coded cloths for cleaning.**
  - Frequency of environmental cleaning to be increased to at least twice daily with freshly prepared 1000ppm hypochlorite solution (Chlor-clean).
  - **Deep clean must be carried out at the end of the outbreak.**
  - Spillages of vomit and/or faeces must be cleaned promptly following Standard Infection Control Precautions Procedure
  - Where possible keep rooms well ventilated (open windows where possible).
  - Ensure good cleaning precautions are taken throughout the ward this is **everyone's responsibility**.
  - **All staff on leaving the ward must wash hands** or use alcohol hand sanitizer.
  - **Inform Infection Control Lead & the Infection Control Inbox of any new outbreaks and any concerns**, in the ICLs absence please contact Physical Healthcare –Advanced Nurse Practitioners.
  - **Infection Control Lead will contact the ward daily** where possible, in the absence of the IC Lead please discuss daily with the Physical Healthcare Nurse/Modern Matron.
  - Staff who have been off sick with the symptoms of D&V must not return to work until they have a clear 48-hr period symptom free.
  - Staff who are working on a ward that is in isolation and may have pre-booked to work additional hours in other areas must liaise with Workchoice to see if they can accommodate them to do the additional hours on the ward in isolation. If this cannot be facilitated then additional hours must be cancelled. This is the member of staff's responsibility to ensure no risk of transfer of infection to other areas.
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- Inform the appropriate people in Support Service, e.g. Housekeeping, Catering, Estates & Facilities.
  - If outside office hours or weekends, inform [Public Health England](#) who will be able to advise and follow the Out of Hours flow chart (Outbreak flowchart?)
  - Outbreak Audit will be completed after the event if necessary.



### **Visiting Clinical Areas in Isolation:**

It is important that wards in isolation continue to be supported by other disciplines to ensure standards are maintained and patients continue to receive optimum care. If you look after several wards in the charity ask a colleagues if they can provide cover for you during this time, so that you can continue to support the ward until isolation is terminated or until you have a clear 48hr period.

It is imperative that the ward staffing levels are also maintained during isolation, bureau staff members are also informed if a ward they have booked to work on is in isolation, please continue to work on these wards as all precautions are in place to minimise the risk of transmission making it a safe place to work either until isolation is terminated or until you have a clear 48hr period.

### **Out-of-hours on call Doctors/Physical Health-Specialist Nurses, Estates:**

Contact the ward and speak to the Nurse in Charge to advise if a ward visit is essential or can it wait until the next working day or can it be done via a **telephone consultation?**

**If a Ward visit is required.** Before entering the ward use the alcohol gel to clean hands. Wear appropriate PPE as instructed by the ward team and dispose of at the point of use as clinical waste.

**Before leaving the ward** wash hands with soap & water using the 13 step technique, on leaving the ward clean hands again with the alcohol gel.

If you have been on a ward in isolation, you will need a clear 48hr period before you can visit other wards, ask one of your colleagues to provide cover for the other wards so you can continue to provide support for the ward in isolation for the duration of the isolation period.

**Any medical emergency arising on a ward in isolation must be attended to, take precautions on leaving the ward, & hand hygiene is paramount.**



**Outbreak Audit**

**INFECTION CONTROL AUDIT TOOLS**

*Clinical practices*

*Infection Control Outbreak Audit Tool*

**Standard: Clinical practices will be based on best practice and reflect infection control guidance to reduce the risk of cross infection to patients' whilst providing appropriate protection to staff.**

**TO BE COMPLETED AFTER EACH INDIVIDUAL OUTBREAK WHERE NECESSARY.**

**Date:.....Ward:.....Auditor:.....**

		Yes	No	N/A	Comments
1.	Identification and reporting of the outbreak was completed at an early stage to the relevant persons.				
2.	An outbreak control meeting was convened within an acceptable timeframe where necessary				
3.	Staff are aware of their responsibilities in reporting suspected outbreaks of infection				
4.	Control measures to prevent spread were instigated and maintained				
5.	Clear communication channels were in place throughout the outbreak, both within the Hospital and with external agencies				
6.	A review of the outbreak was undertaken and recommendations for future practice made				
7.	All outbreaks are recorded in the Quality & Safety Sub Group				
8.	All clinical staff are aware of the outbreak policy				
9.	To be completed after each individual outbreak where necessary				
	<p><b>Score: <math>Y \times 100 \div (y + N) = \%</math></b></p> <p>e.g. 5 Y ticked and 3 N ticked – <math>5 \times 100 \div 8 = 62.5\%</math></p>				



**Person Affected Form**

**Patients Affected**

Date of Onset	Name of Affected Patient	SAH Number	Symptoms	Date Specimen Sent	Results of Specimen	Antibiotics over past 3 months?	Date when clear of symptoms

