Lincolnshire Partnership **NHS**

NHS Foundation Trust

REF: 7c(2)

Lincolnshire Partnership Foundation Trust (LPFT)

Title of Policy

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> **This document defines the Lincolnshire Partnership Foundation Trust's approach to dealing with both major and minor outbreaks of infection.**

ISSUE 2

LINCOLNSHIRE PARTNERSHIP FOUNDATION TRUST

OUTBREAKS OF INFECTION PROCEDURE 7c(2)

CONTENTS

Outbreak Management Packs

http://sharon/lpft/Nursing/IPC/Documents/Forms/grouped.aspx?RootFolder=%2Flpft%2FNursing%2FIPC%2FDocuments%2FOutbreaks

OUTBREAKS OF INFECTION PROCEDURE

1.0 INTRODUCTION

1.1 This document defines the Lincolnshire Partnership Foundation Trust's approach to dealing with both major and minor outbreaks of infection.

2.0 POLICY/PROCEDURE PRINCIPLES

2.1 Any member of staff who suspects that a patient is suffering from an infection will notify the nurse in charge of the ward immediately. Action will then be taken as detailed in the following sections of this policy and the outbreak will accordingly be deemed to be either major or minor based on the definitions in section 3.0.

3.0 DEFINITIONS

3.1 **Outbreak of infection:** Two or more cases of infection that are linked in time, place or the nature of the person(s) affected (e.g. hospital staff or patients, members of the same family, gender or religious or ethnic group).

3.2 A **minor outbreak** either affects fewer people (e.g. one family, hospital ward or school class) or causes a less severe illness (e.g. scabies, infectious diarrhoea).

3.3 A **major outbreak** affects many people (e.g. a hospital or school) or causes a more severe illness (e.g. tuberculosis, typhoid fever). A more detailed definition of a major outbreak is given in section 8.0.

4.0 DUTIES

4.1 This procedure covers Infection Prevention and Control(IPC) management issues and applies to all health care workers(HCWs) employed by Lincolnshire Partnership Foundation Trust (hereinafter referred to as LPFT) that undertake patient care or who may come into contact with affected patients.

4.2 The procedure also applies to agency, locum, Bank Staff, nursing and medical students, visiting clinicians, volunteers and contractors working on Trust premises.

4.3 Each individual member of staff, volunteer or contracted worker within the Trust is responsible for complying with the standards set out in the procedure. They need to be aware of their personal responsibilities in preventing the spread of infection (Infection Prevention and Control Policy).

4.4. It is the responsibility of the Director of Infection Prevention and Control (DIPC), Director of Nursing, Senior Leaders, Matrons, Consultant and Senior Medical Staff, the IPC Nurse Specialist, Ward Managers and Team Coordinators and Link Practitioners to ensure that all staff referred to in 4.1 and 4.2 above are aware of and comply with this procedure.

5.0 <u>MINOR OUTBREAK – REPORTING AND IMMEDIATE ACTION</u>

5.1 Any member of staff who suspects that a patient is suffering from an infection will notify the nurse in charge of the ward/unit immediately.

5.2 The nurse in charge or Site Manager will notify the ward doctor or doctor on call out of hours who will assess the patient and any others with similar signs and symptoms.

5.3 If the doctor or nurse considers that the patient(s) may have an infection which has been acquired from another patient, member of staff, food, water, equipment or any other source in the hospital or community, **the IPC Nurse Specialist must be informed at the earliest opportunity**. The nurse in charge will start to complete the relevant outbreak management pack (Appendix 1). The relevant infection care plan should be started for each of the individuals affected. These can be found on the IPC page on SHARON.

5.4 The IPC Nurse Specialist will support the Ward Manager/ Team Coordinator/ Nurse in Charge to make the decision if it is necessary to declare an outbreak. Consideration must be given to urgent closure of part or the entire ward. The IPC Nurse Specialist will inform all the stakeholders of the outbreak and closure decision.

5.5 If the decision to declare an outbreak and close a ward is made out of hours, support must be sought from the On-Call Manager who will then take on the initial responsibility of informing stakeholders.

