Lincolnshire Community Health Services NHS Trust

Infection Prevention & Control Guidance

The Management of Outbreaks of Communicable Diseases

Reference No:	G_IPC_32
Version:	4
Approved by:	LCHS NHS Trust Board
Date Approved:	13th February 2018
Name of originator/author:	Infection Prevention Team
Name of responsible committee/individual:	Infection Prevention Committee, LCHS
Date issued:	February 2018
Review date:	January 2020
Target audience:	Clinical Staff
Distributed via:	Website

Lincolnshire Community Health Services

Version Control Sheet

Version	Section/Para/Appendix	Version/Description of Amendments	Date	Author/ Amended by
1		New document		C Day
2	Front page	Removed myMail	Sep 13	L Roberts
	Whole document	Replaced footers and headers. Removed PCT. Changed Infection control to Infection Prevnetion. Changed HPA to PHE. Changed Facilities/Estates to NHS PS. Replaces Team Protect to Occupatiopnal Health	Sep 13	L Roberts
	Page 7	Added telephone numbers	Sep 13	L Roberts
	Appendices	Format appendices	Sep 13	L Roberts
	Appendix M	Add new Equality Analysis	Sep 13	L Roberts
3	Whole document	Changed footers and headers. Changed IPC to IP team	Dec 15	L Roberts
	Page 42	Combined Top tips of Bed Managers with Matrons/Managers	Dec 15	L Roberts
4	Whole document	Change infection prevention and control team to infection prevention team Amended footers and headers	Oct 17	S Fixter

The Management of
Outbreaks of Communicable Diseases

Guidance Statement

Background	The purpose of this guidance is to implement a co-ordinated approach for the management of outbreaks of communicable diseases in line with current Department of Health requirements and best practice.
Statement	This guidance is comprehensive, formally approved and ratified, and disseminated through approved channels. It will be implemented for Lincolnshire Community health Services.
Responsibilities	Compliance with the guidance will be the responsibility of all Trust clinical staff.
Training	The Infection Prevention Team will support/deliver any training associated with this guidance.
Dissemination	Via Website.
Resource implication	This guidance has been developed in line with the NHS Litigation Authority and current Department of Health guidelines to provide a framework for staff within NHS Organisations to ensure the appropriate production, management and review of organisation-wide policies.

Table of contents

The Management of
Outbreaks of Communicable Diseases

Purpose of this guideline

The purpose of this guideline is to confirm the Lincolnshire Community Health Services NHS Trust infection prevention and control requirements for the effective management of outbreaks of communicable diseases. The guideline defines the necessary measures required to control are put in place to reduce avoidable risks of exposure to infection to patients and staff associated with outbreaks. It concerns instances where it is suspected or recognised that cross infection has occurred during the care of patients and serves to provide staff with guidance as to the correct course of action they should undertake. It serves to ensure that all individuals, departments and any outside agencies likely to be involved in an outbreak have a clear understanding of their roles and responsibilities.

Aim of this guideline

The aim of the guideline is to ensure that a co-ordinated approach to the managing of an outbreak is undertaken by:

- Promptly identifying and managing the infection outbreak.
- Quickly identifying the source, method of spread and causative organisms responsible for the outbreak.
- Reducing the spread of the organism.
- Ensuring all individuals, departments and any outside agencies likely to be involved in an outbreak have a clear understanding of their roles and are fully briefed.
- Disseminate information concerning the outbreak efficiently to ensure the rapid mobilisation of resources.
- Reduce the risk for further recurrence of the infection.

Scope of this guideline

The principles contained within the guideline reflects best practices and applies to those members of staff who are directly employed by Lincolnshire Community Health Services NHS Trust and for whom the Trust has legal responsibility. It provides advice on the working practices which may be required when managing an outbreak of communicable disease.

Key Roles/Responsibilities and Functions

The Chief Executive
Has the overall responsibility for the effective implementation of this guideline.

The Director of Infection Prevention & Control
Is responsible for ensuring that policies, guidelines and procedures in relation to infection prevention & control are developed and their implementation monitored.

The Infection Prevention Team
The Infection Prevention Team will:

- Liaise with staff and external agencies where appropriate
- Review the guidance in response to the publication of any urgent communications from the Department of Health and on an annual basis.

Managers/Matrons
Managers have the responsibility for the standards of clinical practice by their staff in the health care setting. They must:

- Ensure that they are familiar with this document and support its implementation
- Ensure all individuals are appropriately trained.
- Inform new employees of their responsibilities under this guidance.
- Ensure that all employees within their area of responsibility comply with this guidance.

Employees
All employees have a responsibility to abide by this guidance and any decisions arising from the implementation of it. Any decision to vary from this guidance must be fully documented with the associated rationale stated.

Definition of an outbreak
An outbreak of infection is defined as a significant increase of a specific infection above that previously noted in a defined patient population. This is usually two or more cases related in time, place and epidemiologically or microbiologically related infections e.g. viral gastro-enteritis. Outbreaks in primary care environments may be similar to those experienced in hospital settings especially in community hospitals and intermediate care settings e.g. viral gastro-enteritis.

Outbreaks of infection may vary in extent and severity, ranging from a few cases of septicaemia to a large number of food poisoning cases, affecting hundreds of people. Recognition of an outbreak in the early stages may be difficult, therefore medical and nursing staff must remain vigilant.

The Consultant in Communicable Disease Control (CCDC) has overall responsibility for outbreaks in the Community and the Trust's designated infection control person must inform him/her of any outbreak of disease without delay.

Reporting Procedure
Timely reporting, rapid isolation of affected individuals, enhanced universal standard infection control principles, investigation and monitoring are key components of effective outbreak management and control of spread.

Infections which should to be recognised and reported include:

- Notifiable diseases, e.g. Hepatitis B.
- Episodes of possible cross infection or infections with a significant risk of cross infection.
- Serious and unusual infections e.g. Diphtheria, SARS.

The notification of an outbreak may arise from

- A report or verbal communications from the laboratory / Consultant Microbiologist,
- A report or verbal communications from the Infection Prevention Team,
- A report or verbal communications from the Public Health England (PHE)
- A member of staff who suspects an outbreak

Note: Staff should not be afraid to report their suspicion to their line manager, person in charge of the service or the Infection Prevention Team, even if it is later proven to be groundless

The duty manager will assess the situation and report the matter to either the Director of Infection Prevention & Control (DIPC) or the Infection Prevention Team

Suspected outbreak of food borne illness will also be notified to the CCDC and the Environmental Health Department at the earliest opportunity.

Where the Nursing and residential homes are affected, then the CQC Inspectorate should be informed.

Daily staff bulletins will be produced by the IP Team and distributed to relevant staff for cascade.

Outbreak Management Procedure

It is recommended that where an outbreak is suspected that any affected patients are immediately isolated and any affected staff excluded from their duties.

