Clinical

Outbreak Management, Infection Prevention and Control – Standard Operating Procedure

Document Control Summary

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1. **Introduction**

The general public and staff have a right to expect that any potential hazards in the healthcare environment be adequately controlled. All staff must possess an appropriate awareness of their role in the prevention and control of infection in their area of work. Not only is this part of their professional duty of care to the patients with whom they are involved, but it is also their responsibility to themselves, to other patients and members of staff under the Health and Safety at Work Act (1974).

This is designed to support and make explicit good practice in the investigation, management and control of infectious disease Outbreaks. Examples include Outbreaks of Norovirus, Salmonella or E coli 0157 infection, or a single case of a more unusual infection such as hospital acquired Legionella. Each control problem is unique, requiring specific measures to deal with individual circumstances. For these reasons, the enclosed guidance should be regarded as a template for action, describing key principles and good practice in the management and control of communicable disease.

2. **Purpose**

The Purpose of the Standard Operating Procedure (SOP) is to provide advice about outbreak management within the healthcare setting to achieve the following objectives:

- To recognize an outbreak/ incident of infection
- To manage the outbreak and prevent further spread
• To provide a framework to manage an outbreak of infection or infection control incident
• To provide a framework to systematically review outbreaks of infection
• To establish the important epidemiological characteristic and determine appropriate actions
• To facilitate communication between the key agencies involved

3. Scope
This SOP applies to healthcare personnel working within the Trust. It also applies to private contractors working on Trust premises including locum and agency staff and volunteers.

4. Organisational Responsibilities

The Chief Executive will ensure that this SOP is implemented in all areas and will ensure that the effectiveness of this SOP is continually reviewed.

Director of Infection Prevention & Control (DIPC)/Deputy will liaise with the Infection Control team and senior staff to ensure that correct SOP is followed with regard to bed closure and monitor the impact on admissions and discharges.

Executive/Clinical Directors have the responsibility for the co-ordination of Health and Safety activities and for ensuring that decisions are implemented in accordance with this SOP and associated guidelines.

Infection Control Committee has a responsibility to ensure that this SOP allows the Trust to comply with advice and guidance from the Department of Health and other bodies.

The Infection Prevention and Control Team (IPCT) will provide advice, training and support to on-call managers, Locality Managers, Matrons and ward staff to ensure prompt implementation of this SOP, reducing the risk to others.

Managers and Supervisors, Managers/Heads of Services/Matrons will ensure that a risk assessment is conducted at ward level and the relevant infection control precautions are in place. In an outbreak situation, Locality Managers/Heads of Services/Matrons should ensure that staff are informed of the situation, are aware of their responsibilities and implement the correct infection control practice.

Employees will ensure prompt reporting of any unusual clusters of infections, increasing numbers of infections or changes to an outbreak situation to the Infection Prevention & Control team or Managers.
5. Defining an Outbreak or Infection Control Incident

An outbreak may be defined as:

An incident affecting two or more people thought to have a common exposure to a potential source, in which they experience similar illness or proven infection.

A rate of infection or illness above the expected rate for that place and time, where spread is occurring through cross infection, or person-to-person.

A single case of certain diseases such as diphtheria, rabies, poliomyelitis or viral haemorrhagic fever, may lead to initiation of the major outbreak plan, although not technically an outbreak.

Outbreaks of infection may vary in extent and severity ranging from a few cases to a large number of food poisoning cases, affecting hundreds of people. Recognition of an outbreak may be difficult, therefore medical and nursing staff must be vigilant at all times.

An infection control incident is any adverse incident with the potential to expose staff, patients and or the public to infection risk. This may be related to failure of equipment, processes or practice and contingency planning for newly identified infection threats. An example would be a failure of a sterilization/ disinfection process.

Outbreak or Incident Detection

Any member of staff suspecting an outbreak of infection i.e. abnormally high number of case of common infection, unusual infection, food poisoning or an infection control incident must report it to the person in charge immediately.

