

Policy Number: IP13

Title of Policy: Outbreaks of Communicable Infection/Infection Prevention/Serious Incident Policy

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Attachments:

Attachment 1:	The Management of Patients, Staff and Visitors with confirmed or suspected Viral Respiratory Viruses (including influenza, whooping cough and Covid-19)
Attachment 2:	The Management of Patients, Staff and Visitors with confirmed or suspected Viral Gastroenteritis
Attachment 3:	Outbreak Suspected Flowchart
Attachment 4:	Outbreak Declared Flowchart
Attachment 5:	Procedure for reporting Serious Untoward Incidents relating to Infection Prevention and Control Issues Outbreak Declared Flowchart
Attachment 6:	Standard Agenda for Outbreak Meetings
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Attachment 11:	COVID-19 Agenda for Outbreak Meetings

1.0 Policy Statement (Purpose / Objectives of the policy)

The Health and Social Care Act (2012): Code of Practice for the Prevention of Healthcare Associated Infection requires NHS bodies to have a policy for the control and management of outbreaks of infection. This policy will be implemented when an outbreak, major outbreak or serious breach in infection prevention practice (Serious Incident) is confirmed or suspected. It also contains attachments detailing specific preventative actions to take relating to the organisms or infections most likely to cause outbreaks and the actions required and the procedure to follow to take to close a ward. The policy links directly with [OP10, Risk Management and Patient Safety Reporting Policy](#) and Emergency Planning Major Incident Plan, Pandemic Influenza Plan, the Norovirus Plan and the Covid-19: infection prevention and control guidance.

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

2.1 Outbreak - This can be defined as: two or more persons with the same infectious disease or symptoms thereof, or with the same organism isolated in a diagnostic sample who are linked through common exposure, personal characteristics, time or location. Or a greater than expected rate of infection compared to the usual background rate for that particular place and time. It must be noted that outbreaks may vary greatly in extent and severity. Some single infections will automatically be regarded as incidents or outbreak because they are rare or serious, such as a single case of smallpox, polio, rabies, diphtheria, Severe acute respiratory syndrome (SARS), resistant organisms/ *Providencia rettgeri* (NDM1), Viral Haemorrhagic Disease, or Trust-acquired Legionella. It can also be a suspected, anticipated or an actual event involving microbiological or chemical contamination of food or water. A list of organisms of Public Health importance is attached ([Attachment 10](#)).

2.2 Healthcare Associated Infection (HCAI) – This is an infection not present or incubating at the time of the admission to a healthcare environment. In most circumstances an infection that manifests more than 48 hours after admission is regarded as a HCAI.

2.3 Ward - This is an identified area within the Trust housing in-patients.

2.4 Bay- This is an area within a ward housing a small number of patients.

2.5 Serious Incident (SI) – Reports of unusual or exceptional events or omissions involving actual infection or infection risk to others.

There are 3 categories

- Outbreaks /incidents of Infection
- Infected Healthcare workers

- Breakdown of infection prevention and control precautions (e.g. Decontamination failures)

3.0 Accountabilities

3.1 The Infection Prevention Team

- 3.1.1 Auditing this policy at least every 2 years.
- 3.1.2 Updating this policy to reflect current guidance.
- 3.1.3 Providing education to support the implementation of this policy.
- 3.1.4 Alerting staff to the need to implement additional actions to prevent/contain an outbreak or SI.
- 3.1.5 Co-ordinating the management of an outbreak or SI and associated actions.
- 3.1.6 Providing administrative support to facilitate outbreak meetings.
- 3.1.7 Reporting an outbreak or SI to relevant external agencies.

3.2 Heads of Nursing

- 3.2.1 Making contingency arrangements as required to maintain activity during outbreaks.
- 3.2.2 Liaison with appropriate staff within directorates to ensure control measures are carried out.
- 3.2.3 Provision of extra secretarial support for Outbreak Committee (OC) if the Infection Prevention Team (IPT) secretary is not available and arranging a loggist if a major outbreak is declared.

3.3 Senior Sisters/Charge Nurses/Department Managers

- 3.3.1 Ensuring that staff members in their area are aware of this policy.
- 3.3.2 Facilitating education on the content of this policy.
- 3.3.3 Reporting any breaches of this policy via the Trust's incident reporting system and directly to the Infection Prevention Team.
- 3.3.3 Alerting the Infection Prevention Team to any potential outbreaks of infection or SI.

3.4 Care Home Managers are responsible for:

- 3.4.1 Reporting all outbreaks or suspected outbreaks of infection to the Infection Prevention Team.
- 3.4.2 Cooperating with infection prevention advice and interventions to prevent spread.
- 3.4.3 Provision of information daily regarding the progress of symptomatic patients.
- 3.4.4 Cooperation with the UK Health Security Agency (UKHSA) with any investigation.

3.5 Emergency Planning Committee

- 3.5.1 Ensuring that emergency plans are in place for major outbreaks.
- 3.5.2 Testing Major Outbreak preparedness through exercises.
- 3.5.3 Revising plans linked to this policy.

4.0 Policy Detail

4.1 Initial Assessment of outbreaks/incidents

- 4.1.1 Any member of staff who suspects an outbreak of infection or an SI must report it to the person in charge of the area concerned and to the Infection Prevention Team (normal working hours are Monday-Friday 9am - 5pm; out of hours, the on-call Consultant Microbiologist must be contacted).
- 4.1.2 If an outbreak is identified through surveillance a member of the Infection Prevention Team must inform the Manager of the area concerned and the matron or Divisional Manager.
- 4.1.3 All staff sickness must be reported through the Trust Occupational Health and Wellbeing Department.
- 4.1.4 A member of the Infection Prevention Team or a Consultant Medical Microbiologist must assess the information available and will usually visit the area prior to making recommendations.
- 4.1.5 Actions arising from this communication will be one of 4.1.5.1-5 below:
 - 4.1.5.1 Usual protocols/policy to be followed (see 4.1.6)
 - 4.1.5.2 Temporary restrictions to the area
 - 4.1.5.3 Outbreak declared
 - 4.1.5.4 Major outbreak declared
 - 4.1.5.5 Potential Serious Incident

- 4.1.6 If 4.1.5.1, then the Standard Precautions Policy or condition specific protocols must be followed. The most common causes of outbreaks are respiratory viruses (including influenza and Covid-19) and viral gastroenteritis (including Norovirus and rotavirus).
- 4.1.7 Newly emerging antibiotic resistant organisms or infections may be identified that will require reporting as SI's. This decision will be agreed following discussion at the Outbreak/incident meeting. Protocols for the prevention of the spread of infection from patients with these infectious conditions are provided in [Attachment 1](#) and [2](#) respectively.
- 4.1.8 Attachments 3 and 4 provide flowcharts detailing the actions required relating to 4.1.5.2 - 4.1.5.3 above. For actions when a Major outbreak has been declared, follow the Major Incident Plan (See Emergency Planning Major Incident Plan) and the Serious Incident Reporting flowchart (see Risk Management and Patient Safety Reporting Policy, [OP10 Protocol 2 – Reporting and Investigation of Serious Incidents](#)).
- 4.1.9 If 4.1.5.5 is advised, the Risk Management and Patient Safety Reporting Policy must be followed (see [OP10 Protocol 2 – Reporting and Investigation of Serious Incidents, Serious Incident Reporting flowchart](#)).

