

# The Newcastle upon Tyne Hospitals NHS Foundation Trust

## Department of Infection Prevention and Control

### Major Outbreaks of Infection: Investigation and Control Policy

Effective: June 2010

Review: June 2013

#### 1. Scope

This policy is intended to provide guidance on management and communication of serious/major outbreaks of infection occurring within the trust.

Please also refer to NUTH Closure of Beds/wards Departments Policy, Major Incident Plan and Trust Pandemic Influenza Policy as appropriate.

#### 2. Definitions

##### 2.1 Outbreak

2.1.1 an incident in which two or more people have similar infections or excrete similar pathogens and in which there is time/place/person association.

2.1.2 a situation where the observed number of cases in a defined community exceeds the expected number.

##### 2.2 Significant Incident

An occurrence of a single case of an infection with potentially extremely serious consequences, such as a highly transmissible infection or one associated with high mortality or morbidity rates.

##### 2.3 Major Outbreak

These can vary in extent and severity ranging from large number of cases of related infection, for instance, food poisoning, (which could also be in a small number of cases in vulnerable patient groups e.g. salmonella cases on a renal transplant ward) to even one case of a highly significant infection, e.g., diphtheria.

#### 3. Recognition of a Major Outbreak

That an outbreak is occurring may or may not be obvious. Several cases of viral diarrhoea in a short span of time in a single ward are relatively easy to recognise as an outbreak but related infections occurring in patients discharged after a short hospital stay (for a childbirth, day surgery) may go unrecognised for some time. It is preferable to report a suspected outbreak which is subsequently not proved to be one, rather than miss one.

The Health Protection Unit (HPU) may identify linked cases of infection in patients who have been discharged/in-patients in hospital, particularly if incidences have been ongoing over a long period of time. HPU staff also collate information about recent hospital admission/current in-patient status on any positive results reported to the unit

#### **4. How It is Recognised**

- Reporting of incidences by clinical staff – should inform IPCN, IPCD or DIPC or out of hours the on call microbiologist via Switchboard
- Microbiologists / Infection Prevention and Control Nurses
- Laboratory based surveillance of “alert” organisms and laboratory specimens
- HPU identification of links between cases particularly if patients transferred between healthcare providers

#### **5. Declaration of a Major Outbreak**

The recognition and declaring of an outbreak is the responsibility of the relevant Infection Prevention and Control Site Doctor and the IPC Team. The outbreak is defined based upon the evidence available, e.g., number of individuals involved, the pathogenicity and virulence of the organism involved and the potential for spread within the hospital and/or to the community. If in doubt whether a major outbreak is in progress, the IPC Site Doctor will institute the protocols for handling a suspected outbreak until the situation becomes clearer.

#### **6. Communication**

6.1 Good communication between all parties is essential. Once defined the IPC Site Doctor will inform and convene a meeting of the following key staff (Major Outbreak Group [MOCG]):

- Director of Infection Prevention & Control (DIPC) or deputy,
- Medical Director (or named deputy)
- Nursing & Patient Services Director (or named deputy),
- Head of Nursing for the RVI/NGH and FH sites
- IPC Site Doctors (RVI, NGH and FH)
- Nurse Consultant (IPC)
- Matron IPC
- Manager Clinical Governance and Risk Department
- Clinical Director(s) (or named Deputy)
- Directorate Manager(s) (or named Deputy)
- Matron(s)
- Ward/Department Manager(s) (or named Deputy)
- Operational Manager
- Patient Services Co-ordinator(s) and
- IPC Team for the clinical area(s)/department(s)
- Biomedical scientist for HCAI (Microbiology)
- Consultant for Health Protection (HPU)

6.2 Other key staff that should be considered as appropriate for inclusion in the MOCG are:

- Senior Occupational Health Physician
- Chief Environmental Health Officer or deputy
- Representative of Strategic Health Authority
- Representative of Primary Care Trust(s) (PCT)

- Unit Director of HPA
- Head of Estates or representative
- Health & Safety Advisor
- Director of Pharmacy
- Regional Epidemiologist
- Personnel Manager or representative
- Supplies Manager
- Hotel Services Manager
- Mortuary

6.3 Once the major outbreak management plan has been defined a member of the IPCT will inform all members of the MOCG (and their deputies) via email of the decisions that have been made and shall include the following in all subsequent correspondence:-

- Chief Executive
- IPC Nursing Team
- Nurse Bank Manager
- Human Resources Director
- Supplies Manager
- Waste Manager
- Switchboard Manager
- SSD Manager
- Theatre Manager(s)
- Senior nursing and medical clinical staff unable to attend discussions held with staff in section 6.1

6.4 Communications to Senior Trust Managers and Director of Infection Prevention & Control (DIPC) or their named deputy, must be maintained on a regular basis throughout the outbreak.

