

STANDARD OPERATING PROCEDURE

Subject	Outbreak Management (Enteric, Respiratory and Contact) (SOP017) (This policy is subject to periodic review and will be amended according to service development needs)
Applicable to	This policy applies to all staff, volunteers and contractors who work for or provide care on behalf of Nottinghamshire Hospice.
Date issued	Aug 2021
Next review date	March 2026
Lead responsible for Policy	Director of Care
Policy Reviewed by	Infection Prevention and Control Team Care Service Team
Notified to	Quality and Safety Group
Authorised by	Board of Trustees
Links to other Policies	Infection Prevention and Control Policy
Summary	This document aims to provide a clear understanding of Nottinghamshire Hospices Infection Control Policy.
Target Audience	The policy aimed at all staff, volunteers and contractors who work for or provide care on behalf of Nottinghamshire Hospice.

IMPORTANT NOTICE: Staff should always refer to the website folder on the N universal drive for the most up to date information. If the review date of this policy or procedure has expired staff should seek advice from their clinical lead or manager regarding the appropriate action to be taken.

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1. Abbreviations, Acronyms and Definitions

Outbreak: An incident in which two or more people experiencing a similar illness are linked in time or place, a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred.

Enteric: Relating to or occurring in the intestines.

If any outbreak of infection is suspected contact the Infection Prevention and Control Team (IPCT 0115 8834902) and they will support the care establishment affected, with the management of the outbreak.

2. Purpose

This Standard Operating Procedure (SOP) outlines the procedure for managing outbreak of infection and applies to all clinical staff.. For further information on individual organisms:

- Scabies
- Meticillin Resistant Staphylococcus Aureus (MRSA)
- Panton Valentine Leucocidin (PVL)
- Clostridium Difficile
- Covid 19
- Group A Streptococcus

Please refer to the relevant policies / SOPs.

3. Evidence base and interaction with other policies and procedures

- Hand Hygiene Policy
- Waste Management Policy
- Personal Protective Equipment Policy for Infection Prevention and Control.
- Antimicrobial Guidelines
- Blood, Body Fluids and Vaccines Spillages Standard Operating Procedure
- Collection of Swabs and specimens SOP (excluding Blood Specimens)

4. Scope and responsibilities

Chief Executive

- To ensure there are arrangements in place in the organisation to support infection prevention and control, in particular the necessary policies and training to reduce the risk of infections being transmitted.
- To ensure that resources are available for the procurement of necessary equipment.

Executive Team

- To ensure staff have access to infection prevention and control policies to support their daily working practice.

Infection Prevention and Control Team

- To update this SOP five yearly, or more if needed.
- Providing advice, information and training on the correct management of outbreaks.

Managerial Responsibility

- Ensuring staff are able to attend the Infection Prevention and Control training in accordance with the organisation's statutory and essential training matrix.
- Ensure that staff are able to order adequate supplies of necessary equipment to effectively manage outbreaks and prevent transmission of infection.

Clinician's Responsibilities

- Risk assessing procedures to ascertain equipment necessary to minimise spread.
- Ensuring that adequate supplies of necessary equipment are available for all required procedures.
- Ensuring that appropriate equipment is worn/used correctly, removed and disposed of / decontaminated where necessary safely.
- Not to re-use single use devices / equipment.
- Attending infection prevention and control training in accordance with the organisation's statutory and essential training matrix.

5. Equipment Required

- Personal Protective Equipment
- Hand hygiene facilities
- Appropriate waste facilities
- Sample / swab equipment

6. Procedures

Procedure for Enteric Infection

e.g. Norovirus, Salmonella, Shigella, Campylobacter, Cryptosporidium, E- Coli 0157 and Clostridium Difficile toxin.