5.6 A Datix must be completed at the earliest opportunity.

5.7 When an outbreak is declared the IPC Nurse Specialist will support decisions on staff and patient movement to and from the affected ward, and inform the following at the earliest opportunity:

- Director for Infection Prevention and Control (DIPC)
- Clinical Director for the relevant division
- Associate Director of Nursing
- On Call Manager or Site Manager
- Service Lead, Quality Lead and Matron of the relevant service/division
- Physical Healthcare leads
- Hotel Services Advisor

Where appropriate, the following should also be informed:

- Public Health England (PHE) if the infection is notifiable.
- Occupational Health/ Staff Wellbeing Service
- Head Pharmacist
- Catering Manager, where appropriate
- Associate Director of Estates and Facilities
- Director of Operations
- Head of Health Protection, Lincolnshire NHS CCGs Federated Health Protection

5.8 The Ward/Unit Manager, Nurse in Charge or Infection Control Link Practitioner will:

5.8.1 Instigate outbreak control actions and reinforce standard IPC procedures, as per IPC policy or advised by the IPC Nurse Specialist.

5.8.2 Utilise care plans / trust approved physical healthcare observation charts.

5.8.3 Antimicrobial treatment is not usually part of outbreak control but, if instituted, this should be in accordance with the Use of Antimicrobial Medication Policy and as advised by a microbiologist. Relevant specimens for laboratory examination should be taken before antibiotic treatment is instituted.

5.8.4 Staff to report sickness to their line manager/ nurse in charge in the first instance as per Employment Services Policy, Occupational Health/ Staff Wellbeing.

5.8.5 Staff presenting with symptoms of the outbreak disease should seek advice from Occupational Health/ Staff Wellbeing Services before attending for work. Any staff who manifest symptoms of the outbreak disease after attending for work should seek urgent advice form Occupational Health/ Staff Wellbeing regarding their remaining at work while symptomatic.

6.0 INVESTIGATION AND FURTHER ACTION

6.1 The IPC Nurse Specialist will coordinate the collection of information from the ward/unit and from the laboratory where relevant. A multi-professional collaborative decision will be made to confirm that an outbreak is in progress and its severity.

6.2 If no outbreak exists, the staff will be informed and an explanation given. The situation will continue to be monitored by the IPC Nurse Specialist.

6.3 If an outbreak is confirmed the IPC Nurse Specialist will support the clinical team in the management of the affected area. If required an outbreak team will be established.

6.4 A daily record will be kept by the ward / unit of patients and staff meeting this definition, including the date and time of the onset of the symptoms, by completing the relevant Outbreak Management Pack which can be found on the IPC page on SHARON.

http://sharon/lpft/Nursing/IPC/Documents/Forms/grouped.aspx?RootFolder=%2Flpft%2FNursing%2FIPC%2FDocuments%2FOutbreaks

6.5 Collection of samples for microbiological examination should be as per the relevant Outbreak management Pack or as agreed with the IPC Nurse Specialist, microbiology services and, where necessary, PHE.

6.6 Recommendations regarding any antimicrobial therapy being considered should be discussed with the microbiologist. Samples for culture must be taken before starting antimicrobial therapy.

6.7 The IPC Specialist Nurse will support the clinical team in making decisions about the necessity for isolation and barrier nursing of infected patients, and control of movements of ward/Unit housekeepers and other members of staff as per the relevant Outbreak management Pack

6.8 The local Microbiology Consultant may need to be involved to advice on management and potential transfer of patients into other services.

6.9 The Director of Nursing and Quality / Director of Infection Prevention and Control (DIPC) will be informed by the IPC Nurse Specialist as soon as the initial assessment has been made.

6.10 The Chief Pharmacist, Head of Community Services, Estates and Hotel Services and Site Managers will be informed by the IPC Nurse Specialist if there are implications for them/their staff.

6.11 If the outbreak is due to food or water contamination, PHE and the Senior Environmental Health Officer of the Local Authority will be informed and will participate in the investigation of the outbreak if required.

6.12 The IPC Nurse Specialist will make a written record of events and management decisions, identifying the persons responsible for action.

6.13 The IPC Nurse Specialist will issue a daily Situation Report to all stakeholders informing them of the progress of the outbreak, any major decisions that have to be made and any actions arising from those.

6.14 The need to declare a "major outbreak" will be kept constantly under review by all stakeholders supported by the IPC Nurse Specialist.

6.15 At the beginning of a minor or major outbreak of infection, the ward / unit manager or Nurse in Charge will complete a Datix incident report

7.0 DIARRHOEA AND VOMITING

7.1 In the event of an outbreak of diarrhoea and vomiting management and control should be in accordance with the above and the Management Pack for Infection Prevention and Control of Gastro-Intestinal Illness e.g. Vomiting or Diarrhoea .PHE will advise local providers and stakeholders along with the local Environment Health Department if required.