4.2 Communication of outbreaks/incidents

- 4.2.1 Details of an outbreak or SI must be communicated to the UKHSA and the Wolverhampton Clinical Commissioning Group (CCG) on the same day (Monday-Friday) or the next working day.
- 4.2.2 Areas affected by outbreaks must be communicated with at least daily by a member of the Infection Prevention Team or a Consultant Medical Microbiologist, and the Outbreak Action Plan must be updated with the individual with responsibility for that area at the time.
- 4.2.3 During outbreaks, daily communication with the Capacity Management Team, on-call Manager and on-call Director must take place.
- 4.2.4 A press statement will be drafted at the onset of each outbreak/SI and its release co-ordinated by the Chair of the Outbreak Committee.
- 4.2.5 Communication of outbreak progress must be reported internally and to Public Health Wolverhampton and other healthcare organisations directly involved at least daily.
- 4.2.6 A summary of the outbreak must be placed on the Trust internet site for information to the general public and be updated at least weekly.
- 4.2.7 Written and verbal information must be available for visitors to the area affected.

4.2.8 Requests for information from other parties (e.g. the Media) must be directed to the on-call Executive Director.

4.2.9 A Board report will be produced at the conclusion of outbreaks SI's. An SI must be reported to the CCG via the Governance Department and PHE at the onset of outbreaks affecting whole wards or multiple in-patient areas using the procedure in [Attachment 5](#).

4.3 Management and Organisation of outbreaks/incidents

4.3.1 The Infection Prevention Team will co-ordinate the actions required to resolve the outbreak in conjunction with the staff departmental manager, matron and lead clinician for the area.

4.3.2 A designated lead will be nominated to co-ordinate the response to an SI

4.3.3 Where an Outbreak Committee is formed, formed the Chair will normally be the Chief Executive or nominated Director. Out of hours, the Executive Director on-call will assume this responsibility.

4.3.4 The initial Outbreak Committee meeting will be co-ordinated and administered by the Infection Prevention Team. Future arrangements to meet will be agreed during that meeting.

4.3.5 A standard agenda for initial Outbreak Committee meetings is provided in Attachment 6 and COVID outbreak meetings [Attachment 10](#).

4.3.6 The date and time of the next Outbreak Committee meeting will be communicated at the end of each meeting.

4.3.7 Requirements for additional finance required to support areas affected by outbreaks must be made to the Director of Finance for assessment. This will usually be done by the Head of Nursing– Corporate Support Services or DIPC.

4.4 Investigation of outbreaks/incidents

4.4.1 A case definition will be formed and communicated to Matrons, Senior Sisters, Charge Nurses and Department Managers. This will be developed in consultation with the Director for Public Health and the Infection Prevention Team.

4.4.2 Initial investigation will be conducted by the Infection Prevention Team or on-call Microbiologist in collaboration with the Senior Sisters/Charge Nurses/Department Managers.

4.4.3 Once formed, the Outbreak Committee will oversee the investigation and Outbreak Action Plan and delegate responsibilities to its members

and the Infection Prevention Team. Terms of reference of an Outbreak Committee are provided in [Attachment 8](#).

4.4.4 Copies of all minutes of Outbreak Control Committee meetings will be made available to the RWT Board via the Chair of the Outbreak Committee and to the Wolverhampton CCG and Director of Infection Prevention and Control. A circulation list for Outbreak Committee Minutes is provided in [Attachment 9](#).

4.4 Control of outbreaks/incidents

4.5.1 Standard Infection Prevention and Control precautions must be strengthened and adhered to by all staff during outbreaks.

4.5.2 Standard cleaning specifications must be adhered to and enhanced on advice from the Infection Prevention Team.

4.5.3 Non-essential staff and visitors must be informed not to visit during outbreaks.

4.5.4 Information will be given to all patients in an affected area appropriate to that organism. The correct information will be identified by the Infection Prevention Team.

4.5.5 Patient visiting restrictions must be agreed by the Outbreak Committee in relation to individual outbreaks. These are dependent on the case definition of the outbreak.

4.5.6 Where appropriate, regular communication will be sent to other wards and departments in the Trust and Wolverhampton Commissioner by the Infection Prevention Team detailing the case definition and actions required to prevent further outbreaks.

4.5.7 Control measures that are implemented will be evaluated for their effectiveness on an on-going basis by the Infection Prevention Team and reported to the Outbreak Committee.

4.5.8 The effectiveness of control measures will be monitored by the Outbreak Committee and modified as necessary.

4.6 Ward closure due to other infection risks

4.6.1 Wards may be closed due to other concerns where the risk of infection is increased (e.g. an environmental risk, infestation etc.).

4.6.2 The same procedure will be followed as detailed in [attachment 4](#).

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	Yes – No
2	Does the implementation of this policy require additional revenue resources	Yes – No
3	Does the implementation of this policy require additional manpower	Yes – No
4	Does the implementation of this policy release any manpower costs through a change in practice	Yes – 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 – No
	Other comments It is a requirement of the Code of Practice for HCAI (2008) that there are formal arrangements in place to fund the cost of dealing with outbreaks. This has been agreed with the Finance Director and will be made available only following discussion with the DIPC or Head of Nursing - Infection Prevention.	

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 annually

8.0 Communication and Training

Training in this policy will be provided by the Infection Prevention Team via existing mandatory update sessions and directly all those who assume on-call management positions.

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee/ Group
Implementation	Senior Matron – Infection Prevention	Post Outbreak Analysis and report	Post Outbreak	IPCG

10.0 References - Legal, professional or national guidelines

Department of Health (2012) Health Act 2012: Code of Practice for the Prevention and Control of Healthcare Associated Infection; London; Department of Health.
<https://www.gov.uk/government/publications/health-and-social-care-act-2012-fact-sheets>

Hawker J, Begg N, Blair I, Reintjes R, Weinburg J (2012) Communicable Disease control Handbook: Blackwell Science.

Public Health England (2014) Pertussis: Guidance, data and analysis
<https://www.gov.uk/government/collections/pertussis-guidance-data-and-analysis>

RWT Emergency Planning- Major Outbreak Plan; RWT Intranet site
RWT Emergency Planning -Influenza Pandemic Plan; RWT Intranet site
OP10 Risk Management and Patient Safety Reporting Policy
OP104 Trust Business Continuity Management Policy
IP01 Hand Hygiene Policy
IP03 MRSA, VRE and antibiotic resistant organisms Policy
IP05 Linen Policy
IP06 Prevention, Control and Management of *Clostridium difficile* Policy
IP10 Isolation Policy for Infectious Diseases
IP12 Standard Precautions Policy
IP18 Norovirus Policy
HR13 Management of Sickness Absence and Attendance Policy
HR22 Staff Dress Code and Uniform Policy
HS10 Waste Management Policy

Covid-19 Infection Prevention and Control
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-guidance-for-maintaining-services-within-health-and-care-settings-infection-prevention-and-control-recommendations>