Clinical and domestic staff should not be deployed in other clinical areas.

It may be necessary to restrict patient visitors in some circumstances.

During normal working hours staff from the affected area should contact the Infection Prevention Team in the first instance to inform them of the suspected outbreak

NB: Where the outbreak occurs outside of normal working hours it is important that the on call manager be contacted.

The Infection Prevention Team will carry out a preliminary outbreak assessment in conjunction with the manager for the affected service and will include collecting data in relation to:

- details of the patients affected

- the date of admission
- the date symptoms developed,
- nature of the illness,
- epidemiological factors
- bacteriology (if available)

The data from this assessment will be discussed with the DIPC and where appropriate with the Infection Control Doctor (ICD) to determine if an outbreak has occurred.

Determining severity
There are several types of infection which should arouse suspicion of outbreak particularly where this involves inpatient facilities.

Unit/hospital wide Outbreak (major outbreak)
Generally a serious outbreak will be characterised by similar clinical signs affecting a significant number of people (e.g. 20 people, patients and/or staff) in one health care setting within a 48- hour period. This may affect one unit/area or more. An Outbreak Committee would be convened in this situation

There will be occasions when the severity of the infection necessitates the serious outbreak procedures being observed for much smaller numbers, perhaps only one affected individual. (For example, one case of diphtheria would be treated as an outbreak, whereas one case of Salmonella or EMRSA would not).

Limited Outbreak:
In most cases the outbreak will be of limited nature. It may be more difficult to define but generally it will be characterised by similar signs affecting people in one area of the health care facility. This may occur over a period of days or even weeks
The IPTeam will:

- advise on containment practices, monitor the situation and send out daily updates via email.
- in conjunction with the affected service maintain comprehensive records pertaining to the outbreak.
- liaise as necessary with other external agencies such as Pathlinks/PHE/Social Services etc.

IT IS EXTREMELY IMPORTANT THAT THE APPROPRIATE PROCEDURES ARE FOLLOWED IN THE EVENT OF A KNOWN OR SUSPECTED OUTBREAK OF INFECTION.
Timely action and implementation of control measures may result in the prevention of further spread of the infection.

Actions required on establishing an outbreak situation

LCHS Community Hospital Sites (and those directly affecting intermediate care beds/ GP Practices)

Area restrictions OR closure
Area restriction OR closure will be advised by the person leading the outbreak situation and means:

- admissions to the area will be suspended.
- transfers to and from the area will be suspended.
- any discharges from the area must be discussed with the IP Team prior to transfer.
- where possible, staff working in the area will not work elsewhere whilst the facility is closed.
- The Infection Prevention Team will liaise with the relevant clinical staff and managers to arrange implementation of the closure.
- The 'Team' will discuss measures to be taken with health care staff, NHS Property Services and the Occupational Health Department.
- The IP Team will liaise with all Departments as necessary.
- The IP Team will also be responsible for informing other relevant agencies of the situation.
- The IP Team will liaise with the Trusts Communications Manager in providing a daily written bulletin for staff in the hospital and practitioners in the community.

Where an outbreak commences outside normal working hours, the on call Manager / Manager with responsibility for the area, will be responsible for advising that the above actions are implemented

Resolution of the Outbreak
The complete resolution of the outbreak will be a joint agreement between the IP Team and the DIPC/ Consultant Microbiologist.

The area will be verbally informed by the IP Team and the daily staff bulletin will reiterate such information.

Re-opening of the Area
Prior to the area re-opening the following must occur:

- Deep cleaning (or specialist cleaning where appropriate) must take place of all areas.
- Cleaning (or specialist cleaning where appropriate) must take place with Nursing and medical equipment.
- Nursing and medical stocks must be replenished.
- Managers must ensure that staffing levels are appropriate.
- The admission of patients must be phased.

Outbreaks identified in the wider healthcare community
Where an outbreak has been identified affecting the wider healthcare community (e g. Nursing & Residential Homes, School etc) the Commissioning Infection Prevention Team will take the lead for managing/reporting the outbreak.

Major outbreaks of infection
Where a major outbreak of infection has been determined the Outbreak Control Plan may be instigated. The actions, roles and responsibilities and control measures will be co-ordinated and determined by the Outbreak Control Committee

Outbreak Control Committee
The functions of the group are:

- To take all necessary steps to ensure the clinical care of patients during the outbreak is not compromised.
- To co-ordinate all the arrangements for the investigation of the source and cause of the outbreak.
- To identify and co-ordinate the control measures required to manage the outbreak.
- To ensure robust communication channels are established with appropriate stakeholders, Trust staff, patients, their relatives, the public and the PHE and local/national media.

The Major Outbreak Plan will be invoked by the DIPC or the Consultant in Communicable Disease Control depending upon the nature of the outbreak, i.e. whether the infection is predominantly hospital or community based.

The DIPC will chair the outbreak group meeting.

Unit/hospital wide outbreak Group Suggested Membership:-
DIPC (Director of Infection Prevention & Control)
Infection Prevention Clinician (IPC)
Consultant in Communicable Disease Control or Deputy
Neigbourhood Team Lead
Senior Nurse or deputy from the ward area
Unit Dr/GP or deputy
Cleaning Contract manager/ deputy
Facilities services manager or deputy
Communications Manager
Governance Manager
Consultant Microbiologist.

Depending upon the nature of the outbreak the following may also be co-opted:
Director of Public Health
Pharmacy Representative
Supplies manager
Catering Manager
Occupational Health Representative
Laundry Manager
NHS Property Services Representative
Environmental Health Officer
Director of Laboratories
The Consultant in Infectious Diseases
Ambulance Service
Social Services Manager
Water Company Representative

Note: This list is not exhaustive

NB In a limited outbreak the Outbreak Control Committee may include:

Consultant for Communicable Disease Control/Infection Control Doctor
Director for Infection Prevention & Control
Infection Prevention Team
Senior Nurse of the affected ward
Medical representatives of the affected ward and/or Medical Director
Other representatives as appropriate (see above)
NHS Property Services Representative
Clinical site Team
Communications Manager

Review of the outbreak
At the end of the outbreak the OCC will meet with the following objectives:

a) To review the experience of all those involved in the management of the outbreak.
b) To identify any shortfalls encountered and highlight areas which worked particularly well.
c) To revise the Outbreak Plan based on this information.
d) To produce a written report which will include a full review of the outbreak, its cause, management and recommendations for changes in procedures to prevent a further recurrence.

