

Escalation process to be followed when there is a suspected or known increased incidence or outbreak of infection within LPT In-patients policy

This policy is to be followed alongside the clinical management of patients nursed on a ward where there is an increased incidence/outbreak of infection. This policy has been developed for staff working within community inpatients.

Key words:	Infection prevention and control, Increased incidence, Outbreak	
Version:	8	
Adopted by:	Trust Policy Committee	
Date this version was adopted:	12 February 2021	
Name of Author:	Mel Hutchings Infection Prevention and Control Nurse	
Name of responsible committee:	Infection Prevention and Control Group	
Please state if there is a reason for not publishing on website:	n/a	
Date issued for publication:	February 2021	
Review date:	July 2023	
Expiry date:	1 February 2024	
Target audience:	All LPT Staff	
Type of Policy:	Clinical √	Non Clinical
Which Relevant CQC Fundamental Standards?	8	

Contents

Version control and summary of changes	3
Definitions that apply to this policy	4
1.0 Purpose of the policy	5
2.0 Summary and scope of policy.....	5
3.0 Introduction	5
4.0 The management of an increased incidence/outbreak of infection within LPT inpatient facilities	5
5.0 Increased incidence/outbreak of infection commencing during office hours ..	6
6.0 Increased incidence/outbreak of infection commencing out of office hours ...	8
7.0 Training	11
8.0 References and associated documents	12
Appendix 1: Checklist of activities that should be instigated by the ward on initial suspicion of increased incidence	13
Appendix 2: Actions required in the event of an increased incidence/outbreak of infection commencing during office hours	14
Appendix 3: Actions required in the event of an increased incidence/outbreak of infection commencing out of office hours	15
Appendix 4: Cleaning algorithm for an increased incidence/outbreak of infection for environmental cleaning	16
Appendix 5: Stakeholders and Consultation	17

Version Control and Summary of Changes

Version	Date	Comment
Version 1	September 2009	Replaces previous policy
Version 2	October 2009	Reviewed by Amanda Howell in line with Standards for Better Health. Amendments following identification that no longer requires policy status. Roles and Responsibilities removed, will be covered under the general infection control policy
Version 3	November 2009	Changed from guideline to a policy and associated CQC requirement changes made
Version 4	May 2010	Further changes made following consultation with LCCHS staff, Occupational Health and the Health Protection Agency
Version 5	January 2012	Harmonised in line with LCRCHS, LPT, LCCHS (Historical Organisations)
Version 6	June 2015	Review of policy
Version 7	October 2017	Review of policy and change of name to better differentiate between this policy and the policy relating to the clinical management of patients nursed in a ward where there is an increased incidence and/or outbreak of infection
Version 8	November 2020	Review of policy to reflect changes due to Covid-19

For further information contact: Infection Prevention and Control Team

Definitions that apply to this policy

Consultant in Public Health	A consultant who is knowledgeable in Infectious Diseases
Health protection professional	A person suitably qualified in the field of health protection and registered with an appropriate body such as the Faculty of Public Health, the Chartered Institute of Environmental Health and/or the Nursing and Midwifery Council or the General Medical Council
Increased Incidence	The occurrence of two or more cases of the same infection linked in time or place or the situation when the observed number of cases exceeds the number expected.
Infection	An organism present at a site and causes an inflammatory response, or where an organism is present in a normally sterile site.
Infection control incident	This can be defined as an outbreak of infection or infectious disease requires a more in depth level of strategic management
Infectious	Caused by a pathogenic micro-organism or agent that has the capability of causing infection
Outbreak	The occurrence of two or more cases of the same infection linked in time or place or the situation when the observed number of cases exceeds the number expected.

1.0 Purpose of the policy

The purpose of this policy is to ensure that all staff employed by LPT are aware of the processes to be followed with regards to the management of an increased incidence/outbreak of infection with regards to the closure of bays or the closure of a ward in its entirety.

