York Teaching Hospital NHS Foundation Trust

Infection Prevention Guidelines

Management and Control of Outbreaks

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Relevant Regulations and Standards	Isolation Policy

Executive Summary

These guidelines highlight the responsibilities for staff during outbreaks of infections including MRSA and enteric illnesses like Norovirus and *Clostridium Difficile* (*C-diff*).

Version History Log

Version	Date Approved	Version Author	Status & location	Details of significant changes
4	March 2012	Astrida Ndhlovu	IPN	New format Norovirus management chart Flowcharts
5	Nov 2012	Astrida Ndhlovu	IPN	Change to Chlor clean frequency in Appendix 3
6	May 2015	Linda Horton-Fawkes	IPN	New format; updated links

Contents

Investigation and management of an outbreak (other than Norovirus outbreaks) flowchart

Infection Prevention Doctor (IPD) and Infection Prevention Nurses (IPN) collect and analyse information from ward, laboratories, and other sources to discuss and establish that an outbreak has occurred

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IPD and Director of Infection Prevention and Control (DIPC) lead outbreak management with relevant clinicians, nursing and operational staff

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If an outbreak is declared, a case definition will be agreed with relevant clinicians to enable detection and counting of subsequent cases. An outbreak team (see definition) will be established by the IPD/DIPC.

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Confirmation that an outbreak has occurred will be made by the Infection Prevention Team (IPT) and/or the Outbreak Team following consultation and analysis of cases with clinicians and the Consultant in Communicable Disease Control (CCDC)

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The initial assessment of the outbreak will determine if it is likely to be major (see definitions) and whether there are implications for the wider community and/or Public Health. Where this is the case IPT will inform the Public Health England (PHE) (Consultant in Communicable Disease Control (CCDC)

Standard for Nursing Management of Outbreaks due to diarrhoea and vomiting (D&V), e.g. Norovirus or *C-diff* flowchart

Responsibilities of the nurse in charge

Isolate patients symptomatic with diarrhoea only either by moving to side room or by cohorting in the bay (if more than one affected)

If patients start vomiting the rest of the patients in a shared area will have been exposed therefore close the bay

DO NOT transfer affected patients to other wards

Take stool specimens from affected patients at onset of symptoms.

Send stool samples to the laboratory via air tube immediately

Write ‘Outbreak’ on request form

Documentation

At onset of symptoms commence:

– Stool chart
– Enteric care plans (on Horizon)
– Outbreak documentation
– Display enteric precautions door notice and “Ward Closed” door notice if ward is closed

Prevent ward from being used as thoroughfare

Environmental cleaning

Ensure Domestics Chlor-Clean the ward:

Norovirus - once a day and toilets 4 times a day

C. Diff – twice a day and toilets 4 times a day

Domestic staff must document this for compliance evidence

Restrict visiting to essential visits only. This includes staff and relatives

Communicate necessary actions to patients and visitors.

Distribute ‘Why is the Ward Closed’ info booklets (from IPT)

Reusable equipment

Decontaminate using **Chlorine** based products

Exclude symptomatic staff until 48 hours clear of symptoms.

Staff must not work in other areas until 48 hrs after outbreak is declared over.

Hand washing with soap and water is essential to prevent spread

Communicate this in Handover and Safety briefings

Treat **all waste** as infected dispose of into orange bags.

Dispose of **linen** as infected into red hot water soluble bags then place into white bags

1. Introduction

Outbreaks of infections or communicable disease can occur at any time and cause much discomfort and inconvenience for patients and staff. They may threaten the operational function of the Hospital environment.

The Trust will ensure that sufficient resources, i.e. staff and equipment, are available to provide safe and effective care and to reduce the number of infections, promote safer clinical care, limit the spread and reduce adverse operational impact.

The Trust will also ensure that formal arrangements are in place to fund the cost of dealing with outbreaks.

The purpose of this policy is to support good practice in the investigation, management and control of an outbreak of infectious/communicable disease.

All relevant documentation: care plans, door notices, Bristol stool charts and outbreak documentation, can be downloaded from Staff room by following the Infection Prevention portal on the home page.

2. Definitions

Colonisation – presence of organisms without active infection/ disease

Infection – the presence of organisms causing a host response

Major outbreak –Defined by any or all of the following:

- Occurs at a large scale involving significant numbers of patients or staff in one hospital within a 24 hr period
- Similar pathogenic organisms causing severe clinical signs
- Can affect one or more wards

Outbreak - An outbreak is occurrence within a 'population' of cases of infection/disease with a frequency in excess of normal expectancy. The number of cases indicating the presence of an outbreak will vary according to the infection strain and/or disease, size and type of population exposed and time and place of occurrence.

