Hospital Outbreak Management Policy

Version Number	5	Version Date	July 2020
Owner	Director of Infection Prevention and Control		
Author	Nurse Consultant Infection Control and Director of Infection Prevention and Control		
First approval or date last reviewed	July 2016		
Staff/Groups Consulted	Infection Control Doctor Director of Infection Prevention and Control Chief Medical Officer Chief Nurse Matrons Infection Prevention Control team PHE Associate Director of Quality Assurance Head of Risk Associate Director of Communications		
Approved by IPCC			
Next Review Due	June 2023		
Equality Impact Assessment Completed		Yes	

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1 AIM

- The Hospital Outbreak Management Policy defines the arrangements to be instigated in the event of an outbreak of hospital infection. This policy provides 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

- **Outbreak** – normally characterised by two or more cases of the same infection related in time and place with evidence of transmission. In exceptional circumstances, a single case for certain rare diseases would be managed as an outbreak, for example hospital acquired legionella.

  In relation to SARS-CoV-2, the specific timeframe defining an outbreak is two or more cases in a single setting (ward or shared location e.g. bay) that have become symptomatic or detected on or after day eight of hospital admission and with onset days within 14 days of each case.

- **Cluster** - detection of unexpected, unconnected cases associated with a single setting. Public Health England recognises that some cases and clusters of communicable disease may not require a formal outbreak to be declared. Cases will be reported and managed for audit and surveillance purposes and to inform future outbreak management.

- **High prevalence** – testing for communicable diseases will be expected in the event that numbers identify an organisation as an outlier in relation to the number of cases of inpatients diagnosed, e.g. with COVID-19 more than seven days after admission. The definition is based on above-average number of cases aggregated over the preceding four weeks.

- **Outbreak Control Group** – a group of relevant parties, with the expertise to lead the investigation, management and control of the outbreak

- **Major outbreak** – defined as an outbreak that is serious either due to the number of people affected, the impact on the organisations operational capacity or the infecting organisms' implications on public health. External parties such as Environmental Health Officers and Public Health England.

- **Minor outbreak/confined to hospital** – an outbreak that either affects a small number of people or causes less severe illness e.g. scabies that can be investigated and

managed within existing resources. Whilst an outbreak meeting might be convened, the management can be co-ordinated by Infection Control, Operational and multi-disciplinary teams.

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, specific duties and responsibilities include:

Chief Executive (CEO)

- The Chief Executive is responsible for the provision of suitable and sufficient resources and facilities to enable effective management during an outbreak.

Director of Infection Prevention and Control (DIPC)

- The DIPC is responsible for advising the CEO and Board of Directors about the nature and extent if the outbreak and the resources and facilities required to achieve effective management of outbreaks.

Infection Prevention and Control Team

- Assessing wards with suspected outbreaks and advising when areas should instigate outbreak restrictions and when these can be lifted (Annex 2).
- Reviewing outbreak restricted areas on a daily basis and advising on IP&C management to reduce the risk of spread.
- Initiating enhanced cleaning requirements in accordance with national guidance
- Attending and reporting to the bed meetings daily during an outbreak.
- Escalating and reporting cases to the Clinical Commissioning Group, Public Health teams, and Regional Incident Control Room in the case of COVID-19, to inform monitoring activity in the wider community. Completion of IIMARCH reports (Information, Intent, Method, Administration, Risk Assessment, Communications and Humanitarian Issues) and a daily COVID Outbreak SITREP and submitted to england.sw-incident1@nhs.net (Annex 3).
- 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.
- Signing off a terminal clean once completed via the snap audit tool hyperlink prior to a restricted area being re-opened.

Ward Manager or Nurse in Charge

- Informing the Infection Prevention and Control Team (IPCT) of suspected outbreaks. Out of hours the Clinical Site Manager (CSM) must be informed.

- Monitoring that all staff working on / or visiting an outbreak restricted area are following the IP&C precautions detailed in this policy.

- Ensuring isolation or cohorting of all suspected cases and initiating and maintaining outbreak records

- Initiating use of appropriate personal protective equipment and precautions in accordance with the nature and transmission routes of the infection.