7.2 Outbreaks of vomiting and/or diarrhoea are usually due to the ingestion of micro-organisms, or their toxins, although chemical contamination of food or drink does occur and it may not be possible to differentiate between microbial and chemical causes initially. The management of the outbreak initially should be the same whatever the potential cause.

7.3 An outbreak affecting several people within a short time period is likely to arise from a common source. When the spread is over a number of days, the faeco-oral route is often indicated and good personal hygiene, particularly hand-washing technique, is essential to limit the spread.

8.0 MAJOR OUTBREAK OF INFECTION

8.1 Definition

An outbreak of infection is considered to be major when:

- Large numbers of staff and/or patients are affected.
- The outbreak is prolonged,
- Infection spreads between wards/department in the hospital setting and throughout Units/Homes in the community setting.
- The infecting organism has serious implications (e.g. tuberculosis, typhoid fever)
- The outbreak is likely to attract media coverage.

9.0 INSTIGATION OF THE MAJOR OUTBREAK PLAN

9.1 All outbreak management processes are as per section 5.0 in the first instance.

9.2 **The IPC Nurse Specialist must be informed at the earliest opportunity.**

9.3 If the outbreak occurs out of hours, the On Call Manager/Consultant is to be informed if the outbreak is considered to be major. They will inform the necessary stakeholders.

9.2 The Medical Team, Microbiologist, PHE, Local Health Protection team and the IPC Specialist Nurse will support the clinical team in the management of the affected area until no further cases have occurred, the potential incubation period is completed and the IPC Nurse Specialist is able to ascertain that the outbreak is over.

9.3 The Executive Team and the Communication Manager are to be informed of the situation if there could be heightened media interest.

9.4 In the event of a major outbreak, the Director of Nursing or Associate Director of Nursing is to convene the Major Outbreak Control Group (MOCG) as soon as possible to manage the overall situation.

10.0 MAJOR OUTBREAK CONTROL GROUP

10.1 The group membership is interchangeable, depending on the circumstances, and members may nominate a representative in their absence. Other people may be co-opted on to the MOCG as necessary at the discretion of the Chairperson.

10.2 The core members of the Major Outbreak Control Group (MOCG) are:

- Director for Infection Prevention and Control (DIPC). Chair.
- Director of Operations
- Clinical Director for the relevant division
- Associate Director of Nursing
- Microbiology Consultant
- Divisional Managers for relevant divisions
- Quality Improvement and Assurance Lead
- IPC Nurse Specialist
- Matrons
- Ward Managers/ Team coordinators of the affected areas
- IPC Link practitioners.
- Head of Communications or nominated deputy
- Occupational Health/ Staff Wellbeing representative
- Head of Health Protection, Lincolnshire NHS CCGs Federated Health Protection
- Hotel Services Manager/ Advisor
- Public Health England (PHE)
- Security & Resilience Manager

  If out of hours:
- On Call Duty Manager
- Duty Medical Officer

10.3 The following may also be members of the MOCG, as appropriate and required:

- Head of Facilities (or deputy)
- Senior Environmental Health Officer
- Trust Chief Executive
- Director of Public Health
- Emergency Planning Coordinator.

10.4 Administrative support will be provided by clerical/secretarial support from the most appropriate source.

11.0 PROCESS AT THE FIRST AND SUBSEQUENT MAJOR OUTBREAK CONTROL GROUP MEETINGS.

11.1 At the first meeting, the nominated Chair will explain the nature of the outbreak and the steps taken to contain it so far.

11.2 The Chair will lead the discussion and direct and co-ordinate the management of the outbreak. Options will be fully discussed and decisions taken will be active and not by default.

11.3 The Secretary will ensure that all discussions and decisions are accurately recorded and will prepare notes for circulation before the next meeting, identifying the person(s) responsible for any action agreed.

11.4 At each meeting it will be the responsibility of all full and co-opted members to provide an update of the situation in their ward or department to form the basis for further decisions. Members who will be unavoidably absent must ensure that a senior member of their staff attends the meeting in their place and is fully briefed beforehand.

11.5 All full and co-opted members of the MOCG will act in accordance with the decisions taken at the meetings. They will keep notes of their part in the management of the outbreak and the actions that they and their staff take.

11.6 Formal consideration throughout the outbreak will be given to the need to involve the regional or national resources of PHE or to obtain help from other outside sources.