Outbreak Control Group (OCG)/ Outbreak Team – key clinical and operational staff required to assist with management of an outbreak.

Appendix A - Outbreak Control Group

Some outbreaks require the formation of an Outbreak Control Group (OCG), this will be decided by the Outbreak Team in consultation with relevant experts e.g. PHE, Environmental Health. An outbreak plan will be developed and must state the action to be taken depending upon the nature of the outbreak. This will be developed by the OCG.

Membership of OCG will be dependant upon the cause of the outbreak and should include the following people.

- Infection Prevention Team
- Chief Executive or representative, e.g. DIPC/Chief Nurse, Medical Director, Deputy Chief Executive.
- Consultant in Communicable Disease Control (CCDC) PHE
- Senior Nurse/Midwife of the affected area in the hospital
- Clinician of the affected area in the hospital
- Operations Team
- Catering Manager – co-opted if outbreak is food borne
- Head of Estates and/or Director of Estates and Facilities
- Health and Safety Advisor
- Trust Communications Manager

Each member of the group will be personally responsible for action allocated to them and for their attendance or representation at meetings.

Appropriate information disseminated to hospital staff will be decided by the OCG. Information for any press statement will be compiled and submitted by the Trust Communications Manager

At the end of any outbreak, a report will be prepared by the IPD and circulated to all members of the OCG and the Hospital Infection Prevention and Control Group (HIPCG)

A final meeting will be held to discuss the report's findings and recommendations.

In addition to the original members of the OCG, the following people are required to join the group to form a major outbreak control group should this be required:

- Additional hospital management staff
- Secretarial, admin and clerical support – essential and to be appointed by DIPC
- Medical Director
- Occupational Health Doctor
- Director of Public Health
- Chief Environmental Health Officer
- Regional Epidemiologist

Additional expertise may be required when particular types of infections occur, relevant outside agencies will be invited to join the group.

Appendix B Isolation:

http://staffroom.ydh.yha.com/isolationpractice1May2015.pdf

The correct and timely placement of symptomatic patients (suspected or proven) into single rooms is the most effective choice in reducing the overall numbers of infected patients choice. Isolation practices can also be carried out within the ward areas; this is called 'cohorting'. With through effective isolation it is possible to control the spread and minimise the impact of outbreaks or cases of D&V.

However if **patients start vomiting** the rest of the patients in a shared area will have been exposed therefore close the bay. **Isolate patients symptomatic** with diarrhoea only either by moving to side room or by cohorting in the bay (if more than one affected).

Wards/ Bays must not be opened unless agreed with the IPT and/or Director on call see Isolation Policy - http://staffroom.ydh.yha.com/policies-and-procedures/clinical/infection-prevention/isolation-procedures/view

To limit spread every effort must be made to keep ward and bay doors closed and closed wards **must** not be used as a corridor to access other areas

It is the responsibility of the nurse in charge to document evidence of compliance with precautions

Stool charts:

In cases of diarrhoea all affected patients require stool frequency and consistency documenting on a stool chart. Score consistency according to the Bristol Stool Scoring system

Hand Hygiene:

> **Staff:** effective hand hygiene is fundamental to preventing spread. Hands **must** be washed with soap and water before and after any patient contact, after using the toilet and before eating or serving food.

Patients: must be offered hand hygiene facilities following use of sanitary equipment and before eating, this may be hand washing or using hand wipes.

Admissions:

Admissions to the affected area will be suspended upon advice from IPT

Patients may require admission to specialist areas when clinical need presents a greater risk than exposure to D&V (Norovirus). Such admissions must be agreed with the relevant clinician and/or nurse specialist and Bed Manager following risk assessment.

Staff movement and use of agency staff

All bank and agency staff and employed staff who also do agency work must notify their managers if they have been working where an outbreak has been identified.

Staff and patient movement:

The need for attendance of patients for assessment or clinical treatment away from the ward during an outbreak should be discussed and agreed with relevant clinicians and the IPT. Should patient investigations and treatments outside the affected area be required staff in the receiving area must be informed of control measures by the nurse in charge to ensure continuation of effective control measures

Movement of staff between the affected area and other wards/departments must be kept to an essential minimum. Staff should plan/re-arrange workloads to enable visits to closed areas to be last if possible. Discuss with IPT if necessary.