Monitoring

Minimum requirement to be monitored	**Process for monitoring e.g. audit**	**Responsible individuals/ group/ committee**	**Frequency of monitoring/ audit**	**Responsible individuals/ group/ committee (multidisciplinary) for review of results**	**Responsible individuals/ group/ committee for development of action plan**	**Responsible individuals/ group/ committee for monitoring of action plan**
Compliance	Audit	Managers/ Link champions/ IP Team	Annual	Infection Prevention Committee	Infection Prevention Committee	Infection prevention committee

Appendix A Infection Control Plan

Date of incident _

Ward/Site/Location _

Type of Outbreak _

On Notification of a possible Outbreak

	Please tick	
	Yes	No
1.Complete Preliminary Investigation form (phone call/site visit).		
2. Discuss with DIPC LCHS Outbreak has occurred?		
3. Agree status Limited outbreak?		
4. Agree Status Site/unit/countywide outbreak?		
5. Convene major/limited outbreak meeting as appropriate		

6. Notify the following personnel/managers/departments:

	Tick	Date	Informed by (initials)
Chief Executive NHS Lincolnshire			
Director of Public Health			
DIPC for LCHS			
Infection Prevention Team clinician			
CCDC (or deputy)			
Consultant Clinician (or deputy)			
Ward/unit/service managers			
Communications Officer			
Prescribing Lead			
NHS Property Services Manager			
Consultant Micro-biologist			
Occupational Health			
Purchasing & Supplies Manager			
ULHT Infection Prevention Team Lead			
Governance Manager			
Catering Manager			
Other(s)			

5. Provide/advice on the following:	Please tick Yes	No
a. Outbreak notice		
b. Patient information notice		
c. Use of alcohol hand rubs		
d. Infection Control Policy(specific)		
e. Outbreak Monitoring forms		

6. Send out email notifying relevant service leads.

7. Commence daily outbreak forms (service lead).

8. Inform microbiology lab.
Obtain outbreak number if applicable
(Tel 0113 264 5011 – Virology Dept)

Outbreak number

Daily Follow ups

1. Liaise with affected service daily
2. Inform DIPC
3. Daily email alert

On confirmation of an outbreak

1. On confirmation of an outbreak email will be sent by IP team to relevant neighbourhood team leads

Prior to re-opening

	Please tick Yes	No
1. Discuss with service lead		
2. Deep clean to be arranged/completed		
3. Send email to relevant service leads to notify re-opening of the ward		

Conclusion of outbreak

1. IP Team to complete outbreak summary form

3. Report outline of incident to LCHS Q&R Committee and Trust Board

Comments

File Gathered Information:
To be completed by Infection Prevention Team designated representative

Name……

Signature……..

Designation……..

Date……

Appendix B Sample Email Template

COMMUNITY STAFF INFORMATION

<Ward>
<Location>
<date>

Summary

Admissions to **<name>** Ward at **<location>** are severely restricted from **<date & time>**. There are currently **< insert number>** patients whom are symptomatic with vomiting and/or diarrhoea. **<insert details>** which developed earlier this week have resolved. **<insert number>** members of staff has also been affected

Patients
All patients with symptoms **must** be isolated. If necessary, cohort patients, where advised.

Patients deemed medically fit may be discharged home. Patients must not be discharged to Nursing/Residential Homes until they have been asymptomatic for 72 hours.
Unaffected patients in unaffected bays may be discharged as normal.

Visitors
Visiting must be restricted; e.g. no young children or babies, until the area is fully opened and visitors must be told of the risk of visiting by staff.

Support Services
Rehabilitation is to continue e.g. Physiotherapy and Occupational Therapy. Full hand hygiene and standard precautions must be adhered to. Additional environmental cleaning is required.

Transfers of Nursing Staff and Domestic Staff
Where possible all bank / agency staff on the area during this closure should remain there until the area is re-opened or their period of work is complete.

Affected staff must report to Team Prevent and not return to work until 48hours clear of symptoms

The situation will be reviewed at **<insert date and time>**

Distribution:
As in email distribution

Appendix C Community & Outbreak Investigation Form

INFECTION PREVENTION

COMMUNITY & OUTBREAK INVESTIGATION FORM

Date:	**Time:**
Location:	
Staff Details:	
Summary:	
Patient Details:	
Date:	**Advice:**

Appendix D Terms of Reference for the Outbreak Control Team

The objectives of the OCT will be:

- To take all necessary steps to provide for the continuing clinical care of patients during the outbreak.
- To co-ordinate arrangements for the investigation of the source and cause of the outbreak, and the control measures to be implemented.
- To establish clear communication channels; and to consider the need for outside help and expertise.

The OCT will:

a) Agree case definition.

b) Agree data collection and reporting process in order to:
- Measure the extent of the outbreak,
- Monitor the progress of the outbreak,
- Monitor the effectiveness of control measures,
- Monitor staff levels.

c) Investigate the source of infection and method of spread.

d) Assess risks to patients and staff and define control measures.

e) Review patient admissions and transfers.

f) Assess the need for additional supplies and staff.

g) Implement agreed control measures.

h) Monitor the effectiveness of the control measures.

i) Liaise with the Trust Operational Management Team.

j) Establish clear channels of communication and provide clear instruction and information for staff, patients and visitors, GPs and other local purchasers.

k) Ensure timely reporting to external agencies.

l) Agree a media spokesperson and a strategy for dealing with the media and other enquiries.

m) Define the end of the outbreak and mechanism for returning to normal service.

n) Review management of the outbreak, produce a report and make recommendations for future outbreak management.

Appendix E Guidance Notes for the Outbreak Control Team

a) The OCT will ensure all issues are covered in a systematic manner (see Appendix 1).

b) Roles will be ascribed to individual members of the OCT. A specific role may be delegated to a deputy if consent is obtained from the Chair of the OCT.

