The Royal Wolverhampton NHS Trust

IP07
High Consequence Infectious Disease Policy

Sections

Contents:

Attachment:

1.0 Policy Statement (Purpose / Objectives of the policy)

This policy directs what RWT staff should do on the identification, risk assessment, control of infection and options for isolation of High Consequence Infectious Disease (HCID) and viral haemorrhagic fever in the UK.

This now includes isolation of VHF infection within a High-Level Isolation Unit (HLIU).

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict-of-Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

In the UK, a high consequence infectious disease (HCID) is defined according to the following criteria:

- acute infectious disease
- typically has a high case-fatality rate
- may not have effective prophylaxis or treatment
- often difficult to recognise and detect rapidly
- ability to spread in the community and within healthcare settings
- requires an enhanced individual, population and system response to ensure it is managed effectively, efficiently and safely.

HCIDs are further divided into contact and airborne groups.

Contact HCIDs are usually spread by direct contact with an infected patient or infected fluids, tissues, and other materials, or by indirect contact with contaminated material and fomites.

Airborne HCIDS are spread by respiratory droplets or aerosol transmission, in addition to contact routes of transmission. ‘Airborne’ refers to the specific, standardised IPC precautions taken, which here is protection against aerosol exposure or transmission, even if some airborne HCIDs may spread naturally by droplets rather than aerosols.

Table 1: list of contact and airborne HCIDs

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Contact HCID	**Airborne HCID**
Argentine haemorrhagic fever (Junin virus)	Andes virus infection (hantavirus)
Bolivian haemorrhagic fever (Machupo virus)	Avian influenza A H7N9 and H5N1
Crimean Congo haemorrhagic fever (CCHF)	Avian influenza A H5N6 and H7N7
Ebola virus disease (EVD)	Middle East respiratory syndrome (MERS)
Lassa fever	Mpox (monkeypox) (Clade I only)1
Lujo virus disease	Nipah virus infection
Marburg virus disease (MVD)	Pneumonic plague (Yersinia pestis)
Severe fever with thrombocytopaenia syndrome (SFTS)	Severe acute respiratory syndrome (SARS)

The Advisory Committee on Dangerous Pathogens (ACDP) has recommended that all of Clade II MPXV (formerly West African clade) should no longer be classified as an HCID.
Clade I (formerly known as Central African or Congo basin clade) should remain an HCID. Mpox: background information - GOV.UK (www.gov.uk)
The 4 nations public health agencies have reviewed this advice and agreed with the view of ACDP.
Refer to UKHSA principles for control of monkeypox in England (May 2022) for guidance on management of the strain of monkeypox virus (MPXV) currently in community transmission within the UK (Clade IIb, B.1 lineage).

The list of HCIDs is agreed by the UK 4 nations public health agencies, with ACDP input as required. Novel pathogens identified may be added and may be removed subsequently. Hence, the UKHSA website should be accessed for up-to-date information on HCID classifications.
Risk assessment and immediate management of viral haemorrhagic fevers (contact high consequence infectious diseases) in acute hospitals - GOV.UK

- Healthcare Worker - a person who delivers health care and may be exposed to risk during the course of their duties.
- Vector - any living agent that acts as an intermediate carrier or alternative host for a pathogenic organism and transmits it to a susceptible host.
- Standard Precautions - a set of precautions used to minimise risk of transmission of infection from a patient.
- Endemic - occurring in a specific population or physical area.

3.0 Accountabilities

NHS England » National infection prevention and control manual (NIPCM) for England

3.1 Chief executives, executive board (or equivalent) are responsible for ensuring:

- Systems and resources available to implement and monitor compliance with infection prevention and control (Criteria 1, Code of Practice) as specified in this guidance in all care areas; compliance monitoring includes all staff (permanent, agency and, where required, external contractors)
- there is a culture that promotes incident reporting, including near misses, while focusing on improving systemic failures and encouraging safe working practices, that is, that any workplace risk(s) are mitigated maximally for everyone. This may entail local risk assessments based on the measures as prioritised in the hierarchy of controls in the context of managing infectious agents*.
- safe systems of work, including managing the risk associated with infectious agents through the completion of risk assessments (outlined in Control of Substances Hazardous to Health (COSSH) regulations) and approved through local governance procedures, for example integrated care system level. This is for the protection of all healthcare workers, patients, and visitors. This national guidance outlines the recommended principles to support local decision making within individual organisations.

  *Guidance on the hierarchy of controls (HoC) is under development using the defined NIPCM methodology and will be included in the NIPCM content as a priority. Setting-specific risk assessment tools are available to support organisations in applying the HoC.