2.0 Summary and scope of policy

This policy provides trust wide guidance for the management of an increased incident/outbreak of infection. It identifies clear and concise roles and responsibilities in identification of an outbreak and the procedures that must be put into place to ensure the situation is controlled and managed with the minimal risk to patient, staff and public safety. It gives a clear escalation process to be followed where necessary.

Updated to reflect changes due to Covid-19

3.0 Introduction

The general public and staff have a right to expect that any potential hazards in a healthcare environment are adequately controlled. All staff must possess an appropriate awareness of their role in the prevention and control of infection in their areas of work. Not only is this part of their professional duty of care to the patients with whom they are involved (NMC 2015), but it is also their responsibility to themselves, to other patients and members of staff under the Health and Safety at Work Act (1974).

Increased incidences and outbreaks of infection are a potential risk to patient, staff and public health and wellbeing. The appropriate and timely management of increased incidences or defined cases of an outbreak of infection is a definitive process in controlling and bringing to a close, cases of infection that may otherwise continue to occur. This policy is to support the process of managing an increased incidence/outbreak of infection within LPT inpatient facilities.

4.0 The management of an Increased Incidence/outbreak of infection within LPT inpatient facilities

It is extremely important that the following procedures are adhered to in the event of a known or suspected increased incidence/outbreak of infection.

Please note that if the increased incidence/outbreak of infection with staff or patients is related to Covid-19 then the Managing a Covid-19 increased incidence/outbreak/cluster within LPT (patients and staff) must be followed rather than this policy.

An increased incidence or outbreak can be defined as either:

- The occurrence of 2 or more cases of the same infection linked in time and place
OR
- The situation when the observed number of cases exceeds the number expected

Hospital Infection Control – Guidance on the Control of Infection in Hospitals (DH, 1995)

NB: If the disease is notifiable by law, the medical practitioner responsible for the patient must also notify the Consultant in Public Health, Public Health England (East Midlands Health Protection Team).

Please refer to the Infection Prevention and Control Policy for Notifying Known or Suspected Infectious Diseases.

Please Note:

Staff should be aware that there are 2 separate pathways to be followed in the event of a suspected increased incidence/outbreak of infection, depending on whether the support is required within or outside of normal working hours.

Section 5.1 will deal with any support required regarding an increased incidence/outbreak of infection occurring during weekday office hours.

Section 5.2 will deal with any support required regarding an increased incidence/outbreak of infection occurring outside weekday office hours.

NB: for the clinical management of patients please refer to the Infection Prevention and Control Policy for the clinical management of patients who are nursed on a ward where there is an increased incidence and/or outbreak of infection.

5.0 Increased Incidence of Infection or Outbreak of Infection During Office Hours

STAGE I Initial report of a suspected increased incidence or outbreak of infection (Appendix 2)

Clinicians and healthcare workers (HCW) who suspect any outbreak of infection in their area of clinical responsibility should isolate/cohort all the patients and commence source isolation precautions immediately. They must report the incident to their manager and the infection prevention and control team (IPCT).

Patient movement on the ward must not be made in order to cohort patients without first discussing with the IPCT.

If a patient is symptomatic within a bay, all patients within a bay must have individual source isolation precautions taken as other patients in the bay may be incubating an infection even if they do not currently display any symptoms.

The IPCT will advise on the immediate management of the increased incidence or outbreak of infection with the relevant staff involved. The IPCT will inform the following via email:

- The senior management team (as identified within the IPCC terms of reference)
- Managers for the affected area
- The contracted cleaning company for LPT
- East Midlands Ambulance Service
- Public Health England

Other services may be notified on an individual case basis.

The persons notified via the original email will be informed of any updates prior to a weekend and on the closure of the increased incidence or outbreak of infection.

If the IPCT cannot be contacted, then the senior nurse on duty must contact the Director of Infection Prevention and Control (DIPaC)/senior manager.

The DIPaC/senior manager on duty will make the decision to contact the microbiologist and/or PHE for clinical or infection prevention and control advice on the immediate management of the situation as necessary. (See Appendix 1 for checklist of actions to be taken).