Step	Action	Rationale / outcome	Risk management / additional direction
1.	Inform the Infection Prevention and Control Team if an outbreak is suspected	To gain support and advice.	Ineffective management of the outbreak will place individuals at risk and the duration of the outbreak may be greater.
2.	Information should be provided to any individual that has attended the hospice if they have been put at risk of infection during their visit.	To minimise the risk of cross contamination and further spread.	To prevent the onward spread of infection to others
3.	To inform individuals that if affected they need to be isolated / cohorted until they have been a minimum of 48 hours symptom free and they have returned to their normal bowel habit.	To minimise the risk of cross contamination and further spread	Effective isolation reduces risk to others and maintains privacy and dignity
4.	Advise patients of the need to send stool samples for Microbiology, Culture and Sensitivity (MC+S) and suspected Norovirus as quickly as possible. If the patient is or has been taking antibiotics send stool sample for Clostridium difficile toxin testing.	To identify the cause of the infection and treat effectively.	Delay in certain infections can cause long term effects and deterioration in an individual's health.

Step	Action	Rationale / outcome	Risk management / additional direction
5.	Advise individuals not to use laxatives. Do not give anti-diarrhoeal preparations e.g. Loperamide/Codeine based products. If these are prescribed discuss the need to cease the medication with the prescriber.	To minimise the risk of dehydration.	Diarrhoea is a loss of body fluid that can rapidly result in dehydration and increase the risk of a hospital admission.
6.	Where possible advise affected patients to have separate toilet facilities which need to be cleaned after each use.	To minimise the risk of cross contamination and further spread.	Detergent and or a bleach based product to be used to kill the micro-organisms.
7.	Wear gloves and aprons for contact with affected individuals.	To minimise the risk of cross contamination and further spread.	Misuse or incorrect use of PPE will cause risk to individuals and the user of the PPE.
8.	Encourage effective hand hygiene practice amongst staff/ patients/visitors. Liquid soap and paper towels should be used and should be available. Alcohol gel is ineffective against enteric organisms.	To minimise the risk of cross contamination and further spread. To enable hand hygiene to be performed effectively. A rinsing action is required to remove spores from the hands	Bar soap and shared towels not to be used. Use liquid soap and paper towels/ designated towel.
9.	Advise that affected individuals should be offered fluids regularly and have their fluid intake monitored as they are at risk of becoming dehydrated.	To minimise the risk of dehydration.	Diarrhoea is a loss of body fluid that can rapidly result in dehydration and increase the risk of a hospital admission. To record the amount taken not offered. To think of other ways to offer fluid if not drinking e.g. Ice lollies.

Step	Action	Rationale / outcome	Risk management / additional direction
10.	Soiled linen should be handled with care and safely transferred to the laundry room. Soluble bags are recommended to reduce staff handling the linen. If clothes need separate washes i.e. coloured and whites, laundry should be separated before being placed into soluble bags.	To minimise the risk of cross contamination and further spread.	Do not handle sluice linen as this causes aerosols, a means of spread.
11.	A list of all affected individuals detailing the start date and symptoms they have, should be kept throughout the outbreak.	To monitor the outbreak and identifying those affected.	Monitoring forms are available from the IPCT.
15.	Any exposed food/fruit in the affected area must be disposed of.	To minimise the risk of cross contamination and further spread.	Certain micro-organisms have the ability to produce spores which can live and contaminate the environment.
16.	Ensure portable fans are not used during outbreaks or when individuals are thought to have infections	To minimise the risk of cross contamination and further spread.	Due to the risk of contamination of the environment and further infection spread (EFA 2019).
17.	Any staff affected should stay off work until 48 hours after their last symptom.	To minimise the risk of cross contamination and further spread.	If there is a need to book agency staff, the agency should be informed there is an outbreak and should where possible send the same people back to the affected area. Where possible agency staff should care for the unaffected individuals.
18.	Hand washing facilities should be provided for visitors to use after visiting. i.e. liquid soap, paper towels.	To enable hand hygiene to be performed effectively.	Bar soap and shared towels not to be used. Alcohol gel is ineffective against enteric organisms.

