Leicestershire Partnership NHS Trust

The Escalation Process to be followed when there is a suspected or known increased incidence or outbreak of infection or High consequence Infection (HCID) within Leicestershire Partnership Trust in-patient setting Policy.

The purpose of this policy is to ensure that all staff employed by Leicestershire Partnership trust (LPT) are aware of the escalation process to be followed with regards to the management of an increased incidence/outbreak of infection or High Consequence Infectious disease and the potential closure of bays or the closure of a ward in its entirety.

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Type of Policy Clinical

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Contents

Policy on a page

Summary and aim

This policy provides trust wide guidance for the escalation/management of an increased incidence/outbreak of infection.

It identifies clear and concise roles & responsibilities in identification of an outbreak and the procedures that must be put into place to ensure that the situation is controlled and managed with minimal risk to patients, staff & public safety,

It gives clear escalation process to be followed where necessary where there has been an identified increased incidence/outbreak of infection within an Inpatient setting.

The general public & 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 and responsibilities in the prevention & 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 also their responsibility to themselves, to other patients & members of staff under the health & safety at work act (1974).

Increased incidences & outbreaks of infection are a potential risk to patients, staff & public health & well-being.

The appropriate & timely management of an increased incidences or defined cases of an outbreak of infection is a definitive process in controlling & bringing to a close case 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 facilities including potential outbreaks of High consequence infectious disease (HCID).

Target audience

All staff providing care to a patient admitted within Leicestershire Partnership Trust

Training

Level 1 Infection Prevention & Control e-learning (Clinical and non-clinical staff groups)

Level 2 Infection Prevention & Control e-learning (Clinical staff groups)

Key requirements

This policy is designed to provide trust wide guidance for staff on the process for escalation and management of an increased incidence/outbreak of infection within an in-patient setting.

The key requirements to ensure that incidences & outbreaks of infection are safely managed within inpatient areas are as follows:

- Provision of clear & concise roles & responsibilities in the identification & management of an Increased incidence/outbreak of infection to minimise risk to patients, staff & public safety.
- Identification of the procedures that must be put into place to ensure that the situation is controlled & managed with minimal risk to patients, staff & public safety.
- Provision of a clear escalation process to be followed by staff where necessary when an increased incidence/outbreak of infection has been identified.

The Appropriate and timely management of an increased incidence or defined cases of an outbreak of infection is a definitive process in controlling & bringing to a close, cases of infection that may otherwise continue to occur.

Introduction and Purpose

The aim of this policy is to ensure that all staff employed by LPT are aware of:

- The escalation processes to be followed with regards to the management of an increased incidence/outbreak of infection or HCID.
- The management of an increased incidence/outbreak of infection or HCID with regards to the closure of bays or the closure of a ward in its entirety.

This policy provides trust wide guidance for the escalation/management of an increased incidence/outbreak of infection or HCID.

It identifies clear and concise roles and responsibilities in identification of an outbreak and also 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.

Increased incidences and outbreaks of infection or HCID are a potential risk to patient, staff and public health and well-being.

The appropriate and timely management of an increased incidence or defined cases of an outbreak of infection is a definitive process in controlling and bringing to a close, cases of infections that may otherwise continue to occur.

This policy is to support the process of managing an increased incidence/outbreak of infection within LPT facilities.

Policy Requirements and Objectives

The objective of this policy is to ensure that all staff employed by Leicestershire Partnership Trust (LPT) are aware of the appropriate steps that they need to undertake, to ensure that the safety of all patients and colleagues is maintained in accordance with the Health and Social care Act (2015).

This policy has been developed to give all staff employed by LPT, trust wide guidance for the escalation/management of an increased incidence/outbreak of infection or HCID.

It identifies clear and concise roles and responsibilities in identification of an outbreak and outlines 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 to ensure that increased incidences/outbreak of infection or HCID are controlled and managed with minimal risk to patient, staff & public.

Process

1.0 Management of an increased incidence/outbreak of infection or HCID 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 or HCID.

An increased incidence or outbreak can be defined as either:

- The occurrence of two 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, Department of Health 1995)

If the disease if notifiable by law, then the medical practitioner responsible for the patient must also notify the consultant in the UK Health Security Agency (UKHSA)

Contact details for UKHSA:

UK Health Security Agency (UKHSA)

East Midlands Health Protection Team

Seaton House

City Link

Nottingham

NG2 4LA

Email-emhpt@phe.gov.uk

Telephone:03442254524

Areas covered by UKHSA Protection East Midlands Team include:

- Leicestershire
- Rutland
- Lincolnshire

- Nottinghamshire
- Derbyshire

For further guidance on notifiable diseases please refer to LPT 'The reporting of Known or suspected infectious diseases to the UK health Security Agency (UKHSA)' policy.