The DIPaC/Senior manager on duty should inform IPCT of the situation and actions taken.

The person notifying the IPCT or in their absence the DIPaC/senior manager must immediately commence the increased incident/outbreak of diarrhoea and vomiting documentation which can be found on the intranet.

The decision to close a ward in its entirety or to close individual beds or bays to admissions will be made by the IPCT in consultation with the microbiologist/Consultant in Health Protection and other professional colleagues as necessary.

Should the decision to close the ward be made the IPCT will complete an incident form which will in turn generate a serious incident review, which will be led by the IPCT in conjunction with the ward involved.

If at any point the consultant microbiologist or the consultant in public health decides that a formal outbreak meeting is necessary, due to the nature of the increased incidence/outbreak of infection, STAGE II will be commenced. It may be appropriate/necessary to hold the meeting virtually.

STAGE II Decision to convene and increased incidence/outbreak of infection meeting

The consultant microbiologist or the consultant in public health will advise the Trust if an increased incidence or outbreak of infection meeting is required.

STAGE III Convening and increased incidence/outbreak of infection meeting

Note: In order to ensure the successful management of an increased incidence or outbreak, it is recognised that in some cases several major decisions in relation to the increased incidence/outbreak may have been taken prior to the meeting. Any decisions already taken must be reported at this meeting.

On the advice of the consultant microbiologist/Consultant in Public Health the DIPaC will convene an 'increased incidence/outbreak control meeting'. The attendance of the following people (who will be known as the 'increased incidence/outbreak control group') should be considered when convening the meeting:

- Manager in charge of the affected area
- Infection prevention and control nurse
- Medical staff (appropriate to that area)
- Consultant in public health

- Occupational health physician and/or occupational health nurse**
- Representative of the Environmental Health Department (where appropriate)
- Communications officer
- Microbiologist

The consultant in public health or their deputy will chair the meeting.

** Occupational health would normally only attend if staff were involved with the increased incidence/outbreak. They are always available for advice and support if required.

The meeting will ascertain from all those present and the nature of the increased incidence/outbreak of infection and actions taken to date.

The chair of the meeting will:

- Ensure that all the issues discussed and decisions made by the meeting are accurately recorded and distributed to all members of the group
- Remind all present of their personal responsibility for ensuring that the actions agreed at the meeting are implemented
- Summarise the discussions and agree action lists with everyone present
- Decide the date, time and location of the next meeting
- Ensure that relatives of affected patients are informed as appropriate
- Co-ordinate the release of information to the media in liaison with the Communication Team, PHE and DIPaC as appropriate.
- Be responsible for the provision of interim information to the appropriate CCG.

STATE IV Interim meetings and conclusion of the increased incidence/outbreak of infection

The 'increased incidence/outbreak control group' will continue to meet as appropriate or as a virtual group via email until the DIPaC (on the advice of the microbiologist/consultant in public health) formally declares the outbreak concluded. The 'increased incident/outbreak control group' will decide at what stage the affected areas are declared open.

6.0 Increased Incidence of Infection or Outbreak of Infection Out of Office Hours

STAGE I Initial report of an increased incident or outbreak of infection (Appendix 3)

Any clinician or healthcare worker that suspects an increased incidence or outbreak of infection in their clinical area should report the increased incidence or outbreak to the on-call manager on duty.

If there is an ongoing increased incidence or outbreak of infection and the situation changes and a clinician or healthcare worker requires further support or advice they should contact the on-call manager on duty immediately.

The person contacting the on-call manager must immediately commenced the increased incident/outbreak of diarrhoea and vomiting documentation which can be found on the intranet if this has not already been commenced.

The on-call manager will make the decision based on information obtained from the clinical staff of the area as to whether the on-call microbiologist and/or the on-call director on duty should be contacted for clinical or microbiological advice.

Patient movement on the ward must not be made in order to cohort patients without first discussing with microbiology or PHE as it can result in putting patients at risk of infection.

