Outbreak of Infection Management Procedure

(IPC Manual)
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1. INTRODUCTION

An outbreak of infection is defined as the occurrence of two or more related cases of the same infection, or where the number of infections is more than would normally be expected (Wilson, 2001).

The severity of an outbreak is graded according to several factors:

- The number of patients affected
- The type and virulence of the organism
- The endemic status of the organism
- The resources available and necessary to control an outbreak
- The media interest

It is recognised that outbreaks of viral gastroenteritis, which can be common especially during the winter months, are usually managed within existing routine arrangements and could be defined as a minor outbreak.

A situation where a large number of patients are involved, wards closed to all admissions, and other hospitals are required to accept our patients would be considered a major outbreak. This decision is at the discretion of the Infection Control Doctor/ Director of Infection Prevention and Control (DIPC)/ Consultant in Communicable Disease Control-Public Health England (CCDC-PHE) or Chief Executive (CE).

It is impossible to be prescriptive as to what constitutes a major outbreak, but the examples below, which are not exhaustive, would require convening of the Trust's Major Outbreak Control Team (appendix 18).

- Viral gastroenteritis which is escalating
- Severe Acute Respiratory Syndrome (SARS) or other Coronavirus
- Influenza

2. PROCEDURE

2.1 Inpatient Area Outbreak

Staff who suspect two or more, linked cases of infection and/or clusters of similar infection will:

- Contact the IPCT at the earliest opportunity to ensure early intervention and risk assessment in order that treatment/outbreak management can be advised and prevalence monitored
- Inform the medic responsible for the care of the affected patients

Out of IPCT office hours and at weekends and bank holidays:
• Doncaster and North/North East Lincolnshire staff will contact the Consultant Microbiologist at Doncaster Royal Infirmary on 01302 366666

• Rotherham staff will contact the Consultant Microbiologist at Rotherham Hospital on 01709 820000, via bleep 221.

• Rotherham and Doncaster staff will contact PHE on 0114 321 1177 in order to inform them of the suspected outbreak and that advice has been sourced from the consultant microbiologists

• Lincolnshire staff will contact PHE on 01904 687100 in order to inform them of the suspected outbreak and that advice has been sourced from the consultant microbiologists

• All staff will inform the IPCT at the earliest opportunity

Where possible symptomatic patients must be isolated and appropriate specimens must be obtained for laboratory examination.

During operational hours the IPCT will liaise with the affected inpatient area twice daily to provide IPC guidance during the outbreak of infection. This guidance will be based on the information provided by the inpatient area staff and it is essential that all information provided is accurate and up to date.

Situation report (Sitrep) updates to all relevant personnel will be disseminated via email on a daily basis.

The decision to restrict admissions or close an inpatient area will be taken by the Infection Control Doctor/DIPC/CCDC-PHE/CE/IPCT.

It is the responsibility of the DIPC/Consultant Microbiologist to declare a major outbreak in the inpatient setting. If declared a major outbreak the Trust Major Outbreak Control Team will be convened by the IPCT. Screening, treatments and vaccinations will be undertaken as directed by PHE.

The core function of the Trust Major Outbreak Control Team is to:

• Establish case definitions
• Provide specific IPC guidance
• Meet regularly and review the progress of the outbreak of infection
• Formulate press releases
• Communicate with the following as appropriate:
  o PHE
  o Environmental Health
  o NHS England
  o Department of Health
In the event of a Major Outbreak that causes the closure of multiple wards the IPCT will notify the Trust’s Accountable Emergency Officer (AEO), Director of Nursing and Quality, Directors of all the Care Group, and provide briefing as requested.

If the Trust declares a Critical Incident the Trust Major Outbreak Control Team may be absorbed into the Trust’s Gold Command arrangements depending on the rationale decided by the AEO. The Trust’s Gold Command provides strategic leadership. Full details of which can be found in the Trust’s Major Incident Plan.

If a Major Incident is declared the AEO will be required to conduct an internal Trust debrief when the incident is over and will liaise with the IPCT to facilitate a report for presentation to the Trust Board. The debrief will concentrate on the Trust’s response and how it worked internally and it’s liaison with external agencies. This is to ensure lessons are learned which may inform future actions.

Following a minor outbreak a report will be completed by the IPCT which is escalated to the Trust Board via the Infection Prevention and Control Committee, Clinical Quality Group (CQG) and Quality Assurance Sub Committee (QASC).

2.2 Community Outbreak

The IPCT receives daily alerts of outbreaks in the community from PHE. This provides intelligence on developing situations and allows preparations to be made in advance of potential outbreaks.

During office hours if the IPCT become aware of a possible outbreak they will inform:

- PHE
- Local Authority Department of Public Health
- Consultant Microbiologist (CM)

The IPCT will ensure that all appropriate internal teams are informed of any developing situations that may lead to a response from trust community based staff.

During out of hours periods on call staff may receive notification of clusters of cases or an outbreak in the community direct from PHE. In such instances they will ensure they inform the IPCT at the earliest opportunity.

In the event that a response is needed to an outbreak in the community the IPCT will ensure staff who respond to patients in the community adhere to the relevant Trust policies.