Please note:

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

Section 1:1 Will explain the support required when an increased incidence/outbreak of infection or HCID occurs **during weekday office hours**.

Section 1.2 will explain the support required when an increased incidence/outbreak of infection occurs **Outside weekday office hours**.

Outbreak or increased incidence of HCID.

Where a HCID is suspected or confirmed, operational staff should follow the outbreak management action card (12) High consequence of Infectious Disease (HCID) response (see appendix 1) Staff should then be clearly instructed to instigate the following:

- Assess specific clinical symptoms and signs associated with a suspected HCID.
- Symptoms may include High fever, severe respiratory distress, bleeding and other unusual or severe symptoms. Specific action cards/guidance will be issued on HCID where appropriate if disease is known.
- Consider travel history, possible exposure to individuals with similar symptoms or any other link to known outbreaks.
- Patients and staff may rapidly present with similar symptoms.

HCID as listed in the National Infection Prevention & Control Manual for England include the following:

- Haemorrhagic fevers (Junin,Machupp Virus, CCHF)
- Ebola
- Lassa fever
- Hantavirus
- Mers (Middle eastern respiratory syndrome)
- Lujo Virus disease
- Marburg Virus disease
- Nipah virus
- Pneumonic plague
- Severe acute Respiratory Syndrome (SARS)
- Severe fever with thrombocytopenia (SFTS)

Avaian fluA-H7N9, H5N1, H5N6, H7N7
Initial actions when dealing with a suspected or confirmed HCID
For any patients suspected or confirmed to have a HCI, staff must ensure that they Don full PPE including:

- FRSM (Risk assess the use of FFP3 if there is a risk of respiratory infection)
- Apron
- Gloves
- Visor

Staff should also.

- Limit where able overall contact with the patient, however this will be dependent upon clinical presentation and level of intervention required.
- Reassure the patient and those who have likely had contact with the patient.
- Isolate the patient as indicated in the disease specific action cards and the National Infection Prevention and Control manual for England.
- Contact the Infection Prevention & Control Team (IPCT) to ensure that the HCID patient is transferred safely to the acute hospital infectious disease unit for appropriate assessment and treatment.
- Once patient has been safely transferred to acute Hospital Cleaning and disinfection of the affected area will be arranged.

In the case of a non-HCID increased incidence or outbreak of infection being suspected or confirmed then the following process should be followed:

Section 1:1 Supporting an increased incidence or outbreak of infection during office hours (See appendix 3)

Stage 1 Initial report of a suspected increased incidence or outbreak of infection

Clinicians & healthcare workers (HCW) who suspect any outbreak of infection in their area of clinical responsibility should:

- Isolate/COHORT all the affected patients and commence source isolation precautions immediately.
- Report the incident to their manager & the Infection Prevention & Control Team (IPCT).

Contact details for the IPCT are:

Telephone: 01162952320

Email lpt-ipcteam@nhs.net

Staff net-Send an automated email alert to IPC via staff-net

https://staffnet.leicspart.nhs.uk/support-services/infectionprventioncontrol/contact-us/ipcform/

E-referral on system one

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

If a patient is symptomatic within a bay, **all patients within the bay must have individual source isolation precautions taken,** as other patients in the bay may be incubating 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 that are involved.

The IPCT will then inform by email the following individual teams:

- The senior management team (As identified in the IPC terms of reference)
- Managers of the affected areas
- The contracted cleaning company for LPT
- East midlands ambulance service
- UK Health Security Agency (UKHSA)

Other services may also be notified on an individual case basis as required

The person notified by 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 & control (DIPAC)/ senior manager on duty.

The DIPAC/ Senior manager on duty will make the decision to contact the microbiologist and/or UK Health Security Agency (UKHSA) for clinical or infection prevention & control advice in the immediate management of the situation as necessary (See appendix 4 for checklist of actions to be taken)

The DIPAC/Senior manager on duty should inform IPCT of the situation and any actions that have been taken.

In the case of a suspected or confirmed increased incidence or outbreak of diarrhoea and/or vomiting which is suspected or confirmed to be infectious, the person notifying the IPCT or in their absence the DIPAC/senior manager on duty must

immediately commence the increased incidence/outbreak of Diarrhoea and/or vomiting documentation.

For further guidance please refer to LPT 'The management of patients with diarrhoea and/or vomiting suspected or confirmed as infectious' policy

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 UKHSA and other professional colleagues, as necessary.