Part A - Document Control

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and Policy version: IP13 Version 6.0	Policy Title Outbreak of Communicable Infection/Infection Prevention/Serious Incident Policy	Status: Final		Author: Matron Infection Prevention Director Sponsor: Chief Nurse
Version / Amendment History	Version	Date	Author	Reason
	1	May 2008	Lead IPN	Requirement of Health Act 2008
	2	May 2011	Lead IPN	Review date due. Revision required
	3	January 2013	Lead IPN	Amendment required to include latest HPA guidance
	4	December 2015	Head of Nursing Infection Prevention	Review date
	5	December 2018	Nurse	Review date
	5.1	July 2020	Nurse Manager Infection Prevention	Update required due to COVID-19
	6	January 2022	Matron Infection Prevention	Review date
Intended Recipients: Trust wide				
Consultation Group / Role Titles and Date: Consultant Microbiologist November 2021 Infection Prevention Team November 2021 Infection Prevention and Control Group (IPCG) November 2021				
Name and date of Trust level group where reviewed		IPCG Trust Policy Group – January 2022		
Name and date of final approval committee		Trust Management Committee – January 2022		
Date of Policy issue		February 2022		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)		February 2025		

<p>Training and Dissemination:</p> <p>The approved policy can be found on the Trust Intranet system</p> <p>Managers and Matrons will be informed of the launch and any revisions to the policy.</p> <p>Basic Training will be provided on induction through the local induction process.</p> <p>Further training will be arranged in response to audit findings.</p>	
<p>To be read in conjunction with:</p> <p>IP01 Hand Hygiene Policy IP03 Prevention and Control of MRSA, VRE and antibiotic resistant organisms Policy IP05 Linen Policy IP06 Prevention, Control and Management of <i>Clostridium difficile</i> Policy IP10 Isolation Policy for Infectious Diseases IP12 Standard Precautions Policy IP18 Norovirus Policy</p>	
<p>Initial Equality Impact Assessment (all policies): Completed Yes Impact assessment (as required): Completed Yes <u>If you require this document in an alternative format e.g., larger print please contact Central Governance Department on Ext 85114.</u></p>	
<p>Monitoring arrangements and Committee</p>	<p>Infection Prevention Control Group</p>
<p>Document summary/key issues covered. This policy will be implemented when an outbreak, major outbreak or serious breach in infection prevention practice (Serious Incident) is confirmed or suspected. It also contains attachments detailing specific preventative actions to take relating to organisms or infections most likely to cause outbreaks and actions required as well as the procedure to take to close a ward.</p>	
<p>Key words for intranet searching purposes</p>	<p>Outbreak</p>
<p>High Risk Policy? Definition:</p> <ul style="list-style-type: none"> • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. <p>If a policy is considered to be high risk it will be the responsibility of the author and director sponsor to ensure it is redacted to the requestee.</p>	<p>No</p>

Part B

Ratification Assurance Statement

Name of document: Outbreak of Communicable Infection/Infection Prevention/Serious Incident Policy

Name of author: Matron Lisa Hall Job Title: Matron Infection Prevention

I, _____ the above named author confirm that:

- The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust- wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines(OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author: Lisa Hall

Date: November 2021

Name of Person Ratifying this document (Director or Nominee):

Job Title:

Signature:

- I, the named Director (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and policy version	Policy Title IP13 Outbreak of Communicable Infection/Infection Prevention/Serious Incident Policy	
Reviewing Group		Date reviewed: November 2021
Implementation lead: Print name and contact details		
Implementation Issue to be considered (add additional issues where necessary)	Action Summary	Action lead / s (Timescale for completion)
Strategy; Consider (if appropriate) <ol style="list-style-type: none"> 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide. 	Policy available for staff to refer to on the Trust intranet	Completed
Training; Consider <ol style="list-style-type: none"> 1. Mandatory training approval process 2. Completion of mandatory training form 	Policy awareness delivered as part of monthly IP Trust induction session	Infection Prevention Team at Trust Induction and Mandatory Training
Development of Forms, leaflets etc; Consider <ol style="list-style-type: none"> 1. Any forms developed for use and retention within the clinical record MUST be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed 	Not applicable	
Strategy / Policy / Procedure communication; Consider <ol style="list-style-type: none"> 1. Key communication messages from the policy / procedure, who to and how? 	IPCG / Senior Managers Operational Group meetings Trust Intranet in Infection Prevention Policy suite Staff Team Meetings for local launch and implementation Staff Bulletin	Head of Nursing – Corporate Support Services Senior Matron – Infection Prevention
Financial cost implementation Consider Business case development	None identified	
Other specific Policy issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation	N/A	

Attachment 1

Introduction

Respiratory viruses include seasonal, avian and pandemic influenza, respiratory syncytial virus (RSV) and severe acute respiratory syndromes (SARS). At the start of 2020 Covid-19 emerged as a pandemic. Most people infected with the Covid-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. The management of Covid-19 is changing and the up to date guidelines for outbreak management can be found at:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-guidance-for-maintaining-services-within-health-and-care-settings-infection-prevention-and-control-recommendations>

A separate plan exists for the control of pandemic influenza as it will affect large numbers of the population and require specific local and national controls depending on the size and point of the outbreak. In the event of SARS, avian influenza or a suspected new respiratory virus, action would be directed by UKHSA. This protocol sign posts the sources of information and contacts.

The common respiratory viruses are seasonal influenza and RSV. They can infect any age group although the severe complications of such infection are often restricted to children and the elderly. These viruses are most commonly transmitted by airborne droplets or nasal secretions and can lead to a wide spectrum of illness. In the UK many of these viruses are seasonal in their activity and tend to circulate at higher levels during the winter months.

Pertussis is an acute respiratory infection caused by a Gram negative organism, *Bordetella pertussis*. Pertussis can affect individuals of any age, but young unvaccinated infants are at the highest risk of severe complications including pneumonia, apnoea, seizures and death. Protection conferred through natural infection or vaccination is not life-long. Older vaccinated individuals often present with milder symptoms which may go unrecognised leading to delays in treatment. Outbreaks of pertussis in healthcare settings and exclusion of staff affected can be disruptive and costly. Guidance is available in Public Health Management of Pertussis (HPA 2012).

<http://www.nhs.uk/Conditions/Whooping-cough/Pages/Introduction.aspx>

<https://www.gov.uk/government/collections/pertussis-guidance-data-and-analysis>

This protocol must be read in conjunction with the [OP104 Trust Business Continuity](#), [IP01 Hand Hygiene](#), [HR22 Staff Dress Code and Uniform](#), [IP12 Standard Precautions](#), [IP10 Isolation of Infectious Diseases Policies](#) and Pandemic Influenza Plan.

1.0 Identification of patients with respiratory viruses

- 1.1 Respiratory viruses may be present or incubating on admission or contracted from staff, visitors or other patients after admission.
- 1.2 Symptoms of respiratory infection include the following and may be present in any combination:
 - Fever/shivers

- Cough
- Headache
- Sore throat
- Aching muscles and joints.

In infants and young children:

- Worsening coughing
- Wheezing – a sort of whistling sound during breathing
- Difficulty or increasing distress with breathing
- Difficulty with feeding and drinking because of the distress with breathing.

1.3 If clinical signs or history match the alert signs below and therefore suggest infection with new or re-emerging respiratory diseases (e.g. MERS-CoV), the patient must be source isolated and the Infection Prevention Team contacted immediately. Out of hours the on-call microbiologist must be contacted.