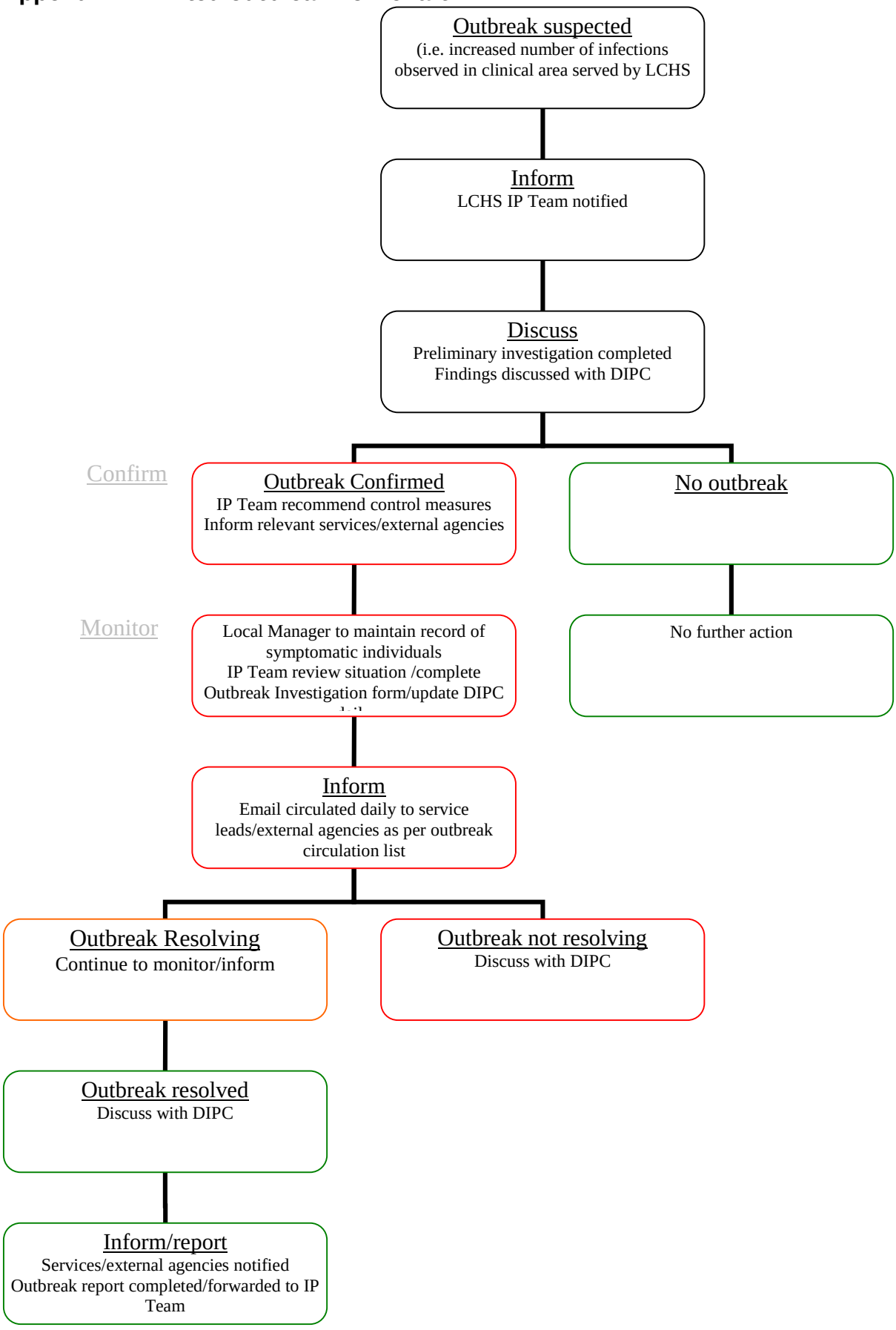
c) Meetings will be held as often as the situation demands at the discretion of the chair of the OCT. In a Serious Outbreak, meetings will usually be held daily.

d) A spokesperson will be appointed by the Trust to handle press enquiries.

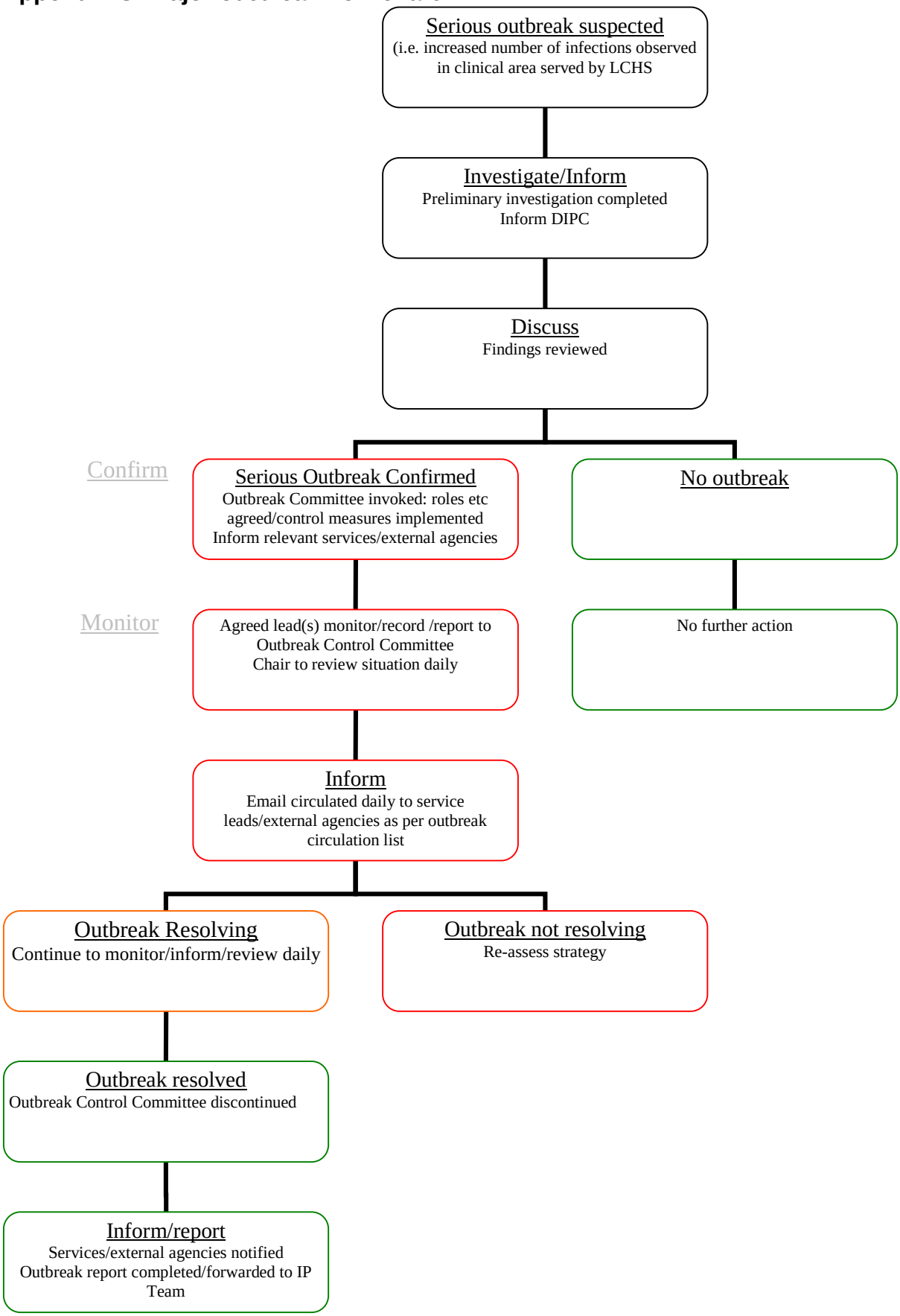
e) Reports of each meeting will be produced by the OCT and will form the basis for communications with external agencies.

f) External agencies will be kept informed. The Chief Executive will inform the CCG, Department of Health, NHS Medical Executive, Health and Safety Executive, and other local Providers. The CCDC will inform the Communicable Disease Surveillance Centre and the Local Authority.