Step	Action	Rationale / outcome	Risk management / additional direction
19.	Ensure regular cleaning of all surfaces with detergent and hot water followed by 0.1% sodium hypochlorite (1 in 1,000) to hard surfaces which can tolerate it.	To minimise the risk of cross contamination and further spread.	Detergent cleans, Bleach kills.
20.	Care plans should be maintained detailing the care and treatment required.	To identify those affected by the outbreak and the care/ precautions required.	Evidence the correct management and care being shared.
21.	The outbreak is declared over when the last symptomatic individual is 48 hours symptom free.	The infected individual will shed the microorganism up to 48 hours after the last symptom.	
22.	A full terminal clean has to be completed prior to the outbreak being declared over. All soft furnishings including curtains linen and carpet to be deep cleaned. All hard surfaces to be cleaned with detergent and bleach including high and low surfaces and bed frames.	The environment is contaminated during an outbreak and acts as a reservoir for microorganisms.	If the environment is not cleaned effectively there is a risk of reinfection.

Procedure for Respiratory Infection

e.g., Influenza, SARS-COVID 19, Chicken Pox, Measles, Hand Foot & Mouth, Slapped Cheek, Whooping Cough, Meningitis.

Step	Action	Rationale / outcome	Risk management / additional direction
1.	Inform the Infection Prevention and Control Team if an outbreak is suspected.	To gain support and advice.	Ineffective management of the outbreak will place individuals at risk and the duration of the outbreak may be greater.
2.	The IPCT will review what messages need to be given to patients / families and carers depending on the cause of the infection.	To minimise the risk of cross contamination and further spread.	A list of patients with their registered GP should be sent to the IPCT.
3.	Wear gloves and aprons for contact with affected individuals.	To minimise the risk of cross contamination and further spread.	Misuse or incorrect use of PPE will cause risk to individuals and the user of the PPE. If untreated pulmonary TB, pandemic influenza or SARS – COVID 19. Masks will need to be worn and possibly visors. IPCT will advise.
5.	Infected individuals should cough and sneeze into tissues, which are disposed of as hazardous waste. They should be then offered the opportunity to decontaminate their hands with both soap and water or hand gel.	To minimise the risk of cross contamination and further spread.	Catch It, Bin it, and Kill it.

Step	Action	Rationale / outcome	Risk management / additional direction
6.	Patients attending the GRACE unit should be isolated in a side room and returned home at the earliest possible opportunity. Contact should be made with GP or DN team if appropriate .	To minimise the risk of cross contamination and further spread.	<p>Patient should be advised to monitor symptoms and contact the hospital if unable to manage them at home.</p> <p>Patients should not attend the GRACE unit again until symptoms have cleared and isolation period is complete.</p>
7.	Staff should stay away from work until they are symptom free	To minimise the risk of cross contamination and further spread.	Temperature should be within normal range without medication for 48 hours.
8.	Throat and nasal swabs in a viral medium or sputum samples to be sent to the lab.	To establish the cause of the outbreak.	
9.	A list of all affected individuals detailing the start date and symptoms they have should be kept throughout the outbreak. Monitoring forms are available from the IPCT.	To monitor the outbreak and identifying those affected.	Monitoring forms are available from the IPCT.
10.	Ensure portable fans are not used during outbreaks or when individuals are thought to have infections.	To minimise the risk of cross contamination and further spread.	Due to the risk of contamination of the environment and further infection spread (EFA 2019).
11.	Ensure regular cleaning of all surfaces with detergent and hot water followed by 0.1% sodium hypochlorite (1 in 1,000) to hard surfaces which can tolerate it. Please refer to Decontamination Policy CityCare	To minimise the risk of cross contamination and further spread.	Detergent cleans, Bleach kills.