- 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.

Clinical Site Management Team/On call Manager.

- Out of hours, assessing wards with suspected outbreaks and contacting the on-call medical microbiologist for advice regarding restrictions, as required.

- In the absence of the IPCT, providing newly restricted wards with an outbreak pack.

- Close liaison with the IPCT 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.

Hotel Services 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 is insufficient staffing 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.

4. OUTBREAK RECOGNITION

An outbreak of infection may be suspected by:

- 2 or more cases on the same ward within a 48 hour period. In the case of COVID-19 where patients have become symptomatic or detected on screening on or after day eight of hospital admission (nosocomial), with suspicion of transmission and with onset days within 14 days.

- 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.

5. MANAGEMENT ARRANGEMENTS SUSPECTED OUTBREAKS OF INFECTION SHOULD BE IMMEDIATELY REPORTED TO:

- Infection Control Nurses (ICN) – Ext 4401 or 6401

- Clinical Site Manager (CSM) out of hours 6535

- Consultant Microbiologist on call – via Switchboard

- IPCT to notify Somerset CCG, PHE Team (and ICC Southwest within 24hrs and as indicated by regional outbreak guidance (hyperlink).

- PHE Contact number: 0300 303 8162

- Southwest ICC for Covid-19 Outbreaks - england.sw-incident1@nhs.net

6. 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 2). 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.

7. 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)
- Inform the 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.

8. OUTBREAK CONTROL GROUP

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

The OCG will generally consist of:

- The DIPC/Deputy DIPC (Chair)
- Nurse Consultant for Infection Prevention and Control (NCIPC)
- Infection Prevention and Control Team representatives
- PHE Representative

- Relevant Clinicians and Matrons
- Relevant Deputy Director (Urgent Care/Elective Care)
- Trust Lead for Patient Flow or Clinical Site Manager
- Senior Nurse from affected area
- Estates and Facilities Representative

9. MAJOR OUTBREAKS NOT CONFINED TO HOSPITAL/OUTBREAK OF MAJOR IMPORTANCE

- The NCIPC, DIPC and ICD/local HPA will determine if a major outbreak exists. The ward or department will be restricted 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)

10. MAJOR OUTBREAK CONTROL GROUP

The DIPC or ICD will inform the Chief Executive that a Major Outbreak Control Group (OCG) needs to be convened, consisting of:

- Chief Executive or representative
- Chief Medical Officer or Chief Nurse
- Director of PHE or representative
- Consultant for Communicable Disease Control (CCDC)
- Environmental Health Office (if food related)
- Senior Manager on-call
- Matron/Senior Nurse representative
- Relevant Deputy Director (Urgent Care/Elective Care)
- Trust Lead for Patient Flow or Clinical Site Manager
- Estates and Facilities 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 NHS England.
- 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.

11. 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.

12. OUTBREAK STANDOWN

The Outbreak Control Group and IPC Team will decide when outbreak measures can be stood down as a consequence of cessation of transmission or no onset of new symptoms.

The Regional Outbreak Management plan states: ‘A service does not necessarily have to wait until the outbreak is closed before resuming services to patients (e.g. reopening a ward to admissions). The resumption of service is for local determination in line with PHE operational guidance on Communicable Disease Outbreak Management and local outbreak management arrangements including dynamic risk assessment by the “outbreak control team”.