Appendix F Limited outbreak flow chart



Appendix G Major outbreak flow chart



Appendix H

LCHS OUTBREAK MONITORING SHEET FOR PATIENTS WITH DIARRHOEA & VOMITING (Patient details)

Hospital **Appendix H: Protocol for deep clean process** Ward / Dept……

Date monitoring commenced…… IP Team informed……

Please complete in conjunction with the Monitoring Outbreak: Daily form

Date of Onset	Name	NHS No	Date of Admission	Reason for Admission	Symptoms	Relevant medications	Placement on ward / dept	Specimen	Comments

LCHS OUTBREAK MONITORING SHEET FOR PATIENTS WITH DIARRHOEA & VOMITING (daily)	
Hospital……	Ward / Dept……
Date monitoring commenced……	IPTeam informed……
Please complete in conjunction with the Monitoring Outbreak: Patient details form	

		Date										
Surname & initial	**Room No**	**Date Spec sent**										
Total Symptomatic (S) Patients												
AS 12hrs												
AS 24 hrs												
AS 48 hrs												
AS 72 hrs												

Key: S= Symptomatic
1 - 7 Grading of stool
AS = Asymptomatic

AS 12 = Asymptomatic / normal bowel function for 12 hours
AS 24 = Asymptomatic / normal bowel function for 24 hours

AS 48 = Asymptomatic / normal bowel function for 12 hours
AS 72 = Asymptomatic / normal bowel function for 48 hours

LCHS OUTBREAK MONITORING SHEET FOR PATIENTS WITH DIARRHOEA & VOMITING (patient details)

Hospital…… Ward / Dept……

Date monitoring commenced…… IPTeam informed……

Please complete in conjunction with the Monitoring Outbreak: Daily form

Date of Onset	Name	NHS No	Date of Admission	Reason for Admission	Symptoms	Relevant medications	Placement on ward / dept	Specimen	Comments

State here the **date** when the symptoms of D and /or V commenced.

Symptoms relates to symptoms e.g. D or V experienced at the date of onset.

Any **supporting and additional** Information that may assist in the development of diarrhoea and vomiting e.g. consumed a large portion of fruit, relatives bought in food , sudden on set of symptoms, vomiting started first, had an enema on.,…..etc

Write **the Patients name** here

List **current medications** in particular: antibiotics, anti motiliants, laxatives etc

State the patients **NHS No** here

The **placement** of the patient in the ward / dept. e.g. Bed 2 bay 4

Reason for admission includes previous and current history of medical / surgical health problems.
Include any previous or current **infections**

Date of admission pertains to the date admitted to the ward / dept

State here the date when the first **specimen of faces** was collected.

LCHS OUTBREAK MONITORING SHEET FOR PATIENTS WITH DIARRHOEA & VOMIT

Hospital…… Ward / Dept……

Date monitoring commenced…… IP Team informed……

Write the **date** that you started the monitoring of patients e.g. 1st June 2010 and continue daily along the line.

		Date										
Surname & initial	**Room No**	**Date Spec sent**										
Total Symptomatic (S) Patients												
AS 12hrs												
AS 24 hrs												
AS 48 hrs												
AS 72 hrs												
No Staff affected												
No Empty Beds												

Write the patients **surname and initial** here e.g. Smith S

Write the date that the **specimen** was collected from the patient e.g. 1st June 2010

Write the **room number** here e.g. 2

In these cells write the **current symptoms** of the patient and the type of stool
E.g. S / 7 or AS 12hrs

Please refer to key

This gives you information on if the outbreak is resolving or not

Write in these columns the number of **patients at each stage.**
You have recorded the information is in the columns above.
Write in the number of **staff** whom has reported sick on that day.
Total the number of **empty beds** on the ward /dept e.g. 2

Appendix I. Outbreak monitoring action communication sheet

DATE & TIME	COMMENTS/ACTION PLAN/ADVICE/RECOMMENDATIONS ETC

Appendix J

PROTOCOL FOR CLEANING WARDS FOLLOWING CLOSURE DUE TO AN OUTBREAK OF INFECTION

The ward must be fully cleaned prior to re-opening and before accepting any admissions.

The Domestic Manager/Supervisor must co-ordinate the cleaning supported by the Ward Manager, Neigbourhood Team Lead, Matron and Infection Prevention Team. A deep clean is a collaborative effort between the Domestic Services staff and Ward staff (including Ward Support Workers).

The enclosed list details the group within which the ultimate responsibility for ensuring cleaning lies. Delegation of tasks to other disciplines may also be undertaken. Authorisation for commencement of deep clean will be given by the Infection Prevention Team. The IP Team will initiate contact with all relevant personnel to arrange for the deep clean to commence. It is expected that cleaning will commence as soon as possible after this notification but no later than **8am** the following day.

Main principles: Start at highest level and work down towards the floor in a systematic and planned way.

Start with areas of least contamination first e.g. unaffected bays, toilets and shower areas. It is essential that there is at least one empty bay prior to deep cleaning commencing to allow for robust cleaning to take place. Decant patients from contaminated to clean bays as they become available. The main ward corridor and sluice should be last.

Throughout this document 'cleaning' means removal of dust and soiling with a neutral detergent and water, or any similar product, followed by a 1,000ppm hypochlorite disinfectant or, alternatively, through the use of a combined detergent and hypochlorite solution – Actichlor Plus 1000 ppm.
NB: Cleaning precedes any disinfection process. The above regime applies to all equipment within the ward including beds etc still in use at the time of re-opening. This document is not meant to provide an exhaustive list. Where there is a need for further clarity of ultimate responsibility this should be resolved promptly by the Ward Manager.

Wherever possible, bays should be cleared to allow for unhindered access for deep clean. Once a bay has been deep cleaned, a Matron or of the ICN (if available) will inspect to confirm the required standard of cleaning is being achieved. This is to be undertaken before any curtains are replaced and beds made up as an unsatisfactory level of cleaning will require removal of curtains and stripping of beds to allow to repeat cleaning to be undertaken.

Liaison with IP Team regarding the criteria for opening the ward following terminal deep clean must be established.