Patients **must** not be transferred to other institutions, wards or departments until the outbreak has ended or without the advice of the IPT. If transfer is absolutely necessary then the receiving facility must be informed by the nurse in charge of the patient and the Inter-hospital transfer form completed http://staffroom.ydh.yha.com/infection-prevention/documentation/inter-healthcare-transfer-form

Equipment and the Environment:

Effective and thorough cleaning of re-useable clinical equipment and environment using Clinell wipes or Chlor clean diluted to 1,000ppm during the outbreak is essential to limit spread. The IPT will advise Domestic Services that the ward must be Chlor cleaned once daily and toilets x4 daily. This enhanced disinfection must be continued for 48 hours after the ward is opened/outbreak declared over. Matrons and ward managers must ensure that this is done. Advice regarding additional disinfection, of equipment and the environment, will be given by the IPT.

Sporicidal wipes must be used to disinfect equipment and the environment where *Clostridium difficile* is present. The IPT will issue the sporicidal wipes during working hours. Out of hours these are available from Bed Managers.

Personal Protective Equipment (PPE): see Isolation Practice Standards on the link above

Communication:

Daily communication regarding the outbreak status will be available on Horizon and on the IP screens in hospital main entrances on the York site. The Trust Communication Manager will deal with media enquiries

Patient Information and Guidelines

Patients, relatives and visitors must be informed of the ward closure – the information leaflet “Why is the Ward Closed” should be available on all closed wards. Information booklets are available from the IPT or via the IP Portal on Staff Room (in A4 format only).

Affected patients and their visitors should be routinely issued with an explanation by ward staff of their infection, isolation procedures and treatment.

Appendix C - Managing admissions during Enteric Outbreaks (i.e. diarrhoea and/or vomiting)

Avoid hospital admissions of suspected cases from the community unless they need parenteral re-hydration or other medical interventions

Responsible lead:
Bed managers

Liaise with District Nurses, Virtual ward team leaders and GPs

Encourage home management

No admissions into affected/closed areas.

No ward to ward transfers

No transfers out to other care facilities

Responsible lead:
Nurse in charge

Liaise with Social Workers, Discharge liaison, patients and their relatives & Care Homes

Discharge plans MUST be initiated on admission to prevent unnecessarily prolonged hospital stay

Responsible lead:
Nurse in charge

Liaise with Infection Prevention Team and Bed Managers, Discharge Liaison Team

Appendix D - General information on Norovirus

1. Signs and symptoms;
    - Acute onset of diarrhoea and /or vomiting often projectile,
    - Nausea
    - Abdominal cramps
2. Norovirus is extremely infectious and accounts for 50% of all reported Gastro-Enteritis outbreaks
3. Norovirus outbreaks are associated with significant hospital costs and impact on operational activity
4. Norovirus in hospital is transmitted by the contaminated environment, and person to person.
5. Incubation period is 12- 72hrs
6. Symptoms can involve patients and staff
7. Symptoms should resolve without treatment within 1-3 days in otherwise healthy people but **may** last for 4-6 days

Evidence	Monitoring /Who by	Frequency
a. Outbreak meetings	Minutes of meeting/ IPT	Following an outbreak
b. Outbreak documentation	Ward documentation during outbreak/ IPT	During an outbreak
c. Clinical support visits (CSV)	CSV feedback/ IPT	Following CSV
d. Post Infection Review (PIR)	PIR report/ IPT	Following PIR
e. AIRS reporting	AIRS feedback/ risk and legal team	On completion of AIRS form
f. Serous Untoward Incident (SUI)	SUI feedback/ SUI lead	On completion of SUI

11 Trust Associated Documentation

YHFT [CLIN.IC19] Infection Prevention Guideline for the Decontamination of Reusable Medical Devices and the Environment

YHFT [CLIN.IC12] Infection Prevention Policy for Effective Hand Hygiene

YHFT [CLIN.IC6] Infection Prevention Standard Precautions Guidelines

YHFT [CLIN.IC8] Infection Prevention Isolation Policy

YHFT [CLIN.IC9] Laundry Guidelines

YHFT Isolation Practice Standard

12 External References

- http://staffroom.ydh.yha.com/infection-prevention/external-links/epic-3

- https://www.rcn.org.uk/__data/assets/pdf_file/0008/461798/HSCA_FINAL.pdf