11.7 The dissemination of information from the meetings is the responsibility of the members of the MOCG. They should remind their staff not to discuss the outbreak outside the clinical situation and that patient and staff confidentiality must be maintained at all times. The medical and nursing staff on the wards will keep patients' relatives informed of actions taken and progress made.

11.8 Media enquiries should be referred to the Head of Communications who will, if necessary, refer them to the Chief Executive and, for community aspects, the Consultant in Communicable Disease Control (CCDC) from PHE. No information concerning the outbreak will be released to the media or public from wards or departments, or by other members of the MOCG.

11.9 At the end of each meeting, the date and time of the next meeting will be fixed.

12.0 <u>AT THE END OF THE OUTBREAK</u>

12.1 After the outbreak is declared over, a final MOCG meeting will be necessary. It will have the following objectives:

- To review the experiences of all staff involved in the management of the outbreak
- To identify good practice, shortfalls and difficulties encountered
- To revise the policy accordingly
- To recommend structural or procedural improvements which would minimise the possibility of a similar outbreak occurring again
- To request an RCA meeting

12.2 The IPC Nurse Specialist will be responsible for submitting a formal report on the outbreak.

13.0 <u>IMPLEMENTATION</u>

13.1 Responsibility for assessing the implementation of this procedure rests with the manager or clinician responsible for either the staff or the patients. They will be required to identify and carry out such preparation as necessary to confirm that staff understand the expectations on them and that they are both competent and confident to discharge these.

13.2 The procedure will be placed on the Trust's internet site.

14.0 <u>TRAINING</u>

14.1 Training in outbreak management is required for core members of the Major Outbreak Control Group and may be provided through the PHE. Members of the IPC Team will have expertise in the detection, management, control and prevention of outbreaks of infection in the course of their specialist training and will be expected to keep up to date in the course of their continuous professional development (CPD).

15.0 <u>TARGET AUDIENCE</u>

15.1 This procedure covers infection prevention and control management issues and applies to all HCWs employed by the Trust that undertake patient care, whether in-patient or in the community and any who have face to face contact with patients.

15.2 This procedure also applies to agency, locum, Bank Staff, nursing and medical students, visiting clinicians, volunteers and contractors working on Trust premises or in the community.

16.0 <u>REVIEW DATE</u>

16.1 This procedure will be reviewed in 3 years or in the light of legislative or organisational changes.

17.0 <u>CONSULTATION</u>

Consultation was held with the following:

• Trust Infection Prevention and Control Committee
• Patient Safety Committee
• Emergency Planning Coordinator
• Patient representative via Voice of 1000
• Head of Health Protection, Lincolnshire NHS CCGs Federated Health Protection
• Public Health England

18.0 <u>RELEVANT TRUST POLICIES & PROCEDURES</u>

• 7a.Infection Prevention and Control.
• 7b. Hand hygiene
• 7f. Isolation
• 7g. Decontamination
• 7h. Surveillance of alert organisms and dissemination of information
• 7m. Transfer of a patient with known or suspected infection.
• 7n. Correct Use of Personal Protective Equipment in the Healthcare Environment

19.0 <u>MONITORING COMPLIANCE</u>

19.1 Compliance will be monitored via Datix reports. Any arising reports will be discussed via the IPC report to the Patient Safety and Experience Committee which meets at a minimum quarterly and any good practice or lessons to be learnt will be detailed in the minutes.

19.2 Root Cause Analysis outcomes and recommendations to be discussed by the Patient Safety and Experience Committee.

19.3 Monitoring of surveillance of infections data received from PHE by the Patient Safety and Experience Committee and action taken as necessary.

19.4 Infection Prevention and Control audits undertaken by the IPC Nurse Specialist and/or Matrons will include monitoring of availability, knowledge of and adherence to policies and procedures.

20.0 <u>EQUALITY ANALYSIS.</u>

20.1 This policy has been assessed using the Equality Analysis Assessment (see Appendix 2). The assessment concluded that the policy would have no adverse impact on, or result in the positive discrimination of, any of the diverse groups detailed. These include the strands of disability, gender, race, age, gender reassignment, sexual orientation, religion and belief, pregnancy and maternity and marriage and civil partnerships.
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21.0 <u>LEGISLATION COMPLIANCE</u>

• The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (July 2015)
• Health and Safety at Work Act (1974)
• Control of Substances Hazardous to Health Regulations (COSHH) 2002

22.0 CHAMPION AND EXPERT WRITER

22.1 The Champion of this procedure is the Director of Nursing and Quality, DIPC.
The Expert Writer is the IPC Nurse Specialist.