Bays/Main Ward Area/Cubicles

	Action	Ultimate Responsibility	Completed Yes	No	Initials	Comments
1	De-clutter ward to enable easy access	Ward staff				
2	Removal of curtains from area being worked in. Send as infected linen to laundry	Domestic Services				
3	Strip beds if made up. Dispose of linen as infected	Nursing staff				
4	Dispose of any linen not stored in a closed cupboard	Nursing staff				
5	Dispose of any open packets of hand towels (replace with clean once cleaning complete)	Domestic Services				
6	Dispose of any partially used toilet tissue from patients lockers (replace with new once cleaning complete)	Nursing staff				
7	Dispose of any other opened products within ward area e.g. incontinence pads, boxes of open gloves. Products stored in a dedicated storage cupboard may remain.	Nursing staff				
8	Clean high vents	Domestic Services				
9	Clean curtain rails	Domestic Services				
10	Clean door and window frames and sills	Domestic Services				
11	Clean any vertical blinds at windows	Domestic Services				

12	Clean patient overhead lighting	Domestic Services				
13	Oxygen and suction regulators cleaned, patient tubing changed/suction canisters/humidifiers cleaned	Nursing staff				
14	Soap dispensers, alcohol gel dispensers and paper towel dispensers cleaned	Domestic Services				
15	Patient lockers cleaned inside and out sited at: Vacated bed space Occupied bed space	Domestic Services/ Nursing staff				
16	Bedside table tops and frames cleaned	Domestic Services				
17	Clean: a) Top and bottom bed frames, under bed frames, hydraulics and wheels b) Bed base and mattress including air flow mattress and pillows	Domestic Services Nursing staff				
18	Clean radiators and pipe work	Domestic Services				
19	Clean ledges of protective bars	Domestic Services				
20	Clean splashes to walls	Domestic Services				
21	Clean skirting boards (if present)	Domestic Services				
22	Flooring – remove all splashes/spills, clean thoroughly	Domestic Services				
23	Clean chairs – upholstery and frames. Check sides and underside. Fabric furniture needs steam cleaning	Domestic Services				
24	External casing to waste bins and inside of lid cleaned. Change and renew bags.	Domestic Services				

25	Footstools cleaned	Domestic Services				
26	TVs to be cleaned	Domestic Services				
27	Fire extinguishers cleaned	Domestic Services				
28	Patient care equipment/medical devices e.g. trolleys, IV stands and pumps, resuscitation trolley/defibrillator, oxygen cylinders and stands, notes trolley, transfer boards/other M&H equipment, bed pan bases, pt wash bowls, nebuliser equipment, commodes/sani chairs, dressing trolleys, medicine trolley. NB: list provides examples only – not exhaustive.	Nursing staff				
29	All crockery on the ward at the time of cleaning needs replacing or disinfecting in a dishwasher	Domestic Services				
30	Clean sinks. Pay attention to taps and underside.	Domestic Services				
31	Clean water fountain – external casing, remove lime scale	Domestic Services				

Sluice Rooms

	Action	Ultimate Responsibility	Completed Yes	No	Initials	Comments
1	Renew all mops and buckets.	Domestic Services				
2	Clean bins; casings and lids and renew bags.	Domestic Services				
3	Dispose of paper towels.	Domestic Services				
4	Clean vents	Domestic Services				
5	Clean window frames and sills	Domestic Services				
6	Clean door frames and door handles	Domestic Services				
7	Clean walls and tiles - full clean	Domestic Services				
8	Clean work surfaces	Domestic Services				
9	Clean bed pan racks Clean bed pan/slipper pan supports	Domestic Services Nursing staff				
10	Clean macerator - external casing and underside of lid	Domestic Services				
11	Clean commodes including undersides, lids and frame	Nursing staff				
12	Clean any open shelving – dispose of any partially used, open products	Domestic Services				
13	Clean soap and alcohol dispensers and paper towel dispensers	Domestic Services				

14	Urine testing cupboards - clean tops and sides	Nursing staff				
15	Dispose of any partially used toilet tissue, cleansing products, extraneous items	Nursing staff/Domestic Services				
16	Clean flooring including skirting and pipe work where present	Domestic Services				
17	Sluice hopper/disposal sinks – clean inside and out including taps and flush handle	Domestic Services				
18	Clean sinks – pay attention to taps and underside	Domestic Services				
19	Disposable macerator products, if stored open - dispose of top one from each pile.	Domestic Services				

Toilets and Bathrooms (complete for each toilet and bathroom)

	Action	Ultimate Responsibility	Completed Yes	No	Initials	Comments
1	Dispose of opened packets of hand towels and partially used toilet rolls	Domestic Services				
2	Dispose of opened packets of incontinence pads stored in these areas	Nursing staff				
3	Clean vents	Domestic Services				
4	Window frames/sills cleaned	Domestic Services				
5	Door frames cleaned – pay attention to door handles	Domestic Services				Pay attention to door handles and internal corners at the base and head of the frame.
6	Clean raised toilet seats including underside	Nursing staff				
7	Walls and tiles – full clean	Domestic Services				
8	Clean bath hoists including underside and frame	Nursing staff				
9	Clean showers and surroundings	Domestic Services				
10	Change shower curtains	Domestic Services				
11	Clean open shelving	Domestic Services				

12	Clean soap and alcohol dispensers and hand towel dispensers	Domestic Services				
13	Clean cupboard including tops	Domestic Services				
14	Clean sinks – including underside and taps	Domestic Services				
15	Clean baths inside and out including taps	Domestic Services				
16	Clean flooring including skirting and pipe work	Domestic Services				
17	Clean radiators where present	Domestic Services				
18	Dispose of lavatory brushes or soak in hypochlorite	Domestic Services				
19	Clean waste bins – external casings and inside of lid. Renew bags	Domestic Services				
20	Clean toilets – including seats and flush handles	Domestic Services				

Treatment Rooms

	Action	Ultimate Responsibility	Completed Yes	No	Initials	Comments
1	Dispose of opened packs of paper towels Assess the need to dispose of exposed clinical sundries	Domestic Services Nursing staff				
2	Clean vents	Domestic Services				
3	Clean window frames and sills	Domestic Services				
4	Blinds – steam clean	Domestic Services				
5	Clean door frames and handles	Domestic Services				Pay attention to door handles and internal corners at the base and head of the frame.
6	Clean work tops	Domestic Services				
7	Clean open shelving	Domestic Services				
8	Clean cupboard tops	Domestic Services				
9	Clean examination couches – mattress frames	Nursing staff Domestic Services				
10	Walls and tiles – spot clean	Domestic Services				
11	Clean dressing trolleys	Nursing staff				
12	Clean chairs – upholstery and frames	Domestic Services				
13	Clean patient care equipment	Nursing staff				
14	Clean soap, alcohol and hand towel dispensers	Domestic Services				

15	Clean radiators including pipe work	Domestic Services				
16	Flooring including skirting - remove splashes/spills and clean thoroughly	Domestic Services				
17	Bins - clean external casing and lid and change bags	Domestic Services				

Ward Kitchens

	Action	Ultimate Responsibility	Completed Yes	No	Initials	Comments
1	Remove and dispose of any opened paper towels	Domestic Services				
2	Clean vents	Domestic Services				
3	Clean windows - frames & sills	Domestic Services				
4	Clean doors - frames & handles	Domestic Services				
5	Vertical blinds - steam clean	Domestic Services				
6	Clean soap and paper towel dispensers	Domestic Services				
7	Clean work surfaces	Domestic Services				
8	Clean sink including underside and taps, internal surface draining board taps	Domestic Services				
9	Clean water boilers - external casing & remove lime scale	Domestic Services				
10	Clean external fridge/fridge freezer casing	Domestic Services				
11	Clean open shelving	Domestic Services				
12	Clean external dishwasher surface	Domestic Services				
13	Clean external microwave casing	Domestic Services				
14	Clean radiators, pipe work where present	Domestic Services				
15	Clean floor and skirting	Domestic Services				

