

LTHT Infection Control Policies

Policy No 14

Control of an Outbreak of Infection in Hospital

The occurrence of outbreaks of infection in hospitals vary greatly in extent and severity, ranging from a few cases of urinary tract infection to a large outbreak of food poisoning potentially involving hundreds of people.

The majority of infection problems are dealt with on a day-to-day basis by the clinical area involved, in conjunction with the Infection Prevention and Control Team (IPCT) . However, in cases of serious communicable disease, major outbreaks or where there is increased potential for spread, it is necessary for further action to be taken.

This policy intentionally does not specify the types of infection or the numbers of cases that constitutes an outbreak, this will be decided by a risk assessment on a case by case basis by the Infection Prevention and Control Team (IPCT)

However, an outbreak could be defined as a situation where the observed number of cases of an organism in a particular ward or department exceeds the expected number for that area.

Scope

This policy applies to:

All staff employed by the LTHT.

All students practicing within LTHT.

Key Points:

- It is essential that all staff are vigilant and if an outbreak is suspected that it is immediately reported to the Infection Prevention and Control Team.
- Clinical staff should liaise with the Infection Prevention and Control Team in the gathering of information relating to the outbreak.
- If appropriate, following an initial assessment, an outbreak control group will be called.
- The people involved in the outbreak control group will depend on the size and nature of the outbreak.
- The outbreak control group will co-ordinate the investigation and management of the outbreak.

- Any control measures agreed by the outbreak control group e.g. isolation of patients or ward restriction, should be communicated to all necessary people in the Trust to ensure implementation.
- At the end of the outbreak a report will be written and circulated in order that lessons can be learned for future practice.

1. Recognition of an Outbreak

- The rapid recognition of outbreaks is one of the most important objectives of routine surveillance.
- Outbreaks may be identified in the laboratory or by nursing and medical staff in the clinical areas; particularly if the onset is rapid and affects a significant number of patients.
- Some outbreaks can present suddenly affecting larger numbers of individuals before detection
- All staff should be vigilant and report any suspicions of an outbreak to the Infection Prevention and Control Team (IPCT) immediately

N.B. If the disease is notifiable by law, the medical staff responsible for the patient must also notify the Medical Officer for Environmental Health (MOEH)/Consultant for Communicable Disease Control (CCDC) on the appropriate form. (Please see Infection Control policy Notification of Communicable Diseases).

Investigation of a Suspected Outbreak

- When a possible outbreak has been identified, it is the responsibility of the Infection Prevention and Control Team (IPCT) to manage it.
- Members of the IPCT will take immediate steps to collect information from all sources to determine whether an outbreak is occurring. This will include the number of individuals affected, symptoms, likely source and mode of spread.
- Information gathered allows an assessment of the severity of the problem and initiation of immediate control measures.
- If it is found that **no** outbreak exists, ward staff will be reassured and care taken to ensure that they are not discouraged from further reporting in the future.

3. Action to be taken if an Outbreak exists

- The initial assessment will determine if an Outbreak Control Group (OCG) needs to be convened.
- If the outbreak is not considered a “Major Outbreak”, the OCG generally consists of:

- The Infection Prevention and Control Team (IC Doctor and IC Nurse/s)
 - A Manager representing the Chief Executive
 - Relevant clinician(s)
 - Matron from the affected area
- All the available information is presented to the group, and an action plan drawn up.
 - In the case of small outbreaks, the OCG may not need to meet again.
 - At the end of the outbreak, a short written report will be produced and presented at the Infection Prevention and Control Committee (IPCC). This will assist in surveillance and also in informing staff where lessons can be learnt for the future.

4. Action to be taken if a Major Outbreak exists

- The IPCT and specifically the ICD or a deputy will determine if a major outbreak exists.
- The number of people involved will be considered, but also more importantly, the pathogenicity of the organism and its potential for spread within the hospital and community.

A **Major Outbreak Control Group (MOCG)** will be called and in addition to the members of a normal OCG should, depending on the nature of the outbreak, include the following:

- Director of Infection Prevention and Control
- Additional Hospital Management staff (including clerical support).
- Medical Director.
- Chief Nurse or designated representative
- An Infectious Diseases Physician.
- Occupational Health Doctor (or Nurse).
- Regional Microbiologist
- Consultant in Communicable Disease Control (particularly if the outbreak has implications for individuals outside of the hospital)
- Environmental Health Officer (if the infection is likely to be food or water-borne)
- Regional Epidemiologist.
- Representative from Health and Safety Executive (HSE).
- Senior Manager Estates.
- Director of Operations.
- Head of Hotel Services
- Admissions Co-ordinator.
- Public Relations Representative.
- Microbiology Registrar.

Appendix 1, highlights other key people who may need to be informed in the event of a major outbreak

5. Functions of the Major Outbreak Control Group

- To agree a case definition. (what constitutes a genuine case)
- To take all necessary steps for the continuing clinical care of patients during the outbreak.
- To clarify the resource implications of the outbreak and its management, and how they will be met, e.g. additional supplies and staff (particularly nurses, doctors and laboratory staff).
- To agree and co-ordinate policy decisions on the investigation and control of the outbreak and ensure they are implemented, allocating responsibility to specific individuals who will then be responsible for taking action.
- To consider the need for outside help and expertise.
- To ensure that adequate communication channels are established, including nominating responsibility for making statements to the news media throughout the duration of the outbreak.
- To consider the need for a help line (contact head of telecommunications).
- To provide clear instructions and/or information for ward staff and others including contracted staff.
- To agree arrangements for providing information to patients, relatives and visitors.
- To ensure communications with the Department of Health, NHS Executive Regional Offices.
- To ensure that the outbreak is reported as a Serious Untoward Incident.
- To meet frequently to review progress on outbreak investigation and control.
- To define the end of the outbreak and evaluate the lessons learned.
- To prepare interim reports (detailed minutes of OCG meetings) and also a final report.
- To inform others inside and outside the hospital, of lessons to be learned from the outbreak.

Glossary

Infection Prevention and Control Team - for the purpose of this policy would represent a Senior Infection Prevention and Control Nurse or a Consultant Microbiologist.

Infection Control Doctor - for the purpose of this policy would be the on-call Consultant Microbiologist unless there is a designated Consultant Microbiologist attached to the affected area.

References and Further Reading

Department of Health (1995) Hospital Infection Control: Guidance on the control of infection in hospitals. PHLS.

Philpott-Howard J. & Casewell M. (1994) Hospital Infection Control – Policies and Practical Procedures. Saunders, London.

Documentation control

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Appendix 1.

Key people to inform in the event of a major outbreak:

Clinical departments:

- Junior and senior medical staff.
- Nursing services.
- X-ray.
- Other laboratories.

Clinical support services:

- Pharmacy.
- Physiotherapy.
- Occupational therapy.
- Occupational health.

Ambulance and Transport Services

Hotel Services

- HSDU.
- Domestic services manager or other appropriate services manager.
- Laundry manager.
- Linen room manager.
- Catering manager or other appropriate services manager.

Others:

- GPs.
- Local NHS Trusts.
- Medical School, Schools of Nursing, Physiotherapy etc.
- Nursing agencies.
- Senior nurse (community).
- Social services.
- Union and staff representatives.
- Switchboard.
- Voluntary services.
- Media.
- Insurance co-ordinator, if appropriate.

National Bodies:

- Communicable Disease Surveillance Centre
- NHS Executive Regional Office
- Department of Health