Patients who are not symptomatic of infection but are nursed in a bay with symptomatic patients may be incubating an infection. Moving them into another area on the ward could potentially put other patients at risk. If this is undertaken due to clinical need a risk assessment and incident form must be completed.

If a patient is symptomatic within a bay all patients nursed in the bay must have individual source isolation precautions taken as other patients in the bay may be incubating an infection even if they do not currently display any symptoms.

The on-call manager will be responsible for making the decision, in conjunction with the on-call microbiologist if necessary as to whether the ward in its entirety should be closed to admissions or if the situation can be managed by closing individual bays. The on-call manager must ensure the following actions are taken to ensure the continued safe management of the situation:

- Agree and increased incidence/outbreak management plan with the staff in the clinical area affected (Appendix 1)
- If required provide advice relating to the isolation of affected patients
- If required provide advice relating to the necessary increased cleaning requirements (Appendix 4)
- If required provide advice relating to the movement of staff and patients

Any decision to close a ward in its entirety as a result of an increased incidence or outbreak of infection will be made by the on-call manager in consultation with the microbiologist/consultant in public health and other professional colleagues.

The on-call microbiologist/consultant in public health or PHE advisor on call will advise the on-call manager when the incident is concluded.

The on-call manager must inform the senior management team, the manager for the area, the contracted cleaning company and EMAS of the decision to close the ward in its entirety.

The IPCT must also be informed. Out of hours this should be done by leaving a message on the answerphone of the IPCT office telephone.

The on-call manager must then complete an incident form, which will in turn generate a serious incident which will be led by the on-call manager who made the decision to close the ward.

If at any point the on-call microbiologist/consultant in public health advises that a formal increased incident/outbreak meeting is necessary, due to the nature of the outbreak, then the on-call director should be informed and involved in the decision

to declare that Stage II will be commenced. It may be necessary/appropriate to hold the meeting virtually.

STAGE II Decision to convene an increased incidence/outbreak of infection meeting

On the advice of the on-call microbiologist/consultant in public health will advise the on-call manager if an outbreak control meeting is required out of hours. This will only be required in extreme circumstances. It may be /necessary/appropriate to hold the meeting virtually.

STAGE III Convening an increased incidence/outbreak of infection meeting

On the advice of the on-call microbiologist/consultant in public health the on-call director will convene and 'increased incidence/outbreak control meeting'. It may be appropriate/necessary to hold the meeting virtually. The following people (who will be known as the 'increased incidence/outbreak control group') should be considered when convening the meeting:

- On-call director
- On-call manager
- Medical representative
- PHE representative
- Senior nurse from the affected area
- Representative of the Environmental Health Department (where appropriate)
- Manager in charge of the affected area*
- IPCT*
- Occupational health physician and/or occupational health nurse* **
- Communications officer*
- Microbiologist*

*These staff would not normally be available out of hours; however they should be updated on progress at the earliest opportunity and included in any outbreak meetings on return to work.

** Occupational health would normally only attend if staff were involved with the increased incidence/outbreak. They are always available for advice and support if required.

Note: In order to ensure the successful management of an increased incidence or outbreak, it is recognised that in some cases several major decisions in relation to the increased incidence/outbreak may have been taken prior to the meeting.

Decisions already taken must be reported at this meeting.

The on-call director will chair the meeting.

The meeting will ascertain from all those present the nature of the increased incidence/outbreak and actions taken to date.

The chair of the meeting will:

- Ensure that all the issues discussed and decisions made by the meeting are accurately recorded and distributed to all members of the group, including those not present
- Remind all present of their personal responsibility for ensuring that the actions agreed at the meeting are implemented
- Summarise the discussions and agree action lists with everyone present
- Decide the date, time and location of the next meeting
- Ensure that relatives of affected patient are informed as appropriate
- Co-ordinate the release of information to the media in liaison with the consultant in public health or DIPaC as appropriate
- Be responsible for the provision of interim information to the CCG

STAGE IV Interim meetings and conclusion of the increased incidence/outbreak of infection

The 'increased incidence/outbreak control group' will continue to meet as appropriate until the on-call director formally declares the increased incidence/outbreak of infection is concluded. The 'increase incidence/outbreak control group' will decide at what stage wards or clinical areas are declared open.