23.0 REFERENCES /SOURCE DOCUMENTS

• Infection Prevention and Control Policy 7a.
• Reporting Accidents, Untoward Incidents and Near Miss Situations
• Reporting, Management and Investigation of Serious Untoward Incidents (Clinical and Non-clinical)
• Management Pack for Infection Prevention and Control of Gastro-Intestinal Illness e.g. Vomiting or Diarrhoea
• Management Pack for Respiratory Tract Infections
• Pandemic Influenza Plan
• The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (July 2015)
• HSC 2000/002 The management and control of hospital infection: action for the NHS for the management and control of infection in hospitals
• 24/05/2004: Competencies for the Director of Infection Prevention and Control About microbiology and infection control

With the exception of Trust policies and procedures all of the documents above and other related reading are may be found on the Department of Health website (www.dh.gov.uk), which also provides links to other relevant websites.

• Nottinghamshire Healthcare Policy for Outbreak Management 18.03

Appendix 1   Contact Arrangements for Staff Identified in Outbreak Plan

Title	Base	Contact Details
Public Health England (out of hours)		0344 2254524. Press Option 1
Director for Infection Prevention and Control	Unit 8, The Point, Sleaford	01529 222245
Infection Prevention and Control Nurse Specialist	Gervas House	07964 380820
Associate Director of Nursing		01529 222245
Duty Medical Officer (out of hours)		Through Switchboard
On Call Manager (out of hours)		Through Switchboard
Occupational Health		01522 573597 occupationalhealth@ulh.nhs.uk
Chief Pharmacist	Gervas House	01522 577000 ext. 7563
Hotel Services Advisor	Gervas House	01522 546546 7544 07825273475
Estates Manager On Call Estates (out of hours)	Gervas House	01522 546546 Through Switchboard
IPC Lead for Combined Lincolnshire CCGs	Cross O'Cliffe Court, Lincoln	07837096035
Physical Healthcare Nurses	General Adult Services: PHC Specialist Services: Witham Court	01522 573509 01522 508318
Emergency Planning Coordinator	Unit 8, The Point	01529 222217 07578608967

Appendix 2 Equality Analysis Form

Name of Policy/ project/ service	**Lincolnshire Partnership NHS Foundation Trust** Outbreak of Infection Policy 7c (2)				
Aims of policy/ project/ service	This document defines the Lincolnshire Partnership Foundation Trust's approach to dealing with both major and minor outbreaks of infection.				
Is this new or existing?	Existing				
Person(s) responsible	Infection Prevention and Control Nurse Specialist				
Key people involved					
Who does it affect?	Service users □√		Staff □√		Wider Community □√

Is the policy/ project/ service likely to have an effect on any of the protected characteristic groups? (please tick)					
	Positive	Negative	None	Is action possible to mitigate any negative impact?	Details of action planned (including dates or why action is not possible)
Age			√		
Disability			√		
Sex			√		
Gender Reassignment			√		
Sexual Orientation			√		
Race			√		
Religion and Belief			√		
Marriage and Civil Partnership			√		
Pregnancy and Maternity			√		

Carers			√		

Any other information that is relevant to the equality impact of the policy/ project/ service?

Detail any positive outcomes for any of the protected groups listed above

The policy gives clear information and expectation about the practicable steps employees of the Trust will take in order to ensure positive practice and outcomes in relation to physical health and wellbeing.

Result of Equality Analysis
Based on the information above- what is the outcome of the Equality analysis?

a) No change □√	b) Adjust the activity □	c) Stop/remove the activity □
Detail any adjustments that are to be made and how these will be monitored		

Person who carried out this assessment	Jane Lord
Date assessment completed	30/11/16
Name of responsible Director/Divisional Manager	Director of Nursing and Quality
Date assessment was signed	
Date of next review	30/11/2018

Appendix 3

Track Changes

Date	Changes Made	Author
November 2016	Infection Control Committee replaced with Patient Safety and Experience Committee	J Lord
	Grammatical errors adjusted	J Lord
	Minor changes to role titles	J Lord
	Outbreak packs reviewed-hyperlinks added	J Lord
	Refresh Equality Analysis	J Lord
	Refresh contact list for outbreak plan	J Lord