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

If at any point the consultant microbiologist or the consultant for UKHSA decides that a formal increased incidence/outbreak meeting is necessary due to the nature of the increased incidence/outbreak of infection, Stage II will be commenced, and it may be appropriate/necessary to hold the meeting virtually.

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

The consultant microbiologist or consultant for UKHSA will advise the trust if an increased incidence or outbreak of infection meeting is required.

Stage III Convening an increased incidence/outbreak of infection meeting.

In order to ensure the successful management of an increased incidence or outbreak of infection, 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 taking place-Any decisions/actions that have already taken place must be reported at this meeting

On the advice of the consultant microbiologist/consultant for UKHSA the DIPAC will convene an increased incidence/outbreak control meeting.

The attendance of the following people (**Who will be referred to as the Increased incidence/outbreak control group**) should be considered when convening the meeting.

- Manager in charge of the affected area
- Infection Prevention & Control nurse
- Medical staff (Appropriate to that area)
- Consultant for UKHSA
- Occupational health Physician and/or Occupational Nurse**

- Representative of the environmental health department (Where appropriate)
- Communication officer
- Microbiologist

The consultant In UKHSA 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:**

Contact details for Occupational health Team:

Telephone: 01162585307

Please note that occupational health service advice & support is provided to LPT externally through University Hospitals of Leicester (UHL)

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

The chair of the meeting will:

- Ensure that all the issues discussed, and decisions made during 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 who is present.
- Decide on the date, time, and location of the next meeting.
- Ensure that relatives of the affected patients are informed as appropriate.
- Co-ordinate the release of information to the media in liaison with the communications team, UKHSA and DIPAC as appropriate.
- Be responsible for the provision of interim information to the appropriate CCG.

(Please see appendix 1 meeting agenda template)

Stage IV Interim meetings and conclusions 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 advice of the microbiologist/consultant in UKHSA) formally declares the outbreak to be concluded.

The increased incidence/outbreak control group will decide at what stage the affected areas can be declared open.

Section 1:2 Supporting an increased incidence of infection or outbreak out of office hours (Appendix 4).

Stage I Initial report of an increased incidence of or outbreak of infection.

Any clinician or healthcare worker (HCW) 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 HCSW requires further support or advice, they should contact the on-call manager on duty immediately.

The person contacting the on-call manager must immediately commence the increased incidence/outbreak of Diarrhoea and/or vomiting documentation for identified Diarrhoea and/or vomiting outbreaks if this has not already been commenced.

For further guidance please refer to LPT 'The management of patients with diarrhoea and/or vomiting suspected or confirmed as infectious' policy

The on-call manger will make the decision based on the information obtained from the clinical staff of the are affected 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 UKHSA as it can result in putting patients at risk of infection.

Patient who are not symptomatic of infection but are nursed in a bay with symptomatic patients may be incubating an infection.

Moving them to another area on the ward could potentially put other patients at risk, if this is undertaken due to clinical need then a risk assessment and incident form must be completed.

If a patient is symptomatic within a bay all patients nursed in that 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.

Th on-call manager must ensure that the following actions are taken to ensure the continued safe management of the situation:

- Agree an increased incidence/outbreak management plan with the staff in the clinical area that is affected (Appendix 4)
- If required provide advice relating to the isolation of affected patients
- If required provide advice relating to the necessary increased cleaning requirements (Appendix 5)
- If required provide advice relating to the movement of staff and patients.

Any decisions 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 UKHSA and other health professional colleagues.

The on-call microbiologist/consultant in UKHSA or on-call advisor will advise the on-call manager when the incident can be concluded.

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

The IPCT must also be informed if out of hours, which can be done by leaving a message on the answerphone of the IPCT office telephone on **01162952320.**

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 consultant microbiologist or the consultant for UKHSA advises that a formal increased incidence/outbreak meeting is necessary due to the nature of the increased incidence/outbreak of infection, then the on-call director should be informed and involved in the decision to declare that Stage II will be commenced (it may be appropriate/necessary to hold the meeting virtually).

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

Advice of the on-call microbiologist/consultant in UKHSA 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 advice of the on-call microbiologist/Consultant in UKHSA, the on-call director will convene an ‘increased incidence/outbreak control meeting, it may be appropriate/necessary to hold the meeting virtually.

The following people (Who will be referred to as the increased incidence/outbreak 'control group, should be considered when convening the meeting:

- On-call Director
- On-call Manager
- Medical representative
- UKHSA 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 **
- Communication officer*
- Microbiologist

*These staff would not normally be available out of hours; however, they should be updated on progress at the earliest opportunity and include 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:**

Contact details for Occupational health Team:

Telephone: 01162585307

Please note that occupational health service advice & support is provided to LPT externally through University Hospitals of Leicester (UHL)

Note: In order to ensure that the successful management of an increased incidence/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 any actions taken to date.
- Ensure that all the issues discussed, and decisions made during the meeting are accurately recorded and distributed to all members of the group including those who are 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 lists with everyone present.
- Decide the date, time, and location of the next meeting.