The on-call microbiologist/PHE will advise the on-call manager will advise the on-call manager when the increased incidence/outbreak is concluded and inform the senior management team.

7.0 Training

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Human Resources & Organisational Development Strategy this training has been identified as mandatory and role development training.

The course directory e-source link below will identify who the training applies to, delivery method, the update frequency, learning outcomes and a list of available dates.

To access the training: <http://www.leicspart.nhs.uk/Library/AcademyCourseDirectory.pdf>

8.0 References and Associated Documents

DH Health & Social Care Act 2008

DH Health and Safety at Work Act etc (1974)

Hospital Infection Control – Guidance of the Control of Infection in Hospitals (DH 1995)

LPT Notifying known or suspected infection policy, Infection Prevention and Control

LPT The Clinical management of patients nursed on a ward where there is an increased incidence or outbreak of infection policy, Infection Prevention and Control

Nursing and Midwifery Council (2015)

Infection Prevention and Control Team

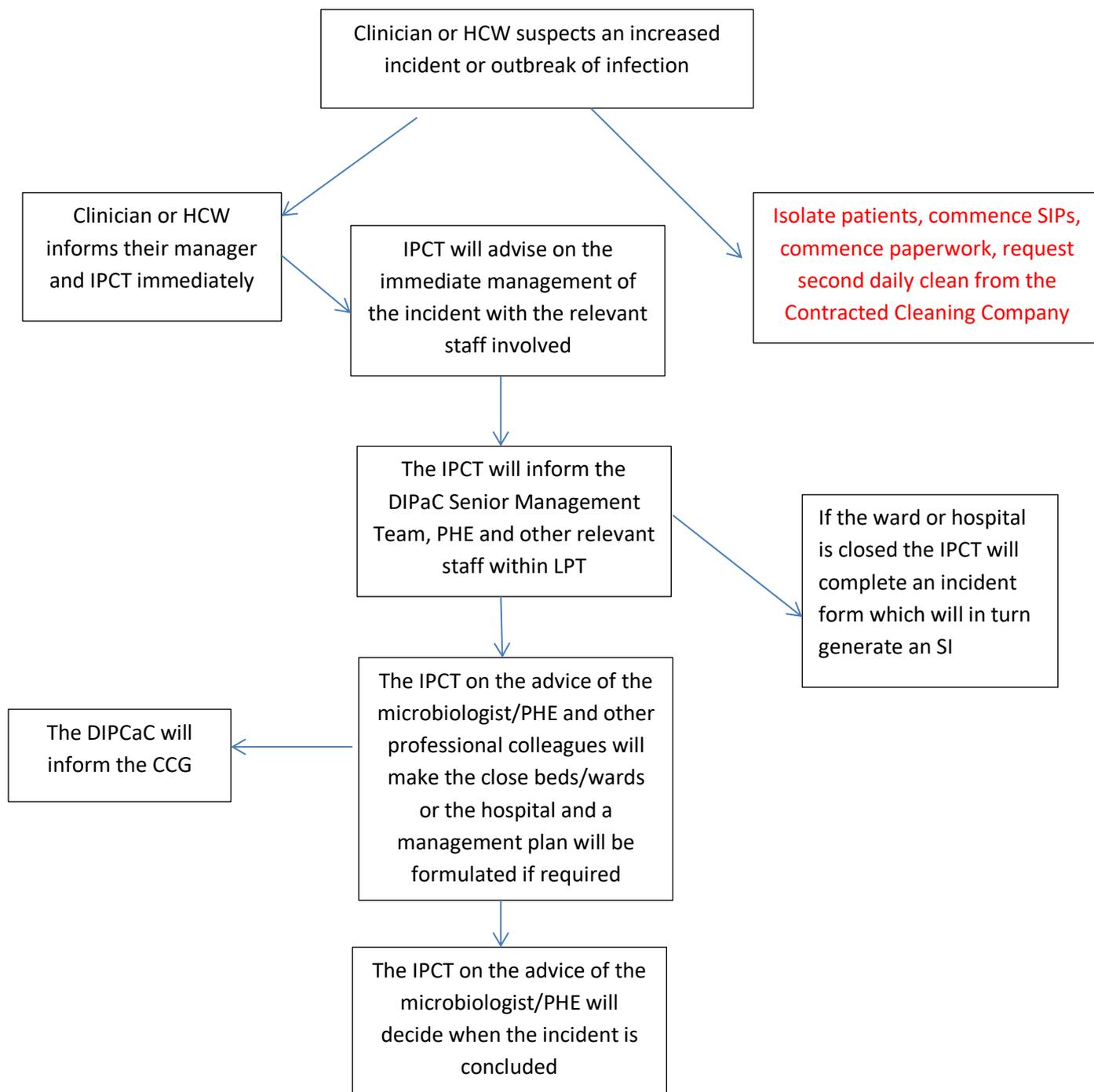
Checklist of activities that should be instigated by ward on initial suspicion of increased incidence/outbreak of infection