Alert signs for infection with new or re-emerging respiratory diseases

- Fever $>38^{\circ}\text{C}$ **or** history of fever and respiratory symptoms, **or** other life threatening illness **and**
 - Travel in last two weeks to any area of the world known to have cases of severe unexplained respiratory illness, avian influenza or SARS **and**
 - Exposure to known or suspected case within seven days of onset of symptoms.
- 1.4 On presentation, prior to medical assessment, any patient meeting the above criteria must be placed immediately in a single room. The patient must wear a surgical mask prior to transfer. Healthcare workers must wear a surgical mask, apron and gloves. If aerosol-generating procedures are indicated (intubation, bronchoscopy, non-invasive ventilation or open suction) then a fit-tested FFP3 mask must be worn by attending healthcare staff during the procedure.

For detailed guidance follow links:

- MERS-CoV information

<https://www.gov.uk/government/collections/middle-east-respiratory-syndrome-coronavirus-mers-cov-clinical-management-and-guidance>

<https://www.gov.uk/government/publications/mers-cov-clinical-decision-making-support-for-treatment>

- Seasonal Influenza

<https://www.gov.uk/government/collections/seasonal-influenza-guidance-data-and-analysis>

1.5 Definition of a possible COVID-19 case

- new continuous cough
or
- temperature $\geq 37.8^{\circ}\text{C}$
or
- loss of, or change in, normal sense of smell (anosmia) or taste (ageusia)

- <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection>

1.6 A normal chest x-ray does not rule out respiratory virus infection.

2 Preventing the Spread of Respiratory Viruses

2.1 Strict adherence to Standard Infection Prevention practices and hand hygiene practices must be practiced to prevent spread of respiratory viruses. These organisms can survive in the environment and on hands for several hours.

2.2 Any patient admitted with upper respiratory tract infection (URTI) must not be nursed on wards with immunocompromised patients unless in source isolation.

2.3 All patients with a suspected respiratory virus must be nursed in a single room with the door closed (source isolation) for the period in which they have a cough.

2.4 All children with symptoms of upper respiratory tract infection must be nursed in source isolation.

2.5 During RSV annual epidemic (October to March) it may be necessary to cohort symptomatic children (who, following clinical assessment, are presumed to have the same infection).

2.6 The decision to isolate or cohort must be based on clinical symptoms and not on naso-pharyngeal aspirate (NPA) results. A negative NPA result does not necessarily indicate the absence of infection.

2.7 Parents and carers of children must be reminded about the importance of patients remaining in source isolation or cohort, and must themselves avoid contact with other patients and carers of children in the ward.

2.8 All equipment (and toys) must be decontaminated using detergent and water followed by a solution of 1,000ppm of chlorine or equivalent wipes after use on or by patients with confirmed or suspected respiratory viruses.

2.9 Linen used on patients with confirmed or suspected respiratory viruses must be treated as infected.

2.10 Waste from patients with confirmed or suspected respiratory viruses must be treated as infected.

2.11 Following discharge or transfer, the room or bed space must be terminally cleaned and curtains changed.

3 Additional precautions on suspicion or confirmation of an outbreak of a respiratory virus

3.1 In the event of a single case of suspected unexplained respiratory virus or MERS-CoV (as 1.3 of this protocol) the Consultant Microbiologist must inform PHE. **In this and all other cases of suspected or confirmed respiratory virus the following must be done.**

3.2 Entrance doors to the affected area must be kept closed and suitable notification of an outbreak displayed.

3.3 Discharges and transfers to places other than the patient's own home must be stopped until further assessments can be made and advice given.

3.4 Gloves, aprons and hand washing equipment supplies must be checked and made available in the affected area.

3.5 Dedicated staff must attend the affected group of patients wherever possible.

- 3.6 In the event of a COVID-19 outbreak, nose and throat swabs must be obtained from staff and contact patients as directed at the Outbreak committee meeting
- 3.7 Visitors must be informed of the potential to acquire the infection so that they can decide if they want to continue to visit during this period.
- 3.8 All visitors must be advised to perform hand hygiene prior to entering and leaving the ward area. It is not usually necessary for visitors to wear PPE when entering the affected area.
- 3.9 All visiting healthcare workers in the patient care team (e.g. therapists, medical staff etc.) must be made aware of affected areas so that asymptomatic areas are visited prior to affected areas where possible.
- 3.10 Drinks trolleys must be removed from the affected areas to prevent patient and visitor use.
- 3.11 Where possible, bank staff must not be sent to the affected area. If bank staff must be used, they must be 'block' booked to ensure that all shifts are worked in that area
- 3.12 Staff borrowed from other areas must work the entire shift on the affected ward and not return to their base ward until the next shift.
- 3.13 If students are at the end of their placement, they must be asymptomatic for at least 48 hours following contact with infected patients prior to commencing a new placement.
- 3.14 Domestic services must be informed to increase environmental cleaning using a combined chlorine and detergent.
- 3.15 A Red clean following an outbreak must be coordinated by the Infection Prevention Team in conjunction with the nurse in charge of the area. The timing of the Red clean must ideally be at least 72 hours post-resolution of the last case in the area. This takes into account the period of maximum infectivity (48 hours) plus the typical incubation period (24 hours) for any newly infected individuals.

4 Staff Illness

- 4.1 Staff who have confirmed or suspected respiratory viruses must report this to the Occupational Health and Wellbeing Department as per the Trust sickness policy. All staff with symptoms of COVID-19 must report to the Trust COVID line and arrange a PCR swab to be taken; when swabs are taken in the community, the results must be reported to the COVID line.
- 4.1 Staff who have confirmed or suspected respiratory viruses must stay off sick and not attend the place of work until their symptoms have resolved.
- 4.2 If a staff member experiences symptoms, they must be sent home.

5 Transfer of Patients

- 5.1 The unnecessary movement of patients must be avoided. If a patient has to be transferred to another department or hospital for clinical reasons, the nurse in charge must inform the receiving department or hospital in order that adequate isolation facilities are put in place.
- 5.2 Patients who require diagnostic or medical treatment e.g. X-Rays, are not to be prevented from having their treatment. However, clinical review is required to

assess if this treatment can be deferred until the patient's cough has resolved and the destination department must be informed of any infection risk.

- 5.3 The patient can be asked to wear a surgical mask for transfer to departments for X-ray or investigations, but the patient must be isolated in the department to prevent potential spread of the infection. Cleaning of the isolation room will be necessary before other patients can be allowed to use the isolation room.

6 **Visitor illness**

- 6.1 Relatives who themselves are symptomatic must be dissuaded from visiting and advised to stay at home until their cough has resolved.

Attachment 2

1.0 Identification of patients with viral gastroenteritis

- 1.1 All patients admitted with diarrhoea and, or vomiting or who develop diarrhoea and, or vomiting after admission must be assessed for their risk of having viral gastroenteritis using the criteria below:
- Watery diarrhoea (if diarrhoea present) and,/ or
 - Projectile vomiting (if vomiting present).
- Plus one or more of the following:
- Fever / headache / myalgia;
 - Abdominal cramps;
 - Sudden onset of symptoms;
 - A history of a contact with an index case;
 - Onset of symptoms within the previous 72 hours (it must be noted that the elderly may have short recurrences over a period of weeks).
- 1.2 The results of this assessment must be documented in the medical records and the indication made as to whether the patient requires further infection prevention measures (e.g. isolation).
- 1.3 It must be considered that patients may develop symptoms of viral gastroenteritis during their hospital stay due to incubating the virus on admission or having contracted it from a staff member, visitor or another patient.
- 1.4 The Infection Prevention Team must be informed at the earliest opportunity of a suspected single case of viral gastroenteritis.
- 1.5 A stool sample must be sent at the earliest opportunity, preferably from the first episode (to assist detection of organism). Virology must be specifically requested on the form accompanying the specimen.