3.2 Chief Operating Officers (COOs) are responsible for:

- Directing the conduct of operational activities in relation to this guidance
- Providing leadership, support, direction and assistance.

3.3 Directors of infection prevention and control (DIPC) are responsible for ensuring:

- Adoption and implementation of this guidance in accordance with local governance processes
- A workforce that is competent in infection prevention and control practice; (Criteria 6, Health and Social Care Act Code of Practice).

3.4 Managers/employers of all services must ensure that staff:

- are aware of and have access to this guidance, including the measures required to protect themselves and their employees from infection risk
- have had instruction/education on infection prevention and control by attending events and/or completing training; (Criteria 1 and 9, Health and Social Care Act Code of Practice)
  have adequate support and resources to implement, monitor and take corrective action to comply with this guidance; and a risk assessment is undertaken and approved through local governance procedures
- who may be at high risk of complications from infection (including pregnancy)

have an individual risk assessment
- who have had an occupational exposure are referred promptly to the relevant agency, e.g., GP, occupational health or accident and emergency, and understand immediate actions e.g., first aid, following an occupational exposure including process for reporting (refer to section 1.10)
- have had the required health checks, immunisations and clearance undertaken by a competent advisor (including those undertaking exposure prone procedures (EPPs); (Criteria 10, Health and Social Care Act Code of Practice)
- include infection prevention and control as an objective in their personal development plans (or equivalent) (Criteria 6, Health and Social Care Act Code of Practice)
- refer to infection prevention and control in all job descriptions.

3.5 Staff providing care must:
- show their understanding by applying the infection prevention and control principles in this guidance
- maintain competence, skills and knowledge in infection prevention and control by attending education events and/or completing training
- communicate the infection prevention and control practices to be carried out by colleagues, those being cared for, relatives and visitors, without breaching confidentiality
- have up-to-date occupational immunisations, health checks and clearance requirements as appropriate
- report to line managers, document and action any deficits in knowledge, resources, equipment and facilities or incidents that may result in transmitting infection including near misses e.g., PPE failures
- apply the principles of good practice for uniform and workwear as set out in the NHS England uniforms and workwear guidance, e.g. bare below the elbow
- not provide care while at risk of transmitting infectious agents to others; if in doubt, they must consult their line manager, occupational health department, and or their infection prevention and control team (IPCT)
- inform the IPCT and local UKHSA health protection team of any outbreaks or serious incident relating to an outbreak in a timely manner and in accordance with local policies and procedures.

3.6 Infection Prevention and Control teams must:
- engage with staff to develop systems and processes that lead to sustainable and reliable improvements in applying infection prevention and control practices
- have suitably qualified infection prevention and control staff who can provide expert advice on applying infection prevention and control in all care settings and on individual risk assessments, ensuring action is taken as required
- must maintain competence, knowledge and skills in infection prevention and control practices
- have epidemiological surveillance systems capable of distinguishing patient case(s) requiring investigation and control.
- When an organisation e.g., an NHS trust, uses products or adopts practices that differ from those stated in this manual, it is responsible for ensuring safe

systems of work, including the completion of a risk assessment approved through local governance procedures.
- Updating this policy to reflect current guidance.
- Providing education to support the implementation of this policy.
- Alerting staff to the need to implement additional actions to prevent and contain an outbreak or HCID incident.
- Co-ordinating the management of an HCID incident or and associated actions.
- Providing administrative support to facilitate HCID meetings.
- Reporting an HCID to relevant external agencies.

3.7 Emergency Services Group

- Senior Clinicians must ensure that a procedure is in place to safely manage the risk of persons attending emergency portals.
- Following travel within areas with endemic HCID
- Prompt identification of high-risk patients presenting in ED reception or via Ambulance
- Ensure all clinical staff are aware of the risk assessment and placement of high-risk patients

3.8 Heads of Nursing/Matrons

- Making contingency arrangements as required to maintain activity during management of HCID incidents.
- Liaison with appropriate staff within directorates to ensure control measures are carried out.

3.9 Senior sisters/Charge Nurses/Department Managers

- Ensuring that staff members in their area are aware of this policy.
- Facilitating education on the content of this policy.
- Reporting any breaches of this policy via the Trust's incident reporting system and directly to the Infection Prevention Team.
- Alerting the Infection Prevention Team to any potential HCID infection
- Cooperation with the UK Health Security Agency (UKHSA) with any investigation.