- Ensure that relatives of the affected patients are informed as appropriate.
- Co-ordinate the release of information of the media in liaison with the consultant in UKHSA or DIPAC as appropriate.
- Be responsive 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 increased incidence/outbreak 'control group' will decide at what stage wards or clinical areas are declared open.

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

Roles and Responsibilities

Roles and responsibilities including duties of relevant individuals and groups.

Lead Executive Director
DIPAC The DIPAC for the trust is the Chief nurse and they remain responsible for ensuring that this policy is carried out effectively and that Increased incidences/outbreak of infection are manged effectively across the organisation.

Will communicate, disseminate, and ensure directorates commence implementation of this policy and provide assurance through the trusts quality Governance Framework.

Executive Management Board
Responsible for ensuring that his policy is carried out effectively and increased incidences/outbreak of infection is addressed and managed effectively across the organisation.
Will communicate, disseminate, and ensure directorates commence implementation of the policy and provide assurance through the robust quality governance framework.

Governance Group level 1 and 2
Responsible for ensuring that all relevant staff are aware of the increased incidence/outbreak of infection policy and adhere to the principles and guidance that is contained within it.

Policy Team
To ensure that the increased incidence/outbreak of infection policy is reviewed in accordance with identified timescale and implementation of monitoring and effectiveness has been planned and is reviewed by the directorates and appropriate governance group.

Policy Authors
Responsibility for ensuring that the Infection, Prevention and Control team identify best learning and practice to inform this policy and update accordingly.
To ensure that this policy is reviewed in accordance with identified timescale and implementation of monitoring and effectiveness has been planned and is reviewed by the directorate and appropriate governance group.

Operational leads
Are responsible for ensuring implementation within their area and for ensuring all staff who work within the are adhere to the principles of this policy at all times.

Staff
Each individual member of staff, substantive and temporary worker within the trust is responsible for complying with this policy.
Clinical staff involved in care of patients affected by increased incidence/outbreak of infection will ensure that they familiarise themselves with the content of the policy and work in accordance with this.

Staff will also ensure that they provide support and education to the patient, carer, and family where appropriate. They will also be a source of knowledge and skill for colleagues where appropriate as well as ensure that they remain up to date with training in line with competencies of their job role.

Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered.

Appendix 1 Action card 12-High Consequence Infectious Disease (HCID) Response.

Action Card 12 – HIGH CONSEQUENCE INFECTIOUS DISEASE (HCID) RESPONSE

This role is undertaken by.

In Hours – Director/ deputy director Infection Prevention and Control (DIPAC) / Head of IPC, Senior Nurse IPC.

Out of Hours - LPT Director On-Call Strategic Commander

This action card should be read in conjunction with the **-** Escalation process to be followed when there is a suspected or known increased incidence or outbreak of infection within LPT In-patients policy.

Your Role

- To lead and co-ordinate the Trust's initial response to the possible detection of a HCID in the inpatient or community setting. The sustained response will be led by the increased incidence/outbreak control group that will be convened at the earliest opportunity.
- Direct the initial response actions of the teams and services.
- Keep the Trust Chief Executive updated on the situation.

Command and Coordination

Initial Response and Out of Hours – DIPaC or LPT DoC
To safely coordinate a response, the Director on Call may establish a virtual Incident Management Team (IMT) as per the LPT Incident Response plan.

Sustained Response in hours – LPT increased incidence/outbreak control group, convened at the earliest opportunity

Incident Log

There is a requirement on to maintain an official log (see Decision Loggist Action Card). The log is not a set of minutes, but a record of the actions taken, and the decisions made by the Incident Management Team. The log will provide an accurate record of decisions made and agreed actions with supporting rationale and provides an official record in the event of a future inquiry.

ACTIONS

Confirmation – Identifying a suspected patient who may be suffering from a HCID.
Check for any recent travel history and cross reference with at risk global areas.
For further information please check https://www.gov.uk/

Check for the following Symptoms.