Admissions and discharges should be delayed until the situation has been assessed

The person in charge must inform the IPCT or the Consultant Microbiologist immediately.

The rapid recognition of outbreaks is vital.

A list of statutory notifiable diseases is included in appendix 2. It is the responsibility of the diagnosing doctor to notify any case of a clinically suspected notifiable disease to the Consultant in Communicable Disease Control (CCDC) by phone for necessary public health action to ensue. This should be supplemented by formal notification using the notification books available in each clinical area. Cases of Legionnaires, Hepatitis, Chicken pox,

Meningitis and typhoid/ paratyphoid or salmonella in a food handler also should be reported to the CCDC.
6. Action Required on Suspicion of an Outbreak or Other Infection Control Incident

If you suspect an outbreak:

Record all the cases, noting the time of onset of symptoms, in each suspected case

Collect appropriate microbiology specimens

Isolate the index cases where possible

Inform the Infection Prevention and Control Team

Monday - Friday (9am to 5pm):

When an outbreak / incident is suspected, the nurse / person in charge of the clinical area must contact the Infection Prevention and Control Nurse. Even if the situation is unclear, the Infection Prevention Control Nurse must be contacted.

The Infection Prevention and Control Nurse will assess the situation, and will inform the Consultant Microbiologist and Director of Infection Prevention and Control informed of any developments that occur throughout.

The Consultant Microbiologist will, if deemed necessary by, inform the local Consultant in Communicable Disease Control (CCDC).

Out of hours, Weekends or Public Holidays:

The nurse / person in charge of the affected clinical area must contact the on – call/ duty manager without delay.

The on-call/duty manager must then assess the situation. This involves taking details of the affected patients / staff and a history of the illness.

If an outbreak is suspected, or the situation is unclear, the on-call manager must then contact the Consultant Microbiologist, via Queens Switchboard (see appendix 1)

Within normal working hours the clinical staff in the affected area will be responsible for completing a Serious Untoward Incident Report

Once an outbreak or incident has been recognised within normal working hours, the Consultant Microbiologist and Director of Infection Prevention and Control will be the persons primarily responsible for action within the Trust.

Some outbreaks / incidents are of such a limited extent that the Consultant Microbiologist and the Infection Prevention and Control Nurse can jointly deal with them. In such circumstances The Director of Infection Prevention and Control and all other relevant managers will be kept informed of any investigation and actions taken.
by the Infection Prevention and Control Team. However, other outbreaks / incidents may require the Outbreak Control Team (OCT) to be established. A decision whether an OCT is required will be made jointly by the Consultant Microbiologist and Director of Infection Prevention and Control, based on the individual circumstances of the incident.

The Director of Infection Prevention and Control is responsible for convening and chairing the OCT.

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

The Consultant Microbiologist
Infection Prevention and Control Nurses
Director of Infection Prevention and Control (Chair)
Consultant in Communicable Disease Control
Health Protection Nurse
Local Authority Environmental Health Department Representative
Trust Chief Executive Representative
Appropriate Service Manager
Senior Medical Staff Representative
Senior Nurse Representative
Senior Pharmacy Representative
Occupational Health Department Representative
Hotel Services Department Representative
Estates Officer
Water Authority Representative
Press Officer? Communications Department Representative
Others as appropriate (specified by the chairperson)

Note: In Order to Ensure the Successful Management of an Outbreak, it is recognized that in some Cases Several Major Decisions in Relation to the Outbreak May Have Been Taken Prior to the Meeting e.g. closure of premises, exclusion of individuals to work, curtail admissions to the ward/unit; closure of ward(s), kitchens; removing staff from duty.
7. Terms of Reference of the Outbreak Control Team

Agree a case definition

Facilitate the optimal clinical care of patients

Review evidence of the outbreak / incident and the results of epidemiological and microbiological investigations, including data collection and analysis.

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.

Investigate the source and cause of the outbreak / incident

Provide clear guidelines for communication with patients, relatives, medical staff and where necessary, other relevant organisations outside of the Trust as well as the media.