13. OUTBREAK MANAGEMENT KITS

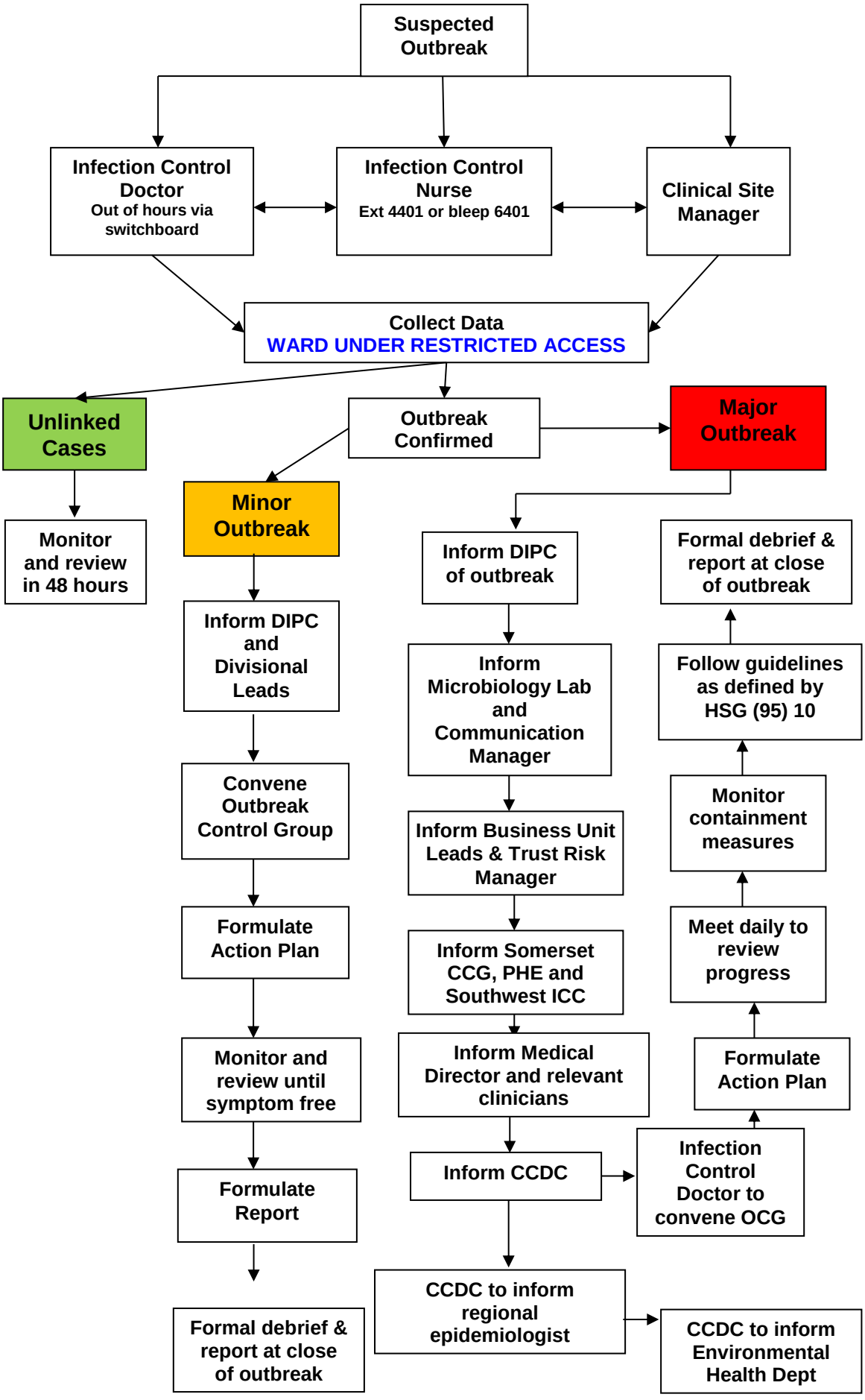
In the event of an outbreak Trust Outbreak Management Kits will be issued from the IPCT or CSM. These include laminated posters, information for staff/patients/relatives.

14. NOTIFIABLE DISEASES

The list of Notifiable Diseases can be found here (add hyperlink).

Annex 1

Outbreak Management Algorithm



APPENDIX 2: IIMARCH TEMPLATE

IIMARCH Template for Reporting NHS commissioned Services CoVid-19 Outbreak

This IIMARCH template to be completed for all Providers of NHS commissioned services including Acute, Community, Mental Health, Ambulance, Learning Disability and Autism, Primary Care (including General Practice, Dental, Local Pharmacies and Opticians) and Health & Justice.