16	Clean milk coolers	Domestic Services				
17	Clean beverage trolleys	Domestic Services				
18	Bins - clean external casing & lid and change bag	Domestic Services				

Corridors/Nurses Station

	Action	Ultimate Responsibility	Completed Yes	No	Initials	Comments
1	Remove and dispose of all opened packets of hand towels	Domestic Services				
2	Clean vents	Domestic Services				
3	Clean window frames	Domestic Services				
4	Clean doors - frames and handles	Domestic Services				Pay attention to door handles and internal corners at the base and head of the frame
5	Signage – clean or replace: - Trust signage	Domestic Services/Nursing Staff				Domestic services to clean laminated signs Nursing staff to replace any signs that are not able to be cleaned.
6	Clean alcohol gel, soap and hand towel dispensers	Domestic Services				
7	Clean glove/apron dispensers – replace with clean items	Domestic Services				
8	Clean ledges of protective bars	Domestic Services				
9	Clean fire fighting equipment	Domestic Services				

10	Clean resuscitation trolley, notes trolley, medicine trolley, drug cupboards and drug trolley	Nursing staff				
11	Clean patient care equipment	Nursing staff				
12	Clean nurse's station including phone, keyboards, mouse, computer casings, patient monitoring equipment and areas behind equipment.	Nursing Staff				
13	Clean radiators including pipe work	Domestic Services				
14	Clean sinks and taps	Domestic Services				
15	Clean water dispensers	Domestic Services				
16	Clean barrier room trolleys – clean and renew contents	Nursing staff				
17	Clean floors including skirting	Domestic Services				
18	Bins - clean external casing and lids and change bags	Domestic Services				

Appendix K

Top Ten Tips to help prevent outbreaks of Norovirus

Ten Top Tips for CEOs, Medical Director & Director of Nursing

Ensure you have a nominated individual responsible for the development and implementation of your winter / surge plan, this should contain a section to manage an outbreak like Norovirus
Maintain high visibility in all clinical and management areas.

1. Ensure roles and responsibilities are clear for the escalation to executive team to maintain leadership and control of a rapidly changing situation.

2. Plan your escalation facilities, **where** will these be based, **what** will trigger their opening and closure, and **how** they will be set up. Consider all external alternative providers (including private providers) if wards are closed for prolonged periods.

3. Develop communications plan to ensure engagement in the management of acute phase, rapid flow of prepared information and updates within the Trust and externally to partnership organisation and members of the public.

4. Develop staffing plans for staff sickness cover, staffing for escalation areas and alternative emergency pathways if wards are closed.

5. Develop plan for site lock down by the Trust Security team (or providers) if required, what will trigger this action.

6. Ensure a focus on business continuity detailing the financial implications for reductions in planned activity and increased emergency activity (specify what information must be collected during the adverse situation).

7. Ensure community escalation plans are in place, who are the key points of contact to trigger engagement and implementation.

8. Ensure escalation plans are in place for social services plans, who are the key points of contact to trigger engagement and implementation.

9. Ensure good communication links established with Executives in local acute trusts to share plans and support during extreme pressures.

10. Test your plan before it is required with table top scenario testing, involving key people and local partners.

Ten Top Tips for Ward Nurses

1. Recognise patients with symptoms of diarrhoea and vomiting and institute appropriate care plan and action (no matter how long the patient has been in hospital).

2. Isolate patients with diarrhoea in a side room immediately.

3. Always wear gloves and aprons for direct patient contact if they have vomiting or diarrhoea, discard and wash hands before doing anything else.

4. Alcohol hand rub is not reliably effective against Norovirus so wash your hands with soap and water after each contact with affected patients or their immediate environment.

5. Discard all food from the surfaces of lockers. All patient food to be located INSIDE lockers. Staff food to be located in staff area only.

6. Inform the ward matron and IP Team as soon as possible when a patient on the ward has diarrhoea.

7. If it appears there are 2 cases of vomiting or diarrhoea in the same bay/ward, inform the IP Team immediately (at 8am if overnight or the microbiologist on call at the weekend).

8. Diarrhoeal stool samples should be sent to the laboratory for processing immediately (virology requesting Norovirus, microbiology requesting c&s and *C. difficile* toxin).

9. Ensure enhanced cleaning of ward and equipment (1% hypochlorite/ sporicidal agents/ single use equipment where possible).

10. If you become unwell with diarrhoea or vomiting stay at home (or if it occurs in shift, inform senior and go home immediately) and do not return to work until you are at least 48 hours symptom free.

Ten Top Tips for Infection Prevention Team

1. Ensure annual updates on infection prevention to all clinical staff include the awareness and importance of diarrhoea management and other relevant policies (disseminate top ten tips).

2. When a ward team informs you of 2 or more cases of diarrhoea or vomiting on ward, attend/liaise with the ward staff and assess all pts for diarrhoea and vomiting on the same day and make a decision about bay or ward closure.

3. If you institute a bay or ward closure activate the incident/outbreak control policy.

4. Post “restricted entry” and “infection control” signs on entrance and exit to inform visitors and healthcare staff (where possible assign a mobile handwashing unit to entrance/exits, if no sink already present).

5. Inform Neighbourhood Team Leads, Matron, Comms team, DIPC, local PHE, infection prevention lead.

6. Ensure ward staff aware of policies and actions (Disseminate TOP TEN TIPS to appropriate groups).

7. Ensure laboratories aware of potential outbreak and requirements for testing.

8. Ensure cleaning staff aware of outbreak and know the expected cleaning regimen; where necessary observe practice and perform audits.

9. Attend ward daily and perform appropriate surveillance

10. When no new cases have occurred for at least 48 hours and all symptomatic or exposed cases are isolated/ cohorted, deep clean and re-open the ward. Review the outbreak management and disseminate any lessons learnt from the outbreak throughout the hospital.

Ten Top Tips for Mangers/Neighbourhood team leads

1. Inform IP Team if you are aware of 2 or more cases of diarrhoea on a ward at any one time.

2. Following IP Team or Microbiology advice close bay or ward as appropriate.

3. Inform Chief Operations Manager/ Performance/Executive team of any problems associated with ward or bay closures immediately (including A&E breaches etc).

4. Do not move patients from affected bays or affected wards without consultation with the IP Team (microbiology out-of-hours) unless urgent clinical need.

5. Do not cohort symptomatic, incubating or unaffected patients without express agreement of IP Team.

6. Patients can be discharged to their own home once clinically stable and take consideration of high risk home contacts.