2.0 Preventing the spread of viral gastroenteritis (single case)

- 2.1 The patient with suspected or confirmed viral gastroenteritis must be isolated in a single room as a priority. The door to the room must be kept closed.
- 2.2 Hand washing after contact with an affected patient must be promoted rather than use of alcohol hand gel. (Hand gel may still be used between activities on the same patient.)
- 2.3 Disposable gloves and aprons must be worn by staff for all contact with the patient and their immediate environment.
- 2.4 Waste must be disposed of as infected (please see [HS10 Waste Management Policy](#)).
- 2.5 Linen must be disposed of as infected (please see [IP05 Linen Policy](#)).
- 2.6 Designated staff must care for the patient.
- 2.7 The patient must be assessed for the need for rehydration.
- 2.8 Commode chairs, the under-carriage of the commode chair, raised toilet seats, toilet seats, and toilets must be thoroughly decontaminated, using a

hypochlorite solution made up to 1,000 ppm or equivalent wipe after each use.

- 2.9 All isolations rooms and areas including lockers, furniture, sinks, toilets, grab rails, door knobs horizontal surfaces and floors are to be cleaned daily using neutral detergent and disinfected with a hypochlorite solution made up to 1,000 ppm or equivalent wipe. Disposable gloves and aprons must be worn when carrying out these tasks and discarded before leaving the room or area in the yellow clinical waste bag.
- 2.10 Once the patient has left the single room or the outbreak is over, terminal cleaning of the room / bay / ward, using Hydrogen Peroxide Vapour (HPV) is to be undertaken, including curtain changes.

3.0 Additional precautions on suspicion or confirmation of an outbreak of viral gastroenteritis

- 3.1 Entrance doors to the affected area must be kept closed and suitable notification of an outbreak displayed.
- 3.2 Discharges and transfers to places other than the patient's own home must be stopped until further assessments can be made.
- 3.3 Gloves, aprons and hand washing equipment supplies must be checked and made available in the affected area.
- 3.4 Dedicated staff must attend the affected group of patients wherever possible.
- 3.5 Stool samples must be obtained from as many patients as possible.
- 3.6 Visitors must be informed of the potential to acquire the infection so that they can decide if they want to continue to visit during this period.
- 3.7 All visitors must be advised to perform hand hygiene prior to entering and leaving the ward area. It is not necessary for visitors to wear PPE when entering the affected area.
- 3.8 All visiting healthcare workers in the patient care team (e.g. therapists, medical staff etc) must be made aware of affected areas so that asymptomatic areas are visited prior to affected areas.
- 3.9 Drinks trolleys must be removed from the affected areas to prevent patient/visitor use.
- 3.10 Equipment must not be shared between wards.
- 3.11 All equipment used on patients with known or suspected viral gastroenteritis must be decontaminated with detergent and water followed by 1,000ppm chlorine or equivalent wipes between uses.
- 3.12 Where possible bank staff must not be sent to the affected area. If bank staff must be used, they must be 'block' booked to ensure that all shifts are worked in that area.
- 3.13 Staff borrowed from other areas must work the entire shift on the affected ward and not return to their base ward until the next shift.

- 3.14 If students are at the end of their placement, they must be asymptomatic for at least 48 hours following contact with infected patients prior to commencing new placement.
- 3.15 Hotel Services must be informed to increase environmental cleaning using a combined chlorine and detergent.
- 3.16 HPV Clean following an outbreak must be coordinated by the Infection Prevention Team in conjunction with the nurse in charge of the area. The timing of HPV must ideally be at least 72 hours post-resolution of the last case in the area. This takes into account the period of maximum infectivity (48 hours) plus the typical incubation period (24 hours) for any newly infected individuals.

4.0 Staff illness

- 4.1 Staff who have confirmed or suspected viral gastroenteritis must report this to the Occupational Health and Wellbeing Department as per [HR13 Management of Sickness and Absence and Attendance Policy](#).
- 4.2 Staff who have confirmed or suspected viral gastroenteritis must stay off sick and not attend the place of work until their symptoms have resolved for 48 hours.
- 4.3 If a staff member experiences symptoms at work, the Infection Prevention Team must be notified of the location and advise on the correct action to take.

5.0 Transfer of Patients

- 5.1 The unnecessary movement of patients must be avoided. If a patient must be transferred to another department or hospital for clinical reasons, the nurse in charge must inform the receiving department/hospital in order that adequate isolation facilities are put into place.
- 5.2 Patients who require diagnostic or therapeutic interventions, e.g. X-Rays or physiotherapy, are not to be prevented from having their treatment. However, clinical review is required to assess if this treatment can be deferred until the patient is asymptomatic for 48 hours, and the destination department must be informed of any infection risk.

6.0 Visitor illness

- 6.1 Relatives who themselves are symptomatic must be dissuaded from visiting and advised to stay at home for 48 hours following the final episode of diarrhoea and/or vomiting.
- 6.2 Visitors must be advised not to eat and drink on the ward during an outbreak.
- 6.3 Visitors must not use any patient food or drink facilities including kitchens and drinks machines.
- 6.4 If a visitor experiences symptoms in a clinical area the Infection Prevention Team must be notified of the location and advise on action to be taken.

7.0 References

Public Health England (2012) Norovirus: Managing outbreaks in acute and community health and social care settings <https://www.gov.uk/government/publications/norovirus-managing-outbreaks-in-acute-and-community-health-and-social-care-settings>

Cooke, R, P, D (2003) Costing a major hospital outbreak of gastroenteritis due to Norovirus (Norwalk-like virus). *British Journal of Infection Control* Vol 4, No. 2.