Step	Action	Rationale / outcome	Risk management / additional direction
12.	Care plans should be maintained detailing the care and treatment required.	To identify those affected by the outbreak and the care/ precautions required.	Evidence the correct management and care being shared.
13.	The outbreak is declared over when the last symptomatic individual is 48 hours symptom free.	The infected individual will shed the microorganism up to 48 hours after the last symptom.	
14.	A full terminal clean has to be completed prior to the outbreak being declared over. All soft furnishings including curtains linen and carpet to be deep cleaned. All hard surfaces to be cleaned with detergent and bleach including high and low surfaces and bed frames.	The environment is contaminated during an outbreak and acts as a reservoir for microorganisms.	If the environment is not cleaned effectively there is a risk of reinfection.

Procedure for Infection Spread through Contact

e.g. Scabies, Ringworm, MRSA, PVL, Impetigo, Group A Streptococcus.

Step	Action	Rationale / outcome	Risk management / additional direction
1.	Inform the Infection Prevention and Control Team if an outbreak is suspected	To gain support and advice.	Ineffective management of the outbreak with place individuals at risk and the duration of the outbreak may be greater.
2.	The IPCT will review what messages need to be given to patients / families and carers depending on the cause of the infection.	To minimise the risk of cross contamination and further spread.	A list of patients with their registered GP should be sent to the IPCT.
3.	Wear gloves and aprons for contact with affected individuals. These should be changed between care activities and removed and disposed of when leaving the affected persons room.	To minimise the risk of cross contamination and further spread.	Misuse or incorrect use of PPE will cause risk to individuals and the user of the PPE.
4.	Staff, patients and visitors should pay strict attention to hand hygiene.	To minimise the risk of cross contamination and further spread.	Bar soap and shared towels not to be used.
5.	Care and safe transfer of linen to the laundry room. Soluble bags are recommended to reduce staff handling the linen. If clothes need separate washes i.e. coloured and whites, laundry should be separated before being placed into soluble bags	To minimise the risk of cross contamination and further spread.	Do not hand sluice linen as this causes aerosols, a means of spread.

Step	Action	Rationale / outcome	Risk management / additional direction
6.	Send appropriate samples to the laboratory after liaising with the Infection Prevention and Control Team where necessary.	To establish the cause of the outbreak.	Treat appropriately to reduce further complications.
7.	Transfers in and out of the hospice to be discussed with the Infection Prevention and Control Team (IPCT). The hospital need to be made aware of any outbreaks when individuals are being admitted.	To minimise the risk of cross contamination and further spread.	The Infection control team will assess whether a part or full closure is advised.
8.	A list of all affected individuals detailing the start date and symptoms they have should be kept throughout the outbreak.	To monitor the outbreak and identifying those affected.	Monitoring forms are available from the IPCT.
9.	Ensure portable fans are not used during outbreaks or when individuals are thought to have infections.	To minimise the risk of cross contamination and further spread.	Due to the risk of contamination of the environment and further infection spread (EFA 2019).
10.	Ensure regular cleaning of all surfaces with detergent and hot water followed by 0.1% sodium hypochlorite (1 in 1,000) to hard surfaces which can tolerate it. Please refer to Decontamination Policy CityCare	To minimise the risk of cross contamination and further spread.	Detergent cleans, Bleach kills.
11.	Care plans should be maintained detailing the care and treatment required.	To identify those affected by the outbreak and the care/ precautions required.	Evidence the correct management and care being shared.

Step	Action	Rationale / outcome	Risk management / additional direction
12.	The outbreak is declared following discussion with the IPCT.	To avoid further cross infection and take necessary precautions	
13.	A full terminal clean has to be completed prior to the outbreak being declared over. All soft furnishings including curtains linen and carpet to be deep cleaned. All hard surfaces to be cleaned with detergent and bleach including high and low surfaces and bed frames.	The environment is contaminated during an outbreak and acts as a reservoir for microorganisms.	If the environment is not cleaned effectively there is a risk of reinfection.