- fever -temperature >38.5, chills.
- intense headache
- muscle aches
- backache
- swollen lymph nodes
- rash including any blistering.
- exhaustion

High Consequence Infections (HCID)as listed in NIPCM

- Haemorrhagic fevers (Junin,Machupo virus, CChf ,)
- Ebola
- Lassa fever
- Hantavirus
- Mers (middle eastern respiratory syndrome)
- Lujo virus disease
- Marburg virus disease
- Nipah virus
- Pneumonic Plague
- Severe acute respiratory syndrome (SARS)
- Severe fever with thrombocytopenia (SFTS)
- Avian flu A – H7N9, H5N1,H5N6,H7N7

If the patient presentation meets several the above criteria treat as a potential HCID and isolate the patient immediately.

Personal Protective Equipment (PPE) - For any Patients suspected of suffering from any High consequence infectious disease (HCID) any staff member having any contact with the patient should don the following PPE.

For further advice please see PPE policy

- FRSM (FFP3 if risk of respiratory infection)
- Apron
- Gloves
- Visor

- **Telephone Triage -** Any patient's who call to say they are unwell and who meet the conditions of a suspected HCID patient should be told **to stay at home (self-isolate) and call NHS 111 or their GP immediately.**

- **Nurse conducting the telephone triage is to** – Contact NHS 111 or the patients GP to alert them to the patient. If NHS 111 / GP consider there is a risk of HCID they should take over responsibility for the patient.

- Notify the local Health Protection Team on 0344 2254 524 (in hours / 0344 225 524 out of hours)

- Inform The LPT IPC Team 0116 295 2320 for immediate support, advice, and guidance, or leave message and team will respond.

- In hours Inform your line manager or out of hours inform the appropriate On Call Manager via the LPT Switchboard 0116 225 6000. Update the patient's clinical records on SystmOne and mark as suspected HCID.

Community Health Services – If you are visiting a patient or service user in their home and they present as unwell and meet the conditions of a suspected HCID patient take the following immediate actions:

- Advise the patient to stay where they are (i.e., self-isolation at home)

- **No** clinical or diagnostic interventions must be undertaken.

- Follow hand hygiene protocols and avoid personal contact with the patient, provide reassurance, and let them know you are going to inform their GP and or NHS 111, and leave the home/area immediately.

- Ring NHS 111 or GP to seek advice. They will ask you several questions to establish the likelihood that the patient has A HCID.

If NHS 111 consider the patient to be a potential HCID patient:

Follow their instructions.

They will arrange for an ambulance to transfer the patient to hospital if required.

Inform your line manager (out of hours ensure the on-call manager is informed).

In hours: Inform LPT Infection Control Team on 0116 295 2320

Notify the local Health Protection Team on 0344 2254 524 (option1) (in hours / 0344

2254 524 out of hours)

During the visit if you have had unprotected (without appropriate PPE) contact with suspected HCID patient you will need to

- Go home-avoid contact with anyone.
- wash your clothes / uniform immediately in a standard washing machine with hot water (over 60º C) and detergent.
- contact Occupational Health **immediately** for advice regarding post- exposure to possible HCID and follow all advice given.
- Contact own GP if become symptomatic.
- Inform your line manager.

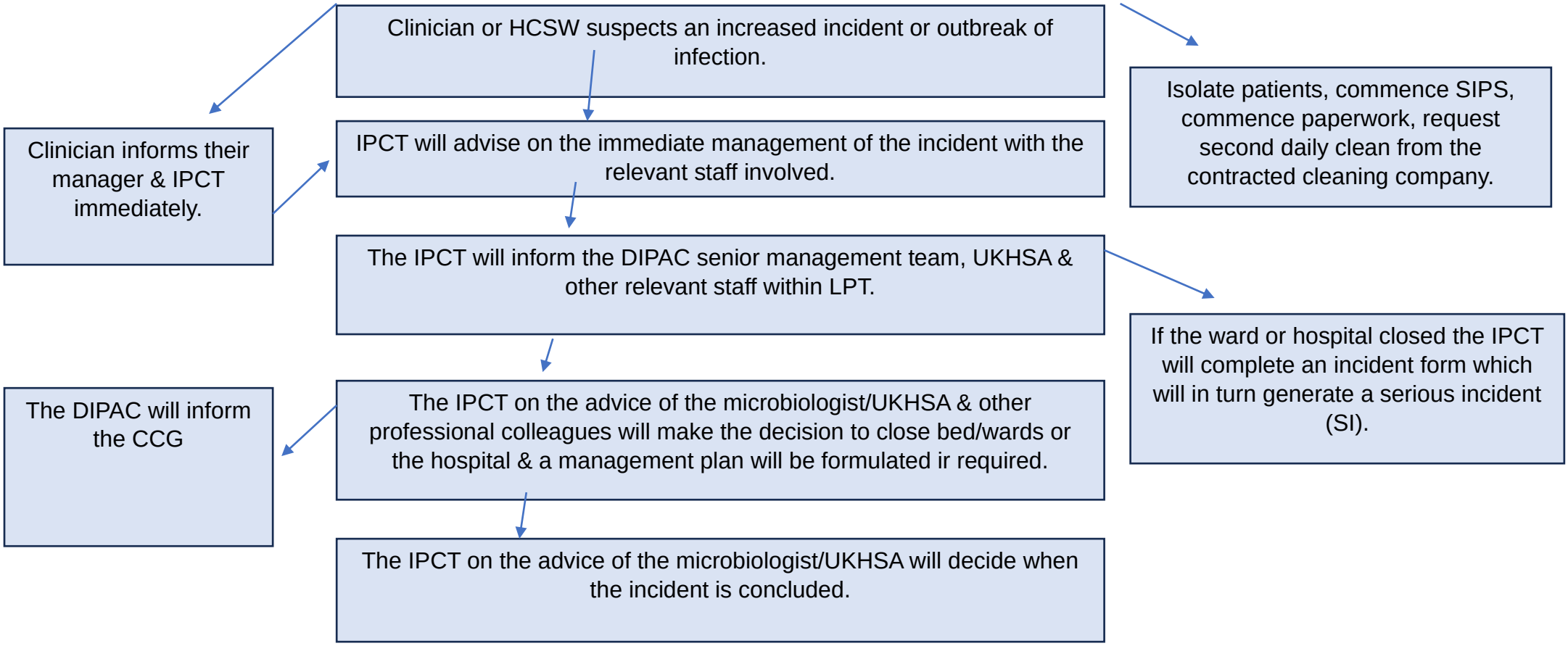
Appendix 2 Outbreak meeting template standard