**Staff Affected**

Date of Onset	Name	Job Title	Symptoms	Date last on Duty	Date due to return to work





### **Minor Outbreaks**

When the ICL is notified of a potential outbreak, efforts will be made to establish the nature of the problem. ICL will

- Where necessary visit the site within 24 hours
- Ensuring routine control measures are in place
- Initiating investigations after discussion with microbiologist (if required)
- Documenting the incident
- ICL to inform relevant persons. Remember that what is a minor outbreak now could turn into a major outbreak later.
- The ICL during office hours will inform the Nurse Manager/Clinical Nurse Leaders, Operational Lead, Clinical Lead, Modern Matron. Outside of office hours these duties will become the responsibility of the Duty Page Holder who will also include Emailing the ICL and Infection Control Inbox.

### **Major Outbreaks**

The responsibility for the closure of a ward lies with the ICL who will inform Chief Nurse undertaking the DIPC role who will inform the Chief Executive Officer where necessary.

The ICL will inform & discuss the outbreak details with Public Health England.

Risk assessments will be based on:

- Environment affected
- Nature of patient group and the appropriateness of isolating patients
- Causative organism involved (if known)
- Number of individuals affected.

If the ICL in liaison with Public Health England considers that the outbreak is significant, or a major outbreak an Outbreak control Group (OCG) must be convened and the Chief Nurse (DIPC) or their deputy must inform the Chief Executive Officer.

The Outbreak Control Group must be convened quickly and its activities must take priority over other work.

At any point where the outbreak is deemed to progress into a Pandemic the Emergency Planning Policy can be instigated via the appropriate persons identified in the Business continuity Emergency Planning Policy.



Stop Poster

ALL VISITORS TO THE WARD

**STOP**



Please speak with Nursing Staff **BEFORE** entering the Ward

5. **Monitoring and Oversight**

See Outbreak Audit section

6. **Training**

Quarterly Link Nurse Meetings

7. **References to Legislation and Best Practice**

Public Health England (2016) Managing outbreaks

<http://publichealth.testrcnlearning.org.uk/home/managing-outbreaks/>

GO V.UK Plague: epidemiology, outbreaks and guidance (updated 2017)

<https://www.gov.uk/guidance/plague-epidemiology-outbreaks-and-guidance>

Ayliffe, GAJ et al (2000) Control of Hospital Infection: a practical handbook. London: Arnold. pp 22-23

Department of Health (1995) Hospital Infection Control: Guidance on the Control of Infection in Hospitals. PHLS.

Leeds Mental Health NHS Teaching Trust (2004). Guidelines for Outbreak Control and Management

Department of Health (2006) HTM 07-01 Safe Management of Healthcare Waste. London: The Stationary Office

Department of Health (2015) Health and Social Care Act 2008: Code of Practice on the prevention and control of infection and related guidance. London: HMSO

Department of Health (2003) winning Ways-working together to reduce Healthcare Associated Infection in England. DH. London.

8. **How to request a change or an exception to this procedure**

Please refer to either the [Policy and Procedure Update Application Link](#)

Or the exception process [Policy and Procedure Exception Application Link](#)

9. **Definitions**

Definition of an Outbreak

It is the responsibility of the Infection Control lead in liaison with the Nurse Manager or the Clinical Nurse Leader in charge of the ward to define an outbreak and decide on the need to instigate the outbreak control plan to reduce the further risk of further transmission to others outside that clinical area.

In the absence of the infection control lead the Nurse in Charge of the ward at the time will discuss isolating the ward with the Duty Page Holder, if a decision is made to isolate the ward they will send out an email informing the Clinical Lead, Operational Lead, Modern Matron and Infection Control Lead, and an email to the infection control inbox, this email will be picked up by the Administrative assistant where they will signpost it to the relevant person for support – Modern Matron in the absence of the IPC lead, and the IPC lead can support them with this on their return.

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.

**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 ward.



However, an infection may be considered major either due to the number of cases or because of the seriousness of the disease. At any point where the outbreak is deemed to progress into a pandemic the Business Continuity Emergency Planning Policy can be instigated via the appropriate persons identified in the Policy.

#### Minor Outbreak

Usually characterised by similar signs and symptoms affecting people in one area and may occur over a period of days or weeks. The Infection Control Lead deals with minor outbreaks but if necessary the Business Continuity Emergency Planning Policy may be instigated.

#### 10. **Key changes** - please state key changes from the previous version of the procedure

Version Number	Date	Revisions from previous issue
1.0	October 2019	Replaced IC05 Outbreak Policy v4, now a procedure within the overarching Infection Prevention & Control Policy IC 01
2.0	Feb 2020	Added section on doctors, and other staff attending a ward in isolation, and in my Infection Control Nurse's absence contacting Physical Healthcare Advanced Nurse Practitioners