3.10 Emergency Planning Committee

- Ensuring that emergency plans are in place for major Incidents of HCID and or outbreaks.
- Ensuring senior nursing and clinical teams have received training and are competent in the use of PPE for HCID
- Testing Major Outbreak/Incident preparedness through training exercises.
- Revising plans linked to this policy
- Staff must comply with infection prevention and control standards including the correct use of personal protective equipment and hand hygiene to protect themselves and others. This link provides current National guidance:
- NHS England » Addendum on high consequence infectious disease (HCID) personal protective equipment (PPE)

3.11 Occupational Health and Wellbeing (OHWB)

- Occupational Health teams will undertake monitoring of staff returning from leave from areas of high incidence
- Coordinate Pre-employment screening
- Coordinate Post exposure vaccination where appropriate
- Monitor and support wellbeing for teams affected by incidents or outbreak of HCID

3.12 Hotel Services and Waste Team

- For decontamination and waste guidance refer to Appendix 9: waste treatment and disposal

- Risk assessment and immediate management of viral haemorrhagic fevers (contact high consequence infectious diseases) in acute hospitals - GOV.UK

- VHFs are enveloped viruses. This type of virus has been shown to be susceptible to a broad range of disinfectants including chlorine and alcohol, and to thermal inactivation (1 hour at 58 – 600C, or 30 minutes at 750C). There is no evidence to suggest that they have any greater resistance to inactivation than other enveloped, or blood borne viruses such as HIV. Therefore, it can be assumed that decontamination methods used against blood borne viruses will be effective.

- All waste from patients from patients with a 'confirmed' VHF infection is classified as Category A infectious waste, on the basis that it is known or suspected to be contaminated with pathogens presenting the most severe risk of infection. All treatment, disposal and transport of waste should therefore follow the guidance for Category A infectious waste as set out in HTM 07-01, i.e. autoclaved on site or sent for incineration.

3.13 Procurement – Specifications for purchasing see

https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/addendum-on-hcid-ppe/#stocking

- Procurement teams locally will support planning and provision of HCID PPE within designated Emergency portals in primary and secondary care settings Provision of sufficient levels of stock to maintain safe management of patients admitted with HCID

3.14 Education and Training

A sufficient number of senior clinical staff must be trained and competent in the use of this PPE to ensure that a patient suspected of having an HCID can be assessed and managed safely at any time.

Clinical staff must be trained and assessed as competent in putting on the PPE ensemble (donning), removing the PPE ensemble (doffing), and in the procedures to follow in the event of a PPE breach.

- This training and confirmation of competence must be completed before using the ensemble to care for a patient for the first time. Competence is described as independently donning and doffing the PPE without prompts

when observed.

- This includes staff who will act as buddies.
- Once competence is achieved HCWs should attend a refresher training session a minimum of yearly, but ideally 6 monthly, where confirmation of competence will be re-assessed.
- All educators involved in this programme are expected to attend an HCID PPE train the trainer course, within 3 years of this programme being set up and revalidate every 3 years.

4.0 Policy Detail

Environmental conditions in the UK do not support the natural reservoirs of vectors of any of the HCID Haemorrhagic Fever viruses, therefore only people who have travelled to an area where they are endemic or who have been exposed to a person or animal with HCID who have worked in a laboratory are at risk of infection.

In the UK High consequence infectious diseases (HCID) are defined according to the criteria below:

- They have a high fatality rate
- They can spread readily within the community and within healthcare settings
- They may not have any prophylaxis or treatment
- They are difficult to recognise and detect
- There is no effective treatment and patients can deteriorate rapidly.
- Require an enhanced individual, population and system response to ensure it is managed effectively, efficiently and safely

4.1 Intended users of this guidance

- Healthcare staff in emergency portals, infectious disease departments, Infection Prevention and Microbiology
- Ambulance staff who may be required to transport a patient in whom VHF/HCID is confirmed or is considered a ‘possibility’ or ‘high possibility’; as set out by the National Ambulance resilience unit (NARU)
- Those working in laboratories dealing with specimens from patients in whom HCID is confirmed or considered to be a ‘possibility’ or ‘high possibility’
- Public Health professionals who may be required to carry out public health actions associated with a HCID case
- Mortuary and funeral personnel who may need to deal with a HCID case.
- Education content available via link: https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/addendum-on-hcid-ppe/#hcid:~:text=Training%20and%20educational%20resources%20for%20the%20HCID%20assessment%20PPE%20ensemble%20are%20available%20HCID%2Dtraining%
- NHS England » Addendum on high consequence infectious disease (HCID) personal protective equipment (PPE)

4.2 Airborne contact

'Airborne' refers to the specific, standardised IPC precautions taken, which there is protection against aerosol exposure or transmission, even if some airborne HCIDs may spread naturally by droplets rather than aerosols.

PPE use for Buddy requirements is dependent upon the availability of negative pressure ventilation in line with HTM-0301.