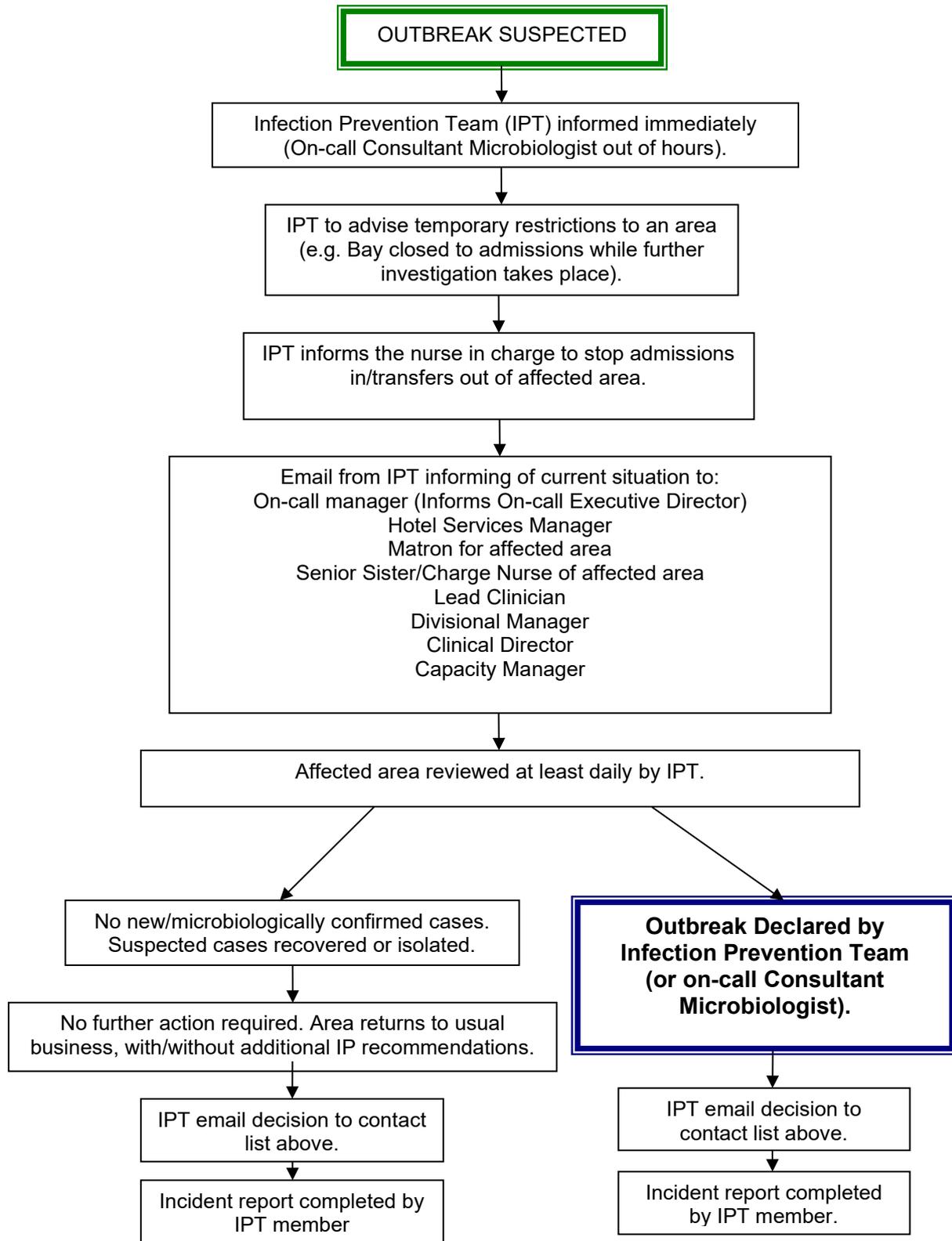
HS10 Waste Management Policy

IP05 Linen Policy

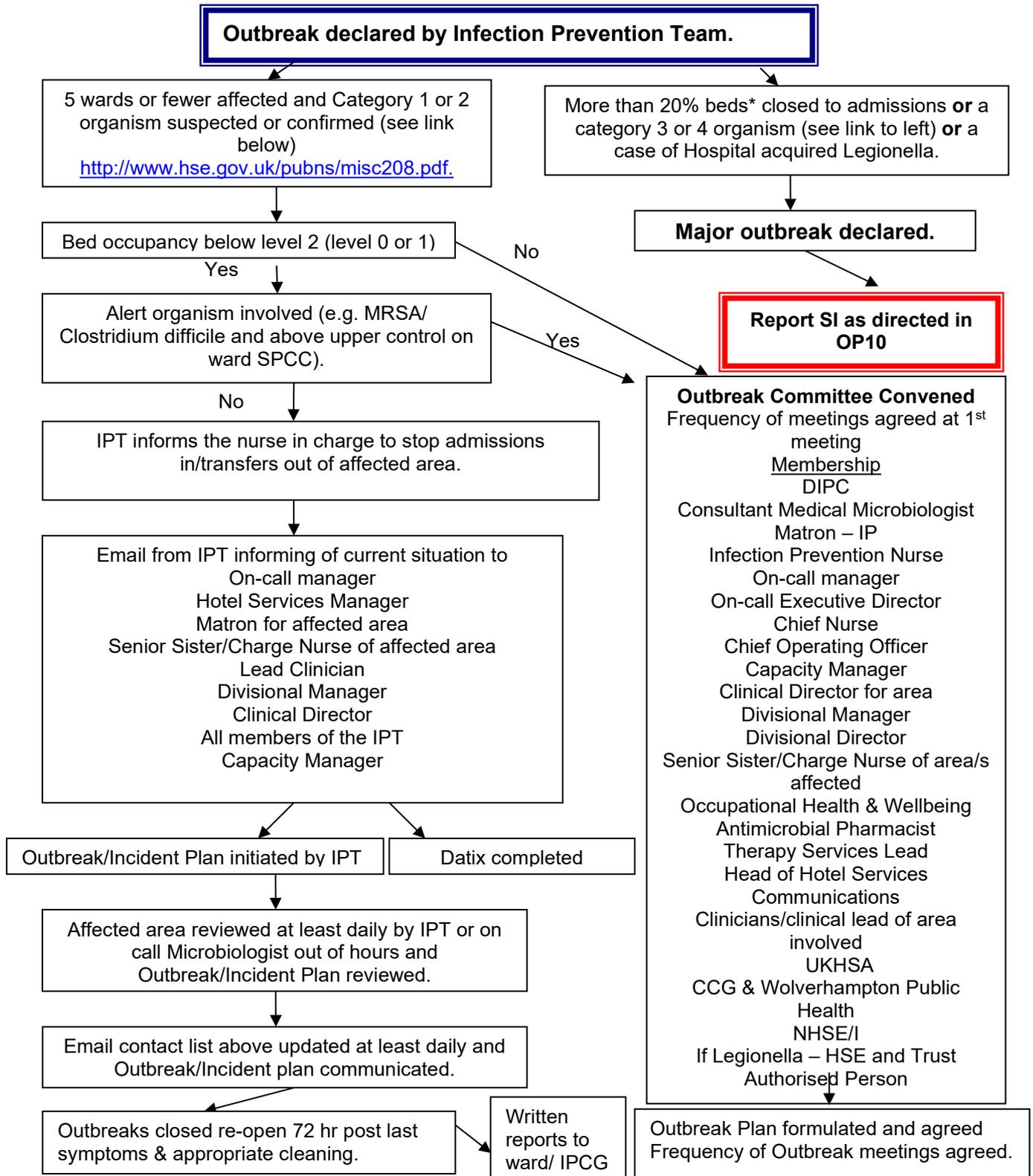
OP10 Risk Management and Patient Safety Reporting Policy