- Isolation of affected patients
- Increased cleaning and disinfection to affected areas
- Alerting managers of other departments
 - Physiotherapy
 - Occupational therapy
 - Podiatry
 - Hotel services
 - Dieticians
 - Speech and language therapists
- Consideration of closing affected area to admissions
- Stopping transfers of affected patients out of the affected area
- Opening of affected area (if closed)
- Communication strategy
- Staff surveillance, immunisation, and exclusion from ward
- Record keeping
- Incident form completed
- Serious incident report undertaken post outbreak

Infection Prevention and Control Team

Actions to be taken in the event of an increased incidence/outbreak occurring during office hours

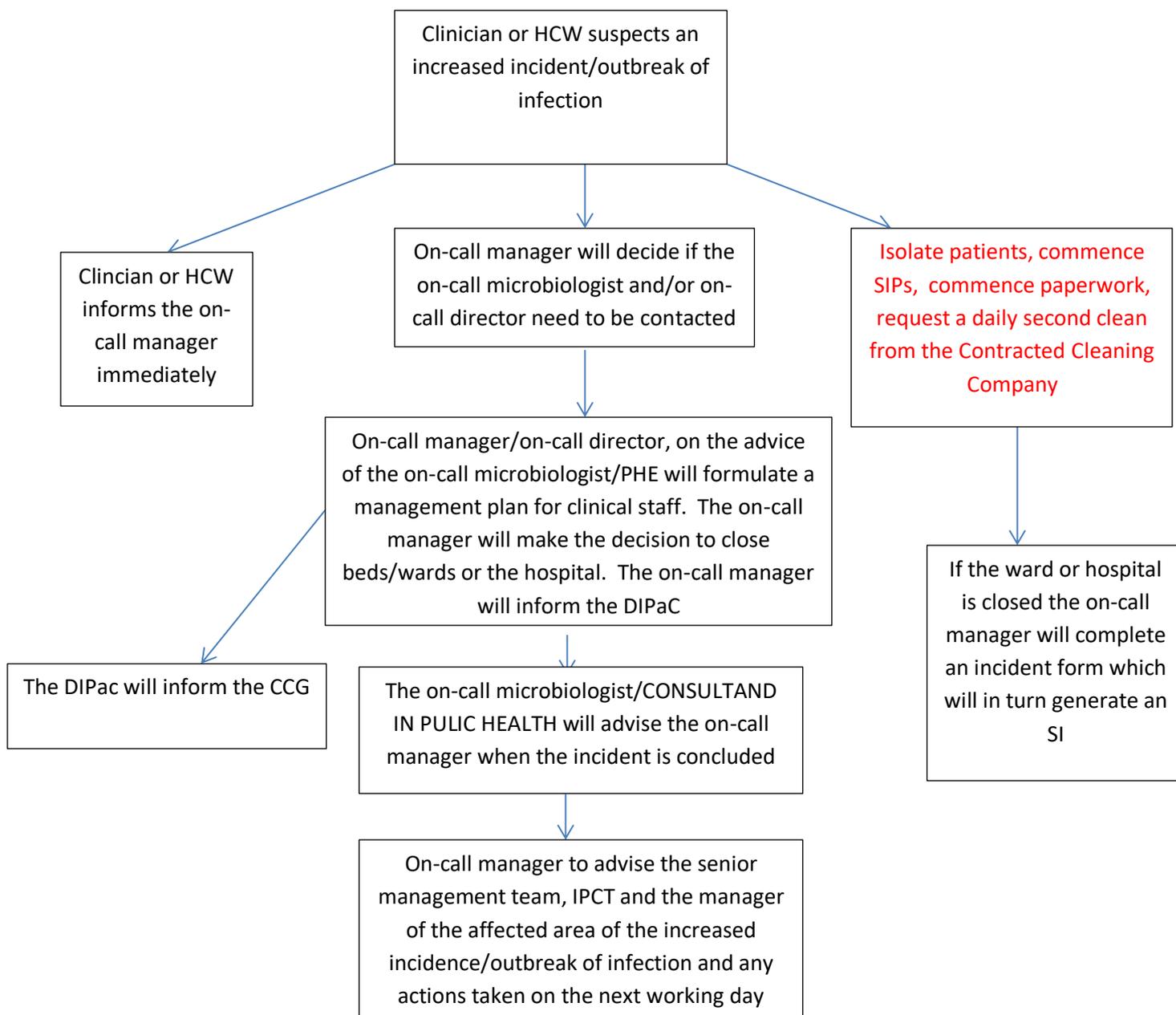
STAGE I



Infection Prevention and Control Team

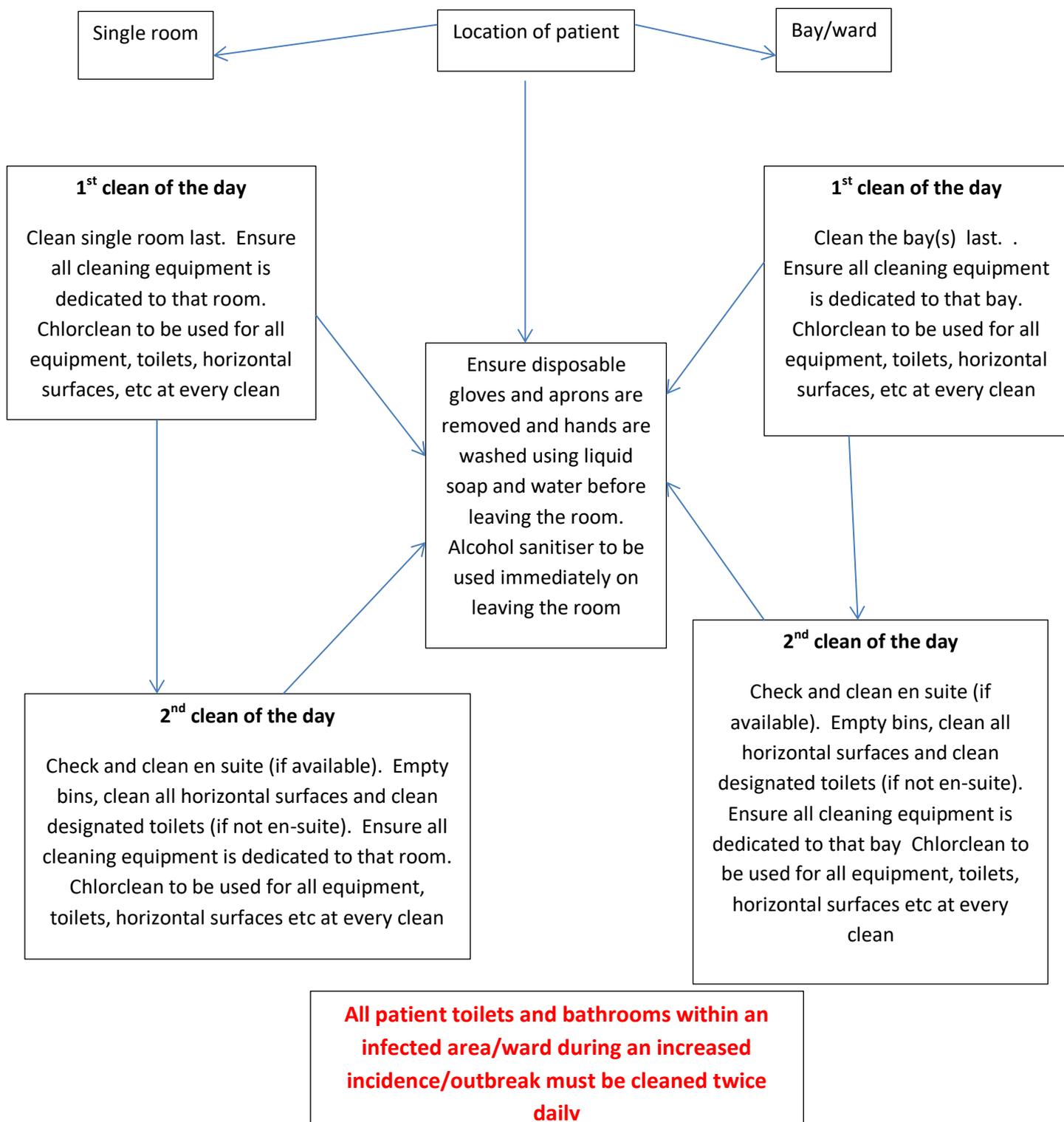