The IIMARCH template to be immediately completed on identification of any new Covid-19 outbreak. The completed IIMARCH template is to be submitted to SW Regional CoVid-19 ICC at england.sw-incident1@nhs.net by no later than 1200 the day after the outbreak has been notified.

Organisation:		Organisation Lead (Director of Infection Prevention and Control or equivalent)	Name:	
Site:			E-mail:	
			Telephone:	
Service / ward area:		Public Health Lead	Name:	
Date outbreak identified:			E-mail:	
			Telephone:	
Date of next outbreak meeting:		System IPC Lead	Name:	
Date and time of submission:			E-mail:	
			Telephone:	
Has this outbreak resulted in the suspension of an essential service within your organisation, or closure of patient admissions to a service? (Yes/No)				
Notification to PHE:			Yes/No	
Please RAG rate the box on the right as to the post mitigating actions status of the outbreak: Red = Critical service (as per BCP) not available (due to outbreak) Amber = Services running but with disruption or significant additional strain on organisation Green = Services running with no operational impact (due to the outbreak)				

Element	Key questions and considerations	Action / Response	
Information	**What, where, when, how, how many, so what, what might?** Timeline and history (if applicable), key facts (including outline description of any facility affected)		
	Initial outbreak information (1.1 to 1.11 for completion when reporting a COVID-19 outbreak for the first time)		
	1.1 Has the organisation completed all the locally required actions in the organizations outbreak plan flowchart?		
	1.2 Number of patients affected and tested COVID-19 positive?		
	1.3 Number of patients swabbed/blood tested awaiting result?		
	1.4 Number of staff affected and tested COVID-19 positive?		
	1.5 Number of staff swabbed/blood tested awaiting result?		
	1.6 Number of staff self isolating as a result of this outbreak (% of total organisation staff number)?	No Self-Isolating	
		% of Organization	
	1.7 Number of staff showing symptoms?		
	Capacity/Impact on:		
	1.8 Number of areas affected (e.g. ward, bay, care home, clinic rooms, beds etc)?		
	1.9 Number of wards/areas closed to new admissions?		
	1.10 Number of empty beds that cannot currently be utilised?		
	1.11 Number of bed days lost?		

Element	Key questions and considerations	Action / Response
INTENT	**Why are we here, what are we trying to achieve?** Strategic aim and objectives, joint working strategy What are your immediate interventions attempting to achieve with regard to the outbreak, in order of priority?	
METHOD	**How are we going to do it?** Command, control and co-ordination arrangements, tactical and operational policy and plans, contingency plans Please include operational governance process including detail of outbreak control meetings and frequency	

Element	Key questions and considerations	Action / Response
ADMINISTRATION	**What is required for effective, efficient and safe implementation?** Identification of commanders, tasking, timing, decision logs, equipment, PPE, welfare, logistics Please include a clear timeline for actions and interdependences including resources, capacity and confidence to deliver and mobilise actions	
RISK ASSESSMENT	**What are the relevant risks, and what measures are required to mitigate them?** Risk assessments (dynamic and analytical) should be shared to establish a joint understanding of risk. Risks should be reduced to the lowest reasonably practicable level by taking preventative measures, in order of priority. Consider the hierarchy of controls and clear process for escalation.	

Element	Key questions and considerations	Action / Response
COMMUNICATIONS	**How are we going to initiate and maintain communications with all partners and interested parties?** Comms strategy including understanding of inter-agency communications, information assessment, media handling and joint media strategy and frequency of updates	
HUMANITARIAN ISSUES	**What humanitarian assistance and human rights issues arise or may arise from this event and the response to it?** Requirement for humanitarian assistance, information sharing and disclosure, potential impacts on individuals' human rights	

When using IIMARCH, it is helpful to consider the following:

- Brevity is important - if it is not relevant, leave it out
- Communicate using unambiguous language free from jargon and in terms people will understand
- Check that others understand and explain if necessary
- Consider whether an agreed information assessment tool or framework has been used

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 Matron or Senior Nurse. ICPT 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.