IP18 Norovirus Policy

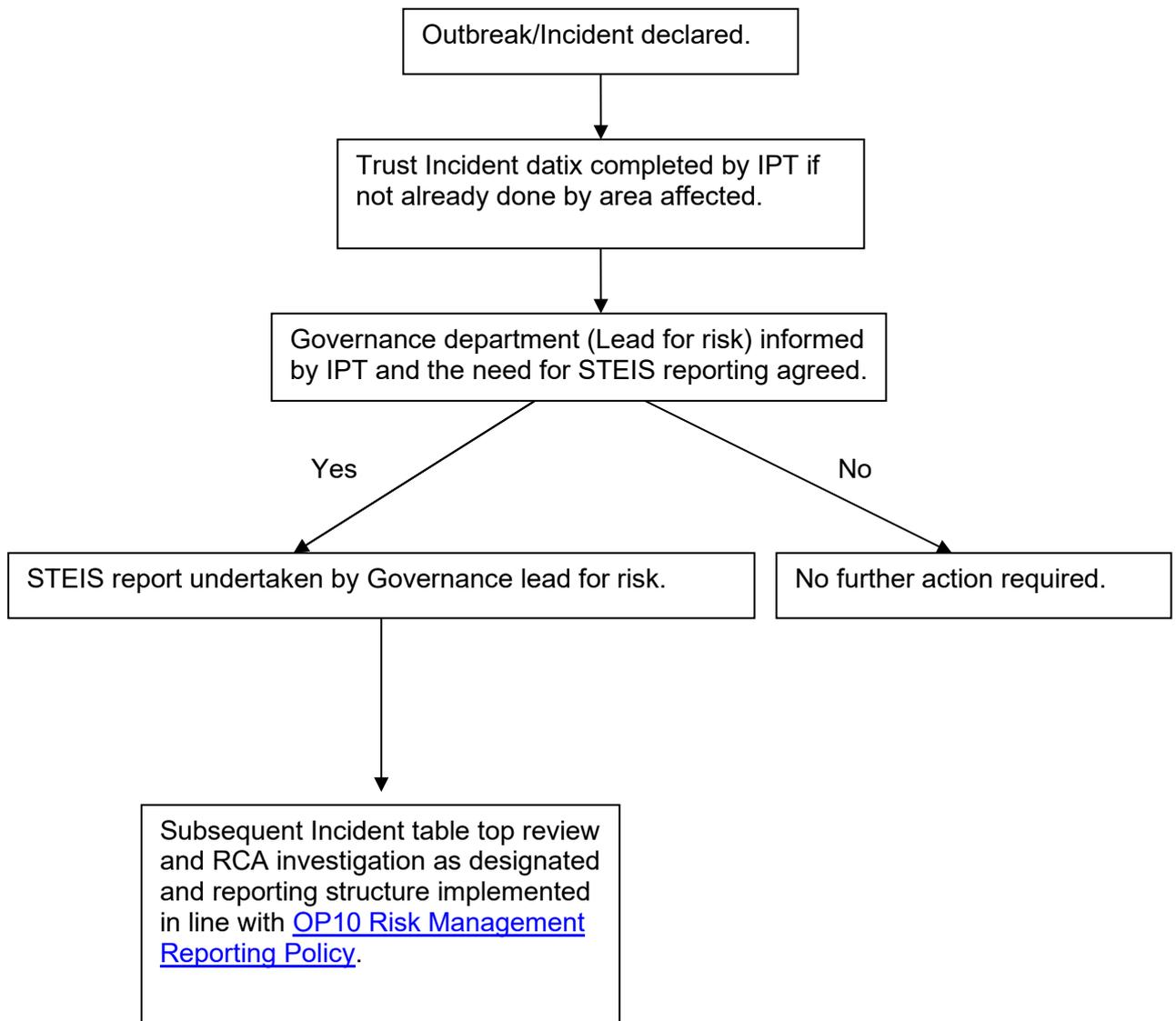
Attachment 3



Attachment 4



Attachment 5



Attachment 6

THE ROYAL WOLVERHAMPTON NHS TRUST

Meeting of the Outbreak Committee Time, Date and Venue

AGENDA

- 1. Attendance**
- 2. Background (including case definition)**
- 3. Actions to date**
- 4. Current Situation**
- 5. Recommended Control Measures**
- 6. Implications of Control Measures; available resources**
- 7. Report monitoring and Escalation Plan**
- 8. Action Plan**
- 9. Individual Responsibilities**
- 10. Communication Plan**
- 11. Onwards reporting (incident form/Serious Untoward Incident)**
- 12. Any other business**
- 13. Date and time of next meeting**

Attachment 7

Roles and responsibilities

Senior Sister, Charge Nurse or Nurse in charge

1. Communicates advice from the IPT to all staff working on the ward of the necessary precautions to take to prevent further spread of the infection.
2. Informs the Matron of the Outbreak/Incident.
3. Compiles a detailed list of all patients affected included those who are known to be cases but have been discharged or transferred to other departments prior to the Outbreak Committee. The detail must include:
 - Name
 - Date of Birth
 - Hospital Number
 - Date of Admission
 - Diagnosis
 - Current antibiotic therapy (and past antibiotic therapy in the case of outbreaks of suspected *Clostridium difficile*)
 - Date of onset of symptoms
 - Other items as directed by the IPT.
4. Reviews staffing according to the outbreak plan.
5. Restricts patient transfer.
6. Participates in reviewing patients; suitable patients will be discharged.
7. Prepares and assist patients with any unexpected discharge.
8. Ensures that patient's relatives are informed of the ward closure and any special precautions that have been initiated.
9. Re-assess ward stock levels to ensure ample supply of the following:
 - Personal protective equipment
 - Alcohol hand gel/liquid soap/paper towels
 - Cleaning products
 - Bedpans, vomit bowls
 - Commodes
 - Linen
 - Waste bags
 - Other items specific to the outbreak.
10. Places any necessary emergency orders for the above.
11. Keeps records in central location of up to date symptoms of patients and staff members.
12. Keeps the IPT informed of any change in symptoms or worsening of the outbreak.
13. Keeps contemporaneous records of the outbreak and additional resources required.

Matron

1. The Matron with responsibility for the area concerned will inform other wards within the directorate of the closure.
2. Contacts the Senior Sister/Charge Nurse/Nurse in Charge and advises of the outbreak if off duty.
3. Visits affected areas and liaises with the Senior Sister/Charge Nurse/Nurse in Charge and IPT.
4. Supports the Senior Sister/Charge Nurse/Nurse in Charge in their actions, particularly the collation of information prior to the Outbreak Committee Meeting.
5. Attends the Outbreak Committee Meeting.
6. Informs the Operational Nurse Manager – Infection Prevention of specific additional costs to the area associated with the outbreak.
7. Reviews the outbreak daily in association with the IPT.
8. Reports to the Outbreak Committee progress on actions and any difficulties experienced or barriers to control measures being implemented.
9. Increases frequency of environmental/quality monitoring of the affected area and other areas which have potential to be affected as appropriate.
10. Liaises with Hotel Service Teams to ensure appropriate environmental standards are reached/maintained.
11. Keeps clear and contemporaneous records of the Outbreak, actions agreed and resource implications.
12. Communicates any lessons learned for the prevention of further outbreaks to other Matrons.