FFP3 fit testing is required for clinical staff in all settings where it is reasonable to expect undiagnosed HCID cases may present, this includes but is not limited to all emergency department clinical staff, acute medical teams Infection prevention specialists and critical care staff.

This policy covers the need for risk assessment; control of infection; options for isolation of people with HCID in the UK.

This now includes isolation of people with HCID/VHF infection within a High-Level Isolation Unit (HLIU).

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4.3 Type of HCID

This guidance only covers those HCID that are caused by pathogens classified as Advisory Committee on Dangerous Pathogens (ACDP) Hazard Group 4. HCIDs are further divided into contact and airborne groups.

Contact HCIDs are usually spread by direct contact with an infected patient or infected fluids, tissues, and other materials, or by indirect contact with contaminated material and fomites. Airborne HCIDS are spread by respiratory droplets or aerosol transmission, in addition to contact routes of transmission.

In order to identify if a patient may be infected with HCID a risk assessment **must** be completed by the Emergency Department admitting physician using the VHF Risk Assessment ALGORITHM **(**Attachment 1**).**

The risk assessment is a legal obligation to determine:

- If a febrile patient with a travel exposure history within 21 days may be infected.
- The level of staff protection and management of the patient.
- The risk to staff may change over time, depending on the patient's symptoms, diagnostic test results, and information received.

The risk assessment must be led by the Lead Clinician.

The Consultant Microbiologist must be informed.

This must be standard practice for emergency portals receiving patients who have fever (>38°c) or a history of fever within 24 hours and either a relevant travel history

to an area where HCID are endemic or possible exposure to a HCID within the last 21 days.

The HCID Algorithm deals with:
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- Management of the patient
- Diagnostic testing
- Level of staff protection

NHS England » Addendum on high consequence infectious disease (HCID) personal protective equipment (PPE)

Standard infection prevention precautions are paramount to ensure staff are not put at risk whilst the initial risk assessment is completed. It is assumed that standard precautions are integral to current practice.

Risk Category – ALGORITHM
- Highly unlikely.
- Possibility.
- High possibility.
- Confirmed.

If a patient is suspected of having HCID, contact the Consultant Microbiologist immediately see guidance in
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HCID screen results

1. **If the HCID screen is positive see Attachment 2**

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2. **If the HCID screen is negative**, the suspicion of HCID must be maintained until an alternative diagnosis is confirmed or the patient has been afebrile for 24 hours. The patient must remain isolated in a single side room and the infection control measures, including staff protection, must be maintained until an alternative diagnosis is confirmed.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	Possibly
3	Doe the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	Yes education required for HCID PPE training annually as a minimum
	Other comments	

6.0 Equality Impact Assessment

There are no adverse effects of this policy to any specific ethnic or diverse group.

7.0 Maintenance

The Infection Prevention Team will be responsible for the maintenance and review of this policy in accordance with national guideline and best practice every 3 years. Links within the policy from NHSE will be updated as per national guidance.

8.0 Communication and Training

- Training requirements are detailed in National guidance for clinical staff and competence must be achieved prior to using the PPE ensemble when caring for a patient for the first time.
- Senior clinical medical and nursing staff must be trained and competent in the use of PPE for HCID in order that patients suspected of having an HCID can be assessed and managed safely
- Refresher training is required annually but at 6 monthly intervals
- Competence assessment is required to confirm competence
- Educators are required to complete a train the trainer course and be validated with revalidation every 3 years
- Changes to the policy will be widely promoted through the organisation.
- The revised policy will be available on the Trust Intranet.
- https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/addendum-on-hcid-ppe/#hcid:~:text=Training%20and%20educational%20resources%20for%20the%20HCID%20assessment%20PPE%20ensemble%20are%20available%20HCID%2Dtraining%.

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
If a suspected Case were reported	Senior Matron Infection prevention/ DIPC	Audit	If a suspected case were reported	IPCG
Test for RWT - ED preparedness	Senior Matron Infection Prevention DIPC ED Clinical lead	Tabletop exercise Departmental visit	6 monthly Annually as a minimum	IPCG Emergency Services group

10.0 References - Legal, professional or national guidelines

CQC Safe key question, Regulation 12 (Safe care and treatment)

CQC Regulation 15 (Premises and equipment)

CQC Regulation 17 (Good governance)

PPE 2022

Department of Health. 2008. *The Health and Social Care Act 2010: Code of practice for health and adult social care on the prevention and control of infections and related guidance.* London

Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance - GOV.UK

The Personal Protective Equipment at Work (Amendment) Regulations 2022

NHS England » Addendum on high consequence infectious disease (HCID) personal protective equipment (PPE)

https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/addendum-on-hcid-ppe/#hcid:~:text=Training%20and%20educational%20resources%20for%20the%20HCID%20assessment%20PPE%20ensemble%20are%20available%20HCID%2Dtraining%.

https://www.gov.uk/government/collections/viral-haemorrhagic-fevers-epidemiology-characteristics-diagnosis-and-management#history

NHS England » Uniforms and workwear: guidance for NHS employers

How to put on (Donning) Personal protective equipment

https://www.england.nhs.uk/wp-content/uploads/2024/05/PRN01180-app-2-how-to-put-on-ppe-donning-v1.pdf

How to remove PPE (Doffing)

https://www.england.nhs.uk/wp-content/uploads/2024/05/PRN01180-app-3-how-to-remove-ppe-doffing-v1.pdf

HCID How to decontaminate boots poster and protocol

HCID - Boot decontamination protocol_V2.indd (hcid-training.co.uk)

Marburg virus disease: origins, reservoirs, transmission and guidelines - GOV.UK

Mpox: background information - GOV.UK (www.gov.uk)

Travel advice -Gov.UK Links for areas of high concern

Congo travel advice - GOV.UK (www.gov.uk)

Cameroon travel advice - GOV.UK (www.gov.uk)

Democratic Republic of the Congo travel advice - GOV.UK (www.gov.uk)

Burundi travel advice - GOV.UK (www.gov.uk)

Gabon travel advice - GOV.UK (www.gov.uk)

Kenya travel advice - GOV.UK (www.gov.uk)

Part A - Document Control

Policy number and Policy version: **IP07 Version 5.1**	**Policy Title** **High Consequence Infectious Disease policy** **Previously titled:** **Viral Haemorrhagic Fevers Policy**	**Status:** Final		**Author: Senior Infection Prevention Nurse** **Director Sponsor: Chief Nursing Officer**
Version / Amendment History	Version	Date	Author	Reason
	1	October 2012	Carolyn Wiley IPN	New Guidance
	2	October 2015	Claire Hayward IPN	Update
	3	July 2018	Nurse Manager Infection Prevention	Review Date
	4	July 2021	Senior Infection Prevention Nurse	Review Date
	5	July 2024	Sue Harper Senior Infection Prevention Nurse	Revised to include HCID and revised national guidance 23/10/2024
	5.1	January 2025	Infection Prevention Nurse	Updates made to ensure inclusion of new guidance for viral haemorrhagic fevers (VHF)
Intended Recipients: Healthcare staff in emergency portals, infectious disease departments, infection prevention and microbiology. • Ambulance staff who may be required to transport a patient in whom HCID is				

confirmed or is considered a 'possibility' or 'high possibility';

- Those working in laboratories dealing with specimens from patients in whom HCID /VHF is confirmed or considered to be a 'possibility' or 'high possibility'
- Public Health professionals, including those in Port Health Authorities, who may be required to carry out public health actions associated with a HCID case

Mortuary and funeral personnel, who may need to deal with a HCID case

Consultation Group / Role Titles and Date:

- Director of Infection Prevention IPCG
- IP Team
- Microbiologists
- Emergency Services Group
- Head of Emergency preparedness

Name and date of Trust level group where reviewed	IPCG August Trust Policy Group – November 2024 Virtual Approval – Trust Policy Group – Version 5.1 – January 2025
Name and date of final approval committee	Trust Management Committee – January 2025
Date of Policy issue	January 2025
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)	Revised title: High consequence Infectious disease policy (HCID) policy - Content Links from National Infection Control Manual are revised and updated in line with new guidance from NHSE/UKSHA /ACDP

Training and Dissemination: This policy will be launched onto the IP Policy suite on Trust internet

Senior managers will be informed at the Senior Nurse Group, Matron Group and IPCG.

Staff will be informed of the IP policy suite at induction.

Publishing Requirements: Can this document be published on the Trust's public page: If yes you must ensure that you have read and have fully considered it meets the requirements outlined in sections 1.9, 3.7 and 3.9 of OP01, Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines, as well as considering any redactions that will be required prior to publication.

To be read in conjunction with:

National Infection Control Prevention Manual
Hand Hygiene IP01

Glove Policy IP09

Standard Precautions IP12

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Initial Equality Impact Assessment (all policies): Completed Yes / No Full Equality Impact assessment (as required): Completed Yes / No / NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator8904

Monitoring arrangements and Committee	Infection Prevention & Control Group IPCG

Document summary/key issues covered. Management of HCID in an acute hospital	
Key words for intranet searching purposes	HCID, High consequence Infectious disease, Viral Haemorrhagic Fever