It is the responsibility of the CCDC-PHE to declare a major outbreak in the community. If declaring a major outbreak the Trust Major Outbreak Control
Team will be convened by the IPCT. Where appropriate this will be following consultation with a CM or senior Environmental Health Officer (EHO). The core function of the Trust Major Outbreak Control Team is to:

- Establish case definitions
- Provide specific IPC guidance
- Meet regularly and review the progress of the outbreak of infection
- Formulate press releases consistent with PHE and Department of Public Health
- Communicate with the following as appropriate:
  - PHE
  - Environmental Health
  - NHS England
  - Department of Health
  - Clinical Commissioning Groups
  - Local Authorities

In the event of a Major Outbreak in the community the IPCT will notify the Trust’s Accountable Emergency Officer (AEO), Director of Nursing and Quality, and Directors of all the Care Groups, to provide briefing as requested. The decision on whether the Trust Major Outbreak Control Team will be absorbed into the Trust Gold Command arrangements will be made by the AEO.

A representative from the Trust Major Outbreak Control Team may be asked by PHE or Local Authority Department of Public Health to attend the Multi-Agency Outbreak Control Team as described in Appendix 20 of the PHE Communicable Disease Outbreak Management Operational Guidance.

The Doncaster Multi Agency Outbreak Plan contains details of roles and responsibilities for RDaSH in the event of a Multi-Agency Outbreak Control Team (OCT) being convened. This information can be found at Appendix 2. Any Trust representative at Multi-Agency OCT should have authority to be able to commit Trust resources if required. Supporting documentation in the form of the Memorandum of Understanding for South Yorkshire Local Health Protection is included in Appendix 20.

If a Major Incident is declared the AEO will be required to conduct an internal Trust debrief when the incident is over and will liaise with the IPCT to facilitate a report for presentation to the Trust Board. The debrief will concentrate on the Trust response and how it worked internally and it’s liaison with external agencies. This is to ensure lessons are learned which may inform future actions.

2.3 Pandemic flu

Please refer to the Trust’s Pandemic Influenza Plan.
There are emergency flu boxes located throughout the Trust. These contain a small amount of essential equipment i.e. FFP3 filter masks to be used until the national stock is released to organisations via PHE. In the interim period, essential items of PPE are located in the following areas:

<table>
<thead>
<tr>
<th>Care Group</th>
<th>Building</th>
<th>Location</th>
<th>Access to Supplies</th>
<th>Fit test kit</th>
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<tbody>
<tr>
<td>Corporate</td>
<td>Chestnut View, Woodfield Park, Doncaster</td>
<td>Infection Prevention &amp; Control Team Office</td>
<td>Mon-Fri 8-4pm</td>
<td>No</td>
</tr>
<tr>
<td>Doncaster</td>
<td>St Johns Hospice In-Patient Unit</td>
<td>Consumable Store Room</td>
<td>24 Hours</td>
<td>Yes</td>
</tr>
<tr>
<td>Rotherham</td>
<td>Woodlands</td>
<td>Store room – Ferns ward</td>
<td>24 Hours</td>
<td>No</td>
</tr>
<tr>
<td>Rotherham</td>
<td>Swallownest Court</td>
<td>Osprey clinical store room located on female corridor</td>
<td>24 Hours</td>
<td>Yes</td>
</tr>
<tr>
<td>North Lincolnshire</td>
<td>Great Oaks</td>
<td>Main store room on the main corridor near Laurel ward</td>
<td>24 Hours</td>
<td>Yes</td>
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The boxes are only to be opened in an outbreak situation and on the advice of the IPCT/Consultant Microbiologist.

The IPCT hold records of staff that are trained to undertake FFP3 Fit test training.

The IPCT will undertake an annual audit of the supplies.

3. DEFINITIONS/EXPLANATION OF TERMS USED

Gastroenteritis - inflammation of the stomach and intestines, typically resulting from bacterial toxins or viral infection and causing vomiting and diarrhoea

Organism - an individual animal, plant, or single-celled life form

Coronavirus - any of a group of RNA viruses that cause a variety of diseases in humans and other animals
Zoonosis - a disease which can be transmitted to humans from animals

Most inpatient area outbreaks are normally managed locally by the Infection Prevention and Control Team (IPCT) but at any point if deemed appropriate they can be escalated to a major outbreak.

Community outbreaks are managed by Public Health England and local authority departments of public health. Intelligence on these outbreaks is communicated to the IPCT via a daily alert system.

4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

Refer to the home page, section 4, of the Infection Prevention and Control Policy


5. LINKS TO ASSOCIATED POLICIES/DOCUMENTS

All RDaSH policies can be found on the RDaSH Policy website. (http://www.rdash.nhs.uk/category/publications/policies/)

Pandemic Influenza Plan (http://www.rdash.nhs.uk/24037/pandemic-influenza-plan/)


Major Incident Plan

6. REFERENCES/FURTHER READING


Guidance about compliance: Essential standards of quality and safety (CQC, 2010)


Communicable Disease Outbreak Management - Operational Guidance V2.0 (PHE 2013)

7. APPENDICES

(Please see IPC Policy Manual webpage for Appendices not attached to this procedure)
Appendix 18  Trust Major Outbreak Control Team
Appendix 19  RDaSH Action Card from Doncaster Multi Agency Outbreak Plan
Appendix 20  South Yorkshire local Health Protection Memorandum of Understanding (June 2015)