Actions required in the event of an increased incidence/outbreak of infection occurring out of office hours

STAGE I



Infection Prevention and Control Team

Cleaning Algorithm for an increased incidence/outbreak of infection for environmental cleaning



Appendix 5

Stakeholders and Consultation

Key individuals involved in developing the document

Name	Designation
Mel Hutchings	Infection Prevention and Control Nurse

Circulated to the following individuals for consultation

<u>Name</u>	<u>Designation</u>
Amanda Hemsley	Lead Nurse Infection Prevention and Control
Andrew Moonesinghe	Pharmacy Service Manager
Andy Knock	Infection Prevention and Control Nurse
Anne Scott	Director of Nursing
Anthony Oxley	Head of Pharmacy
Antonia Garfoot	Senior Nurse Infection Prevention and Control
Bernadette Keavney	Head of Trust Health and Safety Compliance
Claire Armitage	Deputy Head of Nursing AMH Community
Emma Wallis	Associate Director of Nursing and Professional Practice
Greg Payne	Training and Development Manager
Helen Walton	Estates and Facilities Property Manager
Jane Martin	Matron, LD and Rehabilitation
	Head of Nursing, CHS
Kam Palin	Occupational Health Nurse
Katie Willetts	Nurse Specialist FYPC
Laura Belshaw	Deputy Head of Nursing, MHSOP
Laura Brown	Senior Nurse Infection Prevention and Control
Liz Compton	Senior Matron AMH In-patient Services
Louise Evans	Deputy Head of Nursing, FYPC
Michelle Churchard-Smith	Head of Nursing AMH and MHSOP
Sarah Latham	Deputy Head of Nursing, CHS inpatients
Sue Arnold	Lead Nurse, Patient Safety
Tejas Khatau	Lead Pharmacist FYPC
Tracy Yole	Lead Nurse for Community Services CHS
Zayad Saumtally	Deputy Head of Nursing MHSOP