Document the outbreak for national reporting and send the information to the Strategic Health Authority and HPA

Decide when the outbreak / incident has been resolved.

After the outbreak / incident, to prepare for submission to the Clinical and Corporate Governance Committee its report of the outbreak, containing recommendations for further action, as well as detailing any implications for future service provision. This report will include a Root Cause Analysis of the incident and a detailed action plan with named persons responsible and specific time frames in which actions will be required.

Actions from the OCT may include:

Closure of ward/health care premises

*This means*

Admissions to the ward will be stopped

Transfers to and from the ward will be stopped

Discharges from the ward will need careful consideration

Where possible staff working on this ward will not work elsewhere whilst the ward is closed.
The Infection Prevention and Control team will meet with the relevant clinicians and managers to arrange implementation of the closure.

The situation will be monitored closely. The Consultant Microbiologist will advise when the ward may be safely re-opened.

The Infection Prevention and Control Team will discuss measures to be taken with ward staff, hotel services and occupational health department staff. The Infection Prevention and Control Nurse will liaise with all departments as necessary. The managers will be responsible for informing other relevant agencies of the situation. In order to facilitate this, meetings may be arranged with senior staff for information communication purposes. In addition a daily written bulletin for staff should be considered.

Opening of ward or wards for infected patients

Closure of kitchens

Stopping routine admissions

Exclusion of staff from work

8. Tasks and Responsibilities of the Outbreak Control Team

The Consultant Microbiologist:

Where necessary declare an incident a serious outbreak following appropriate consultation with DIPC and CCDC.

In collaboration with the infection prevention and control nurses recommend appropriate isolation of patients, including the use of cohort bays or isolation wards.

Where necessary convene the outbreak control team (OCT).

Ensure OCT membership is appropriate.

Be responsible for ensuring the maintenance of the Out break Control Plan.

Be responsible for coordinating work on the control of the outbreak.

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.
**Director of Infection Prevention and Control**

Chair the OCT meetings

Inform appropriate bodies and officers, including the local authority, strategic health authority, local general practitioners and HPA.

Notify Chief Executive or in their absence the senior on call manager 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.

Be a member of the OCT.

Ensure that clinical services are available for the diagnosis and treatment of cases and contacts.

**Service Managers**

Be a member of the OCT.

Assist with, and ensure full co-operation from staff in the affected area in respect of investigation and management of the incident / outbreak.

Liaise fully with all staff involved in the incident.

Cancel planned activities if required.

Review staff levels in affected areas.

**Consultant in Communicable Disease Control (CCDC):**

Advise the OCT on epidemiological investigation and provide medical advice to the team as required.

Liaise with CCDC colleagues in adjacent districts where more than one district is involved.

Assist the Director of Public Health with the media and other relations if required.

**Infection Prevention and Control Nurse:**

Be a member of the OCT.
Commence outbreak documentation.

Review the outbreak daily.

- Provide advice and guidance on matters of infection control.
- Participate in education and training to support this 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.

Liaise closely with the clinical staff within the area concerned.

Assist in the appropriate environmental investigations

Contribute to outbreak reports, including the final report

**Environmental Health Officer (EHO or authorised representative):**

Be member of the OCT where necessary.

Where necessary inform the Food Standards Agency (FSA) of any serious incident involving contamination of food.

Inform appropriate bodies and officers of the Borough Councils.

Present relevant information on the outbreak to the OCT.

Where necessary assist in the identification, removal and safe disposal of any contaminated food, etc.

Advise the OCT on the exclusion of food handlers from work.

Liaise with other Environmental Health Officers in adjacent districts as required.