6.5 The frequency of subsequent meetings to review the situation, including at weekends and public holidays, will be decided by the representatives identified in section 6.1. This will be dependant upon extent of spread of infection, organisms involved, number of beds involved.

## **7. Documentation**

All relevant details of cases, contacts and results of any investigations should be fully documented, updated and available at each MOCG meeting.

Minutes of MOCG meetings should be taken and disseminated in a timely manner with a revised and updated action plan.

Clear lines of communication and allocation of roles and responsibilities need to be documented and freely available to all staff.

## **8. Outline of Action Plan**

- 8.1 Major Outbreak Control Group (MOCG) convened.  
Core membership defined  
Consultant in Health Protection (CHP, HPU) and Environment Health Officer, or their representative to be invited
  - 8.2 Terms of Reference MOCG
    - 8.2.1 Summary of incident
    - 8.2.2 Investigation
      - 8.2.2.1 numbers/types of specimens
      - 8.2.2.2 links with other cases in community/other settings
      - 8.2.2.3 reference laboratories
    - 8.2.3 Action plan
  - 8.3 Surveillance/Monitoring
  - 8.4 Patient Management
    - 8.4.1 patient admission
    - 8.4.2 patient transfer, investigations in other departments/off ward
    - 8.4.3 patient discharge
    - 8.4.4 introduce/change antibiotic prophylaxis/therapy
    - 8.4.5. visiting arrangements
  - 8.5 Staff Safety
    - 8.5.1 Staffing Level
    - 8.5.2 Others
  - 8.6 Visitors
    - 8.6.1. advice
    - 8.6.2. visiting arrangements
  - 8.7 Communications
    - 8.7 1 internal
      - 8.7.1.1 Board update
    - 8.7.2 external i.e. other healthcare providers, ambulance services, media
    - 8.7.3 visiting/visitors
  - 8.8 Final Report  
The report is to be circulated to all members of MOCG in a timely manner with recommendations for improving policy and practice, etc.
- 9. Monitoring of Policy**
- 9.1 Compliance with this policy will be monitored by the Director Infection Prevention and Control who in the event of a closure of beds will ask the site IPC lead to provide daily updates (via email) and/or action plan for daily review until beds are reopened and the major outbreak declared over.

9.2 In addition, the Director Infection Prevention and Control requests data regarding bed closures from IPC site leads for inclusion in the Annual Report to the Trust Board

### **References**

Health and Social Care Act 2008

Health Protection Agency Act 2004

Health Protection Legislation (England) Guidance 2010

Food Poisoning – guidance on managing food borne disease (2008)

Guidance on Management of Outbreaks Foodborne Illness in England and Wales

Notifiable Diseases – under Public Health (Infectious Diseases) Regulations 1988

### **Trust Policies**

- [Hand Hygiene Policy](#)
- [Infection Control: Standard Precautions](#)
- [Isolation Policy](#)
- [Hospital Laundry Policy](#)
- [Waste Management Policy and Procedures](#)
- [Notifiable Diseases – under Public Health \(Infectious Diseases\) Regulations 1988](#)
- [Cleaning and Disinfection Procedure](#)
- [Decontamination of Bed Space Policy](#)
- [Terminal Cleaning of Isolation Room Policy](#)
- [Major Incident Policy](#)

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**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**  
**IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Major Outbreaks of Infection: Investigation and Control Policy	Policy Author:	Sheila Morgan
		Yes/No?	You must provide evidence to support your response:
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	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	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?	NA	
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	Yes	Closure of beds/wards/departments could impact upon the Trust’s ability to meet operational and contractual obligations.
4(b).	If so can the impact be avoided?	No	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		Looking to use facilities elsewhere in the Trust – admission of patients to non-affected areas for example
4(d)	Can we reduce the impact by taking different action?	No	

<b>Comments:</b>	<b>Action Plan due (or Not Applicable):</b>  <b>Not Applicable</b>
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Name and Designation of Person responsible for completion of this form: Sheila Morgan Nurse Consultant Infection Prevention and Control

Date: 23/06/2010

Names & Designations of those involved in the impact assessment screening process: Sheila Morgan, Nurse Consultant Infection Prevention and Control

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 (If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

*For advice on answering the above questions please contact Helen Lamont, Deputy Director Nursing & Patient Services, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) [steven.stoker@nuth.nhs.uk](mailto:steven.stoker@nuth.nhs.uk) together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.*