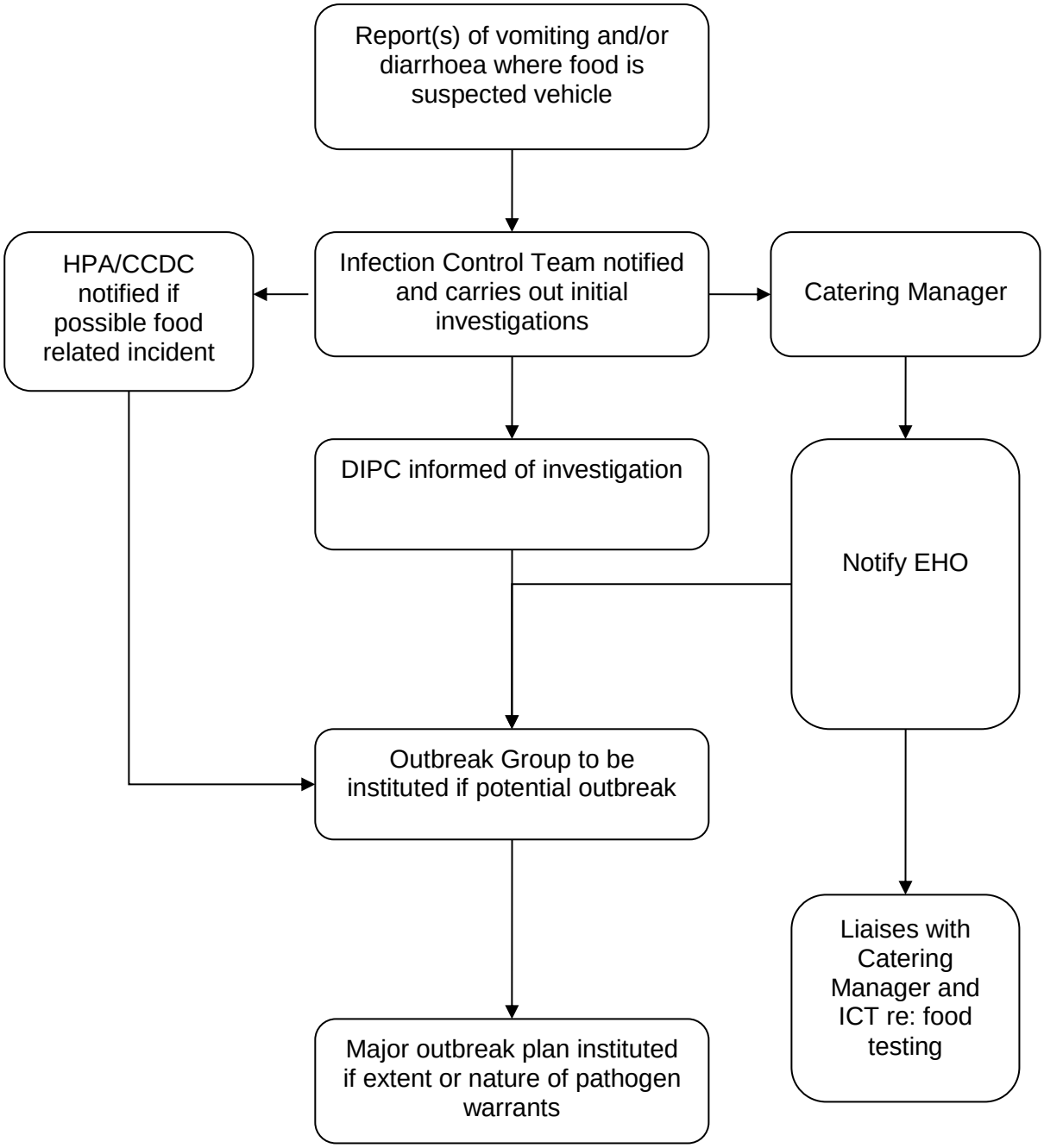
- **STAFF EDUCATION** – increase staff awareness of the organism involved and mode of transmission. Rationale for actions being taken. Involve OH if screening needed or for reassurance and support.

- **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: June 2020