9. References / Bibliography

Joint Department of Health and Public Health Laboratory Service Hospital Infection Working Group. 1995. *Hospital Infection Control.* (HSG(95)10)

Department of Health. 1994. *Management of Outbreaks of Foodborne Illness.* (EL(91)123)

Brent PCT “*Incident Management SOP*. February 2004

Brent PCT “*Risk Management Strategy and SOP*. March 2004

### Appendix 1. Infection Control Team Contact Details

**Within Normal Working Hours:**

<table>
<thead>
<tr>
<th>Role</th>
<th>Contact Details</th>
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</thead>
<tbody>
<tr>
<td>Consultant Microbiologist</td>
<td><strong>Dr Paton</strong>&lt;br&gt;Queens Hospital&lt;br&gt;Switch board 01283 566333</td>
</tr>
<tr>
<td>Infection Control Nurses</td>
<td>01785 21483&lt;br&gt;Ext 5189, 5476&lt;br&gt;07971313156</td>
</tr>
<tr>
<td><strong>Director of Infection Prevention and Control (DIPC)</strong></td>
<td><strong>01785 221483</strong></td>
</tr>
<tr>
<td>Consultant in Communicable Disease Control (CCDC)</td>
<td><strong>Dr Afza</strong>&lt;br&gt;Health Protection Agency West Midlands North&lt;br&gt;01785221126</td>
</tr>
</tbody>
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**Evenings, Weekends and Bank Holidays:**

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<th>Role</th>
<th>Contact Details</th>
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<tbody>
<tr>
<td>Senior Manager On - Call</td>
<td>Check on call rota</td>
</tr>
<tr>
<td><strong>On- Call Infection control Doctor</strong></td>
<td><strong>Queens Hospital</strong>&lt;br&gt;Switch board 01283 566333</td>
</tr>
<tr>
<td><strong>Health Protection Unit On-Call</strong></td>
<td>Switch Board Mid Staffs Hospital&lt;br&gt;01785 257731</td>
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Appendix 2, Statutory Notifiable Diseases

See Isolation SOP

Diseases notifiable (to Local Authority Proper Officers) under the Health Protection (Notification) Regulations 2010:

| Acute encephalitis                  | Malaria                  |
| Acute meningitis                   | Measles                  |
| Acute poliomyelitis                | Meningococcal septicaemia |
| Acute infectious hepatitis         | Mumps                    |
| Anthrax                            | Plague                   |
| Botulism                           | Rabies                   |
| Brucellosis                        | Rubella                  |
| Cholera                            | SARS                     |
| Diphtheria                         | Smallpox                 |
| Enteric fever (typhoid or paratyphoid fever) | Tetanus                  |
| Food poisoning                     | Tuberculosis             |
| Haemolytic uraemic syndrome (HUS)  | Typhus                   |
| Infectious bloody diarrhoea        | Viral haemorrhagic fever (VHF) |
| Invasive group A streptococcal disease and scarlet fever | Whooping cough |
| Legionnaires’ Disease              | Yellow fever             |
| Leprosy                            |                          |

As of April 2010, it is no longer a requirement to notify the following diseases: dysentery, ophthalmia neonatorum, leptospirosis, and relapsing fever.
Appendix 3. Out of Hours Infection Prevention & Control - Advice/Support

Refer to Policy/Procedure

Can the situation be dealt with in the ward/practice area?

Yes

Put in place appropriate Infection Prevention & Control measures - as per Policy.

No

Discuss with bleep holder

If microbiological advice is required, contact the Consultant Microbiologist via switchboard

If it is a notifiable disease or an issue that has significant impact on ward closures/services, contact the On Call Manager via switchboard.

On Call Manager

Review the situation and refer to relevant policies and procedures. If policies do not support the disease/issue contact the Consultant Microbiologist for further advice at Queens Hospital Burton 01283 566333. If agreed to be necessary, put in place outbreak measures as detailed in

Remember to inform the Infection Prevention & Control team of incident the next office working day on 01785 221483 Ext 5189.

If a serious adverse incident has occurred, please complete an incident form.
Appendix 4. Draft Agenda for meetings of Outbreak Committee

Complete list of attendees
Background
Actions to date
Current situation
Recommended control measures
Implications of control measures, available resources
Agreed action plan
Clarification of individual responsibilities
Communication Strategy
Completion of Trust incident form
Any other Business
Next Meeting