7. Patients can only be discharged to a nursing home from an affected ward if the nursing home is aware and able to institute appropriate infection control measures.

8. Attend incident control meetings daily/as they occur.

9. Ensure you have a daily list of all affected bays and wards in the hospital.

10. if you become unwell with diarrhoea or vomiting stay at home (or if it occurs in shift, inform senior and go home immediately) and do not return to work until you are at least 48 hours symptom free.

11. Ensure that your ward staff are aware of Diarrhoea and Vomiting/ Norovirus policies and inform IP Team promptly (within 24 hours) of all cases.

12. Ensure adequate clinical care of patients with diarrhoea and vomiting (stool charts, fluid intake).

13. If outbreak is declared ensure IP Team advice is followed by all ward staff and visitors (including specialists/clinicians etc).

14. Ensure enhanced ward cleaning commences and continues in a timely manner (at least twice daily) during outbreak.

15. Restrict movement of ward/bank staff and allocate nursing staff to designated affected and unaffected areas during outbreak where possible.

16. Discard all fruit and food items from ward area.

17. Consider use of scrubs for ward staff.

18. Restrict visiting to ward according to hospital policy.

19. Ensure AHPs/ medical staff visit ward/ designated areas last on rounds unless patient requires urgent clinical review (and ensure that ward staff understand this).

20. Once outbreak is over, instigate ward deep clean (change all ward curtains, all linen items etc) and complete pre-opening checklist.

Ten Top Tips for DIPC (and On-call Manager)

1. Liaise closely with IP Team and ensure IP leadership across organisation.

2. Ensure appropriate IP guidelines (outbreak management, diarrhoea, decontamination, staff health) in place across organisation.

3. Ensure IP Team appropriately resourced to carry out duties during incident/outbreak.

4. Ensure that enhanced cleaning and decontamination is supported during outbreaks e.g. adequate staff, Sporicidal wipes or of recommended by IP Team,1% hypochlorite e.g. Chlorclean/Actichlor

5. Ensure adequate laboratory support (both virology and microbiology) for specimen processing and administration during incidents/ outbreaks.

6. Ensure adequate bed and operational management during outbreak.

7. Ensure that information is disseminated across the organisation in a timely manner (minimum daily during outbreak).

8. Ensure that the hospital has an external communications plan (for patients, visitors, LCHS, GPs, care homes, other hospitals etc).

9. Ensure that the Executive Team are aware of incident/outbreak and any issues brought to their attention.

10. Ensure the relevant data are collected for reporting to CCG/ Winter Planning etc.

Ten Top Tips for Facility teams, Cleaners, and Housekeepers

1. Ensure all staff working in clinical areas are aware of diarrhoea and vomiting and related infection prevention and control policies

2. Ensure all staff attend annual IP update sessions (for external contractors ensure they have appropriate yearly training in place).

3. Ensure there is an enhanced cleaning policy for ward and rooms during an outbreak.

4. Ensure there is a policy for deep cleaning ward and individual rooms after outbreak before ward re-opens.

5. Ensure all cleaning staff are aware of specific products to use during diarrhoea outbreak (e.g. Sporicdal wipes or 1% hypochlorite and hydrogen peroxide).

6. Cleaners working in affected wards or areas should not take cleaning equipment to unaffected areas.

7. No food or drink is to be consumed in affected areas by ward staff. Breaks and meals should be in designated rest areas.

8. Alcohol hand rub is not reliably effective against Norovirus so wash your hands with soap and water after each contact with affected patients or their immediate environment.

9. All waste from cleaning processes to be discarded as potentially infectious.

10. if you become unwell with diarrhoea or vomiting stay at home (or if it occurs in shift, inform senior and go home immediately) and do not return to work until you are at least 48 hours symptom free.

Appendix L

Infection Prevention

Information Sheet

INFLUENZA

There are two main types of virus that cause infection, influenza A and influenza B (Influenza C is an uncommon type that infrequently causes infection).

Influenza is a respiratory illness associated with infection by the influenza virus. Symptoms include headache, fever, cough, sore throat, aching muscles and joints. Most influenza-like illnesses are self-limiting.

The incubation period – the period between infection and the appearance of symptoms - is about two to three days. Although virus has been detected before symptoms appear, adults are usually considered infectious once symptoms appear and for 3-5 days afterwards. This period is longer in children.

How is influenza spread?
The flu virus is highly contagious and is easily passed from person-to-person when an infected person coughs or sneezes. Transmission can also occur by touching a surface contaminated with respiratory secretions and then putting the fingers in the mouth or nose or near the eyes. The flu virus can live on a hard surface for up to 24 hours and a soft surface for around 20 minutes.

To reduce transmission, it is vital that if someone has a respiratory infection that they cover their nose and mouth when they cough and sneeze, preferably with a tissue, and wash their hands afterwards. Tissues need to be bagged and disposed of appropriately if they are used outside the home; otherwise they can be disposed of in normal household waste.

Normal household products can be used to clean the room of someone who has had flu as the virus can easily be destroyed. Open the windows, wash bed linen but make sure you wash your hands afterwards, pay particular attention to hard surfaces and allow as much contact time with the cleaning product before wiping it clean.

What should you do if you get flu?
Rest, drink plenty of fluids and take analgesics (paracetamol for all ages, aspirin may be taken by adults).

The use of anti-virals may limit the duration the illness. Unless contraindicated, oseltamivir or zanamivir can be offered to adult patients, where treatment can be started within 48 hours of onset of symptoms.

Medical advice should be sought if symptoms become severe or last more than about a week. Those with chronic or long-standing illness may need medical attention earlier

Extract from HPA 2010
Frequently asked questions on influenza
http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SeasonalInfluenza

Appendix M: Poster

Danger of Infection

ONE OR MORE OF THE PATIENTS ON THE UNIT ARE CURRENTLY UNWELL DUE TO AN ILLNESS

THERE IS A RISK THAT IT MAY BE TRANSFERRED TO OTHERS

Please
Do not visit the unit if you are ill yourself
Let the nurse in charge know who you are visiting
Do not eat/drink while you are on the unit
Clean your hands before entering the unit and again when leaving

Appendix O: Equality Analysis

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	The purpose of this guidance is to implement a co-ordinated approach to the management of Viral Gastro-Enteritis in line with current National Guidelines.		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? **Please give details**	Impacts on all patients, visitors and staff in respect of providing a safe effective practice and measure to prevent and manage Viral Gastro-Enteritis.		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? **Please give details**	None Known		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?			
		Yes	No	
	Disability		x	
	Sexual Orientation		x	
	Sex		x	
	Gender Reassignment		x	
	Race		x	
	Marriage/Civil Partnership		x	
	Maternity/Pregnancy		x	
	Age		x	
	Religion or Belief		x	
	Carers		x	
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:	S Fixter			
Date:	24/10/2017			