1.	**Introductions & apologies**	Chair
2.	**Minutes of the last meeting & Action Log**	All
3.	Summary of situation (SitRep) Epidemiological • Number of cases according to case-definitions and description by person, place, and time • Clinical management & outcome • Patient movements on admission • Suspected cases- patients and linked staff	Head of Nursing/Matron/Ward Manager Service Manager/Matron/Ward Manager All
4.	**Microbiology** • Testing regime in general • Testing carried out. • Potential future testing needs	
5.	**Infection Prevention** • Case isolation/cohorting facilities • Environmental cleaning and cleaning audit scores • Ventilation • Audits: hand hygiene, PPE, • IP Training compliance • Visiting	IPC Team Helen Walton/ Facilities Representative Deputy Head of Nursing/Matron/IPC Team Ward Manager
6.	**Current Risk assessment** Any evidence of hospital transmission • Implication for finding further case(s) as per case definition. • Implications for current control measures • Potential for review of control measures	IPC Team Deputy/Head of Nursing Matron/Ward Manager /Matron/IPC Team /Matron/IPC Team
7.	**Contacts** **Identification/management** • Staff (including numbers tested, numbers outstanding, numbers positive/negative) • Patients	Occupational Health Service Manager/Matron/Ward Manager
8.	**Discharge Plans for cases**	

	• Returning to own or residential facilities and ability to self-isolate safely. • Issues identified with capacity, flow, and treatment	Manager/Matron/Ward Manager Manager/Matron/Ward Manager
9.	**Communications** • Internal – staff, inpatients, students, volunteers, visitors • Discharged patients – contacts of confirmed case. • External: NHSE, PHE, Media Statement • CQC/Compliance team	 IPC Team Deputy/Head of Nursing Matron/Ward Manager Comms Team
10.	**Agreed actions.**	Chair
11.	**Any other business**	All
12.	**Date of the next meeting**	