Infection Prevention Nurse

1. Undertakes initial visit to ascertain level of observation required (e.g. outbreak suspected, declared or Serious Incident).
2. Liaises directly with the Microbiologists and Operational Nurse Manager Infection Prevention to inform them of findings and discusses appropriate actions/additional information required.
3. Initial information required:
 - History of symptoms
 - List of affected staff, visitors and patients
 - Common points of contact to the organism
 - Any relevant specimens in or enroute to the laboratory
 - Details of staff symptoms and numbers affected
 - Current bed occupancy/expected discharges.
4. Additional information required may include the following:
 - Date of admission
 - Planned admission date and destination
 - Use of aperients/antibiotics
 - Diagnosis and medical history

- Travel history
 - Other as determined by the Microbiologist/Nurse Manager Infection Prevention.
5. Communicates to the Senior Sister/Charge Nurse/Nurse in Charge initial actions required to limit further spread.
 6. Makes recommendations on particular stock/non-stock items that the Senior Sister/Charge Nurse/Nurse in Charge must ensure is plentiful in the area and where to source the item if it is not usually used in that area.
 7. Provides support to clinical staff, particularly the Senior Sister/Charge Nurse/Nurse in Charge and Matron.
 8. Provide awareness raising information for visitors to the ward and ensure the ward has ample supplies of patient/visitor information.
 9. Informs and liaises daily with the Hotel Services Manager.
 10. Reports Serious Incident as flowchart Attachment 5.
 11. Makes at least daily visits to the affected area to advise and update the staff on infection prevention measures and review the bed occupancy.
 12. Liaises at least daily with the hospital management team on use of beds (bed meeting).
 13. Attends the Outbreak Committee Meetings.
 14. Undertakes any additional delegated actions arising from Outbreak Committee Meetings.
 15. Keeps accurate and contemporaneous records on the outbreak progress, findings and advice given.
 16. Assists the Matron to find solutions to any adverse findings from audit data.

Matron – Infection Prevention

1. Informs UKHSA and Wolverhampton CCG, NHSE/I
2. Liaises with Microbiologists/DIPC.
3. Formulates a case definition.
4. Convenes the Outbreak Committee; confirms membership, venue and time.
5. Cancels planned IPN activities as required.
6. Co-ordinates IPT response to the outbreak.
7. Attends the Outbreak Committee Meetings to provide the following.
 - Initial Outbreak Committee Meeting: assessment, actions to date and brief rationale for these, recommendations for further action if appropriate. Undertake any required actions.
 - Subsequent Outbreak Committee Meetings: update on the progress of the outbreak, revised/further action required, difficulties/barriers to implementation of actions. Undertake any required actions.
8. Facilitates administrative support for Outbreak Meetings.

9. Discusses additional financial resources required to manage the outbreak and communicated from the Matron/Head of Hotel Services with the Director of Finance for approval. Communicates results of the discussion and actions required to relevant Matron/Manager.
10. Communicates details of the outbreak progress to external bodies as required (e.g. UKHSA/CCG/NHSE/I).
11. Provides support and direction for IPNs.
12. Reviews the outbreak daily with the Microbiologists/DIPC and Executive Director Lead.
13. Contributes to outbreak reports.
14. Disseminates information so that lessons are learned from outbreaks.
15. Co-ordinates outbreak de-briefing meetings as appropriate.
16. Ensures that recommendations arising from outbreaks are acted on

Microbiologists/DIPC

1. Informs the following personnel of the outbreak:
 - Consultant in Communicable Disease Control
 - Chief Executive
 - Executive Director Lead
 - On-call Executive Director.
2. Discusses with the Infection Prevention Team actions required prior to an Outbreak Committee Meeting.
3. Discusses with the Matron Infection Prevention the appropriate membership of the Outbreak Committee.
4. Prepares surveillance data for communication at the Outbreak Committee Meeting.
5. Attends the Outbreak Committee meeting to provide expert advice on management and likely progress of the outbreak.
6. Ensures daily communication with the rest of the IPT and areas affected by the outbreak.
7. Provides on-going expert advice to clinicians on management of affected and exposed patients.

On Call Manager (Out of hours)

1. Makes contact with the on-call Consultant Microbiologist via the hospital switchboard to ascertain:
 - Actions required to limit the spread of the outbreak;
 - Need to convene an Outbreak Committee and appropriate membership;
 - Likely impact on hospital activity.
2. Makes contact with the affected area and ascertains need to visit or not.
3. Informs the Executive Director on call of the relevant information.
4. Liaises with the Capacity Team and others on contingency plans to maintain admissions if necessary.
5. Supports the affected area by ensuring the following.
 - They fully understand the necessary actions to prevent further spread of the infection.
 - They have the necessary resources and arranging for regular liaison until the next working day.
 - They know to contact the on-call microbiologist for any further advice on the outbreak required.
 - They know where to seek advice regarding other issues arising from the outbreak (e.g. estates and Human Resources).
 - They know of any arrangements for the Infection Prevention Team to make contact with the ward.
 - Any additional questions arising from the outbreak are answered.
6. Emails the Operational Nurse Manager Infection Prevention informing them of any necessary additional costs incurred to support the outbreak for action on the next working day.
7. Liaises with the on-call microbiologist to prepare a press statement if necessary and forward this and any press enquires to the on-call Executive Director.
8. Informs other staff groups of the need for any actions (e.g. Hotel Services/Estate/Pharmacy).
9. Keeps accurate records of events and communications made and received.
10. Ensures there is a full handover to the next manager on call.

Chair of the Outbreak Committee

1. Informs other Senior Managers as appropriate.
2. Ensures that there is a clear outbreak definition.
3. Ensures that the outbreak is appropriately defined in terms of activating the SI or Major Incident Policy ([Attachment 4](#)).
4. Ensures that the outcome of the first Outbreak Meeting is:
 - A clear plan of action;
 - All actions have a time-frame;

- All actions are delegated;
 - There are clear lines of communication within the Trust and to external agencies;
 - An agreed strategy for communication with the media.
 - A review of the severity of the outbreak for possible escalation to SI/Major Incident
5. At subsequent Outbreak Committee meetings:
- Reviews the progress of the outbreak;
 - Ensures that actions have been undertaken;
 - Addresses any difficulties in undertaking actions;
 - Reviews and update the action plan;
 - Reviews the severity of the outbreak for possible escalation to SI/Major Incident.

Occupational Health and Wellbeing Service

1. Ensures that OH colleagues are informed of the outbreak.
2. Identifies any specific OH measures which may need to be implemented including immunisation.
3. Prepares any written advice to staff.
4. Makes clear arrangements for staff to contact the Occupational Health & Well Being.
5. Ensures there are processes in place to monitor staff sickness associated with the outbreak.
6. Attends the initial Outbreak Committee Meetings and subsequent meetings as required.
7. Provides advice and support to affected staff and the 'worried well' staff.
8. Advises managers on the need for RIDDOR reporting.
9. Carries out actions as delegated at the Outbreak Committee Meetings.

Attachment 8

THE ROYAL WOLVERHAMPTON NHS TRUST

OUTBREAK COMMITTEE

TERMS OF REFERENCE

1.0 Purpose

- 1.1 The purpose of this group is to provide immediate response and action to an outbreak as defined in the Outbreak Policy.
- 1.2 Provide on-going monitoring and review of the action plan until the outbreak is resolved.
- 1.3 Initiate the Serious Untoward Incident/Major Incident Policy if required.

2.0 Functions

- 2.1 Facilitate the optimal clinical care of patients.
- 2.2 Investigate the source and cause of the outbreak.
- 2.3 Review the adequacy of financial, staff and other resources in order to control the outbreak and prevent any such occurrences where possible.
- 2.4 Implement the measures required to control the outbreak.
- 2.5 Act as a focus for communication during the outbreak/incident.
- 2.6 Provide clear guidelines for communication with patients/visitors/public.
- 2.7 Monitor the effectiveness of control measures.
- 2.8 Evaluate the overall experience of the outbreak including the need for any debrief session.
- 2.9 Ensure that the outbreak is reported in