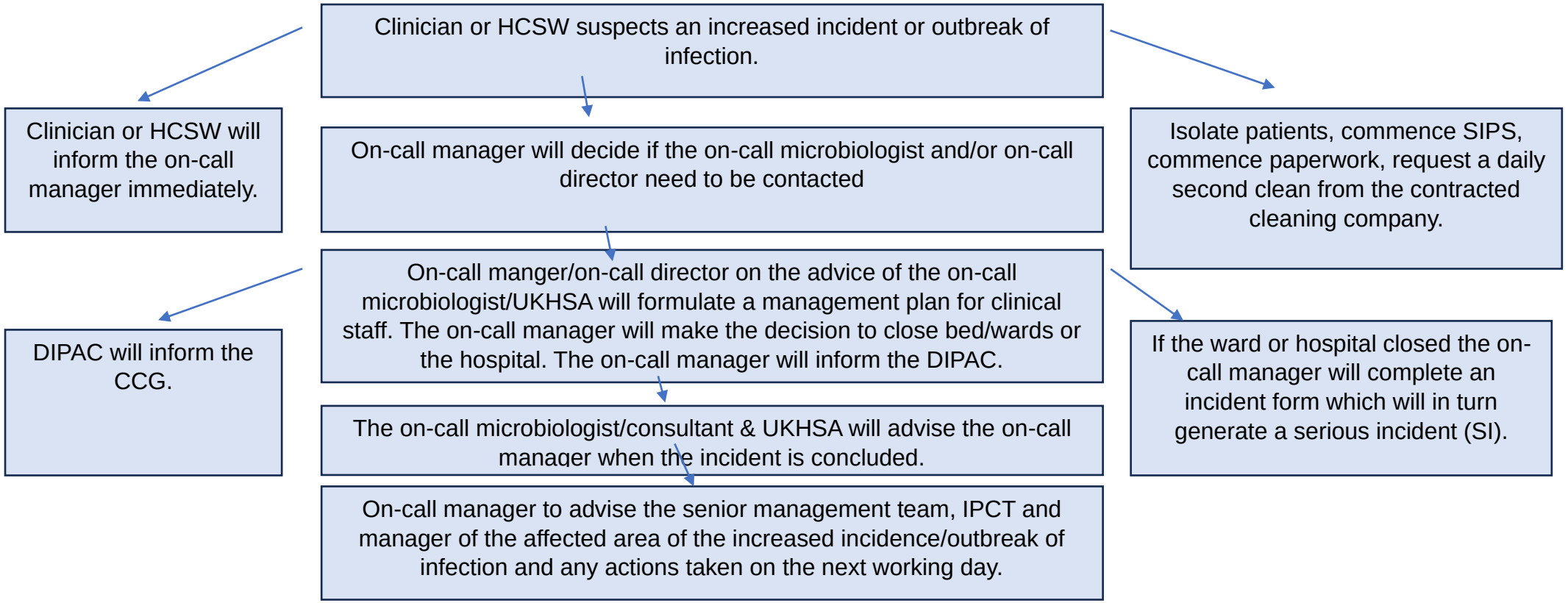
Appendix 3 Actions to be taken in the event of an increased incidence/outbreak occurring during office hours.

STAGE 1



Appendix 4 Actions to be taken in the event of an increased incidence/outbreak occurring during out of office hours.

STAGE 1



Appendix 4 Checklist of activities that should be instigated by the Infection Prevention and Control Team ward on initial suspicion of an increased incidence/outbreak of infection.

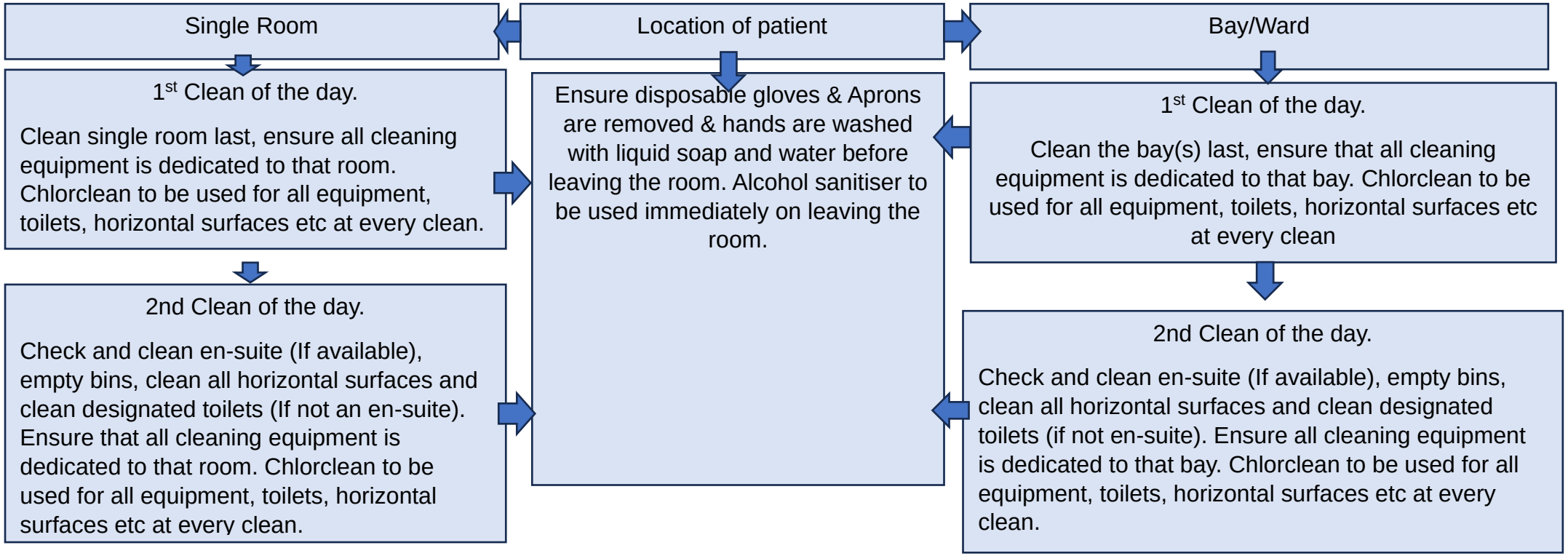
Action	Yes	No
Isolation of all affected patients		
Increased cleaning & disinfection of affected areas		
Alerted managers of other departments • Physiotherapy • Occupational therapy • Podiatry • Hotel services • Dieticians • Speech & Language therapists Consideration of closing affected area to admission.		
Consideration of closing affected area to admission		
Stopping transfers of affected patients out of the affected area.		
Opening of affected area (If closed)		
Communication strategy • Staff surveillance, immunisations & exclusions from ward.		

• Record keeping • Incident form completed. • Serious incident report undertaken post outbreak		

NHS
Leicestershire Partnership
NHS Trust

Infection Prevention and Control Team

Appendix 6 Cleaning algorithm for an increased incidence/outbreak of infection for environmental cleaning.



All patients' toilets & bathrooms within an infected area/ward during an increased incidence/outbreak must be cleaned twice daily.

Appendix 7: Definitions

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 & Midwifery Council (NMC) or the General Medical Council (GMC).
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 presents 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 that 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 infection linked in time or place or the situation when the observed number of cases exceeds the number expected.

Appendix 8: Governance

Version control and summary of changes

Version number	Date	Description of key change
1	September 2009	Replaces previous policy
2	October 2009	Reviewed by Amanda Hemsley in line with standards for better health. Amendments following identification that no longer requires policy status. Roles & responsibilities removed, will be covered under general infection control policy.
3	November 2009	Changed from guideline to a policy and associated CQC requirements change made.
4	May 2010	Further changes made following consultation with LCCHS staff, occupational health, and the health protection agency.
5	January 2012	Harmonised in line with LCRCHS, LPT, LCCHS (Historical organisations).
6	June 2015	Review of policy
7	October 2017	Review of policy & 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.
8	November 2020	Review of policy to reflect changes due to covid-a9.
9	July 2023	Review of policy
10	March 2026	Review of policy

Responsibilities

Responsibility	Title
Executive Lead	*Group Chief Nurse*
Policy Author	*Head of Infection Prevention & Control*
Advisors	*Infection Prevention & Control assurance Group*
Policy Expert Group	

Governance

Governance Level	Name
Level 1 Assurance Oversight	*Quality & Safety Committee*
Level 2 Delivery Group for policy approval and compliance monitoring	*Infection Prevention & Control Assurance Group.*

Compliance Measures

KPI (only need 1-2 KPI's per policy)	Where will this be reported and how often
Monitoring will be conducted through: isolation precautions audits. Hand hygiene audit on AMAT Cleaning & Decontamination Audit	Reported through IPC assurance Group Annually.
Review of attendance sheets of meetings held, minutes, action points, and future meeting dates.	Reported through IPC assurance Group Annually.

Training Requirements

IPC level 1 e-learning Clinical & Non-Clinical Staff Groups

IPC level 2 e-learning Clinical staff Groups

References

R Department of health (2008) The health and social care act-Code of practice on the prevention and control of infection and related guidance revised 2015

Department of health, Health & safety at work act (1974)

Hospital infection control-Guidance of the control of infection in hospitals (DOH 1995)

LPT The reporting of known/suspected infectious diseases to the UK health security agency policy. 2024.

LPT The management of patients with diarrhoea and/or vomiting suspected or confirmed as infectious policy 2023.

LPT cleaning and decontamination of equipment, medical devices and the environment (including management of blood & body fluid spillages) policy 2022.

LPT Management of a patient requiring source isolation precautions policy 2024.

LPT Personal Protective Equipment for use in healthcare policy 2026.

LPT Hand Hygiene including bare below the elbows policy 2026.

LPT Waste Management policy 2024

Nursing and Midwifery Council (NMC) 2015 The code: Professional standards of practice. Revised (2018).

NHSE National Infection Prevention & Control manual (NIPC) FOR England V2.12 Published March 2025 updated April 2025.

Northamptonshire Healthcare NHS foundation trust Infectious Disease and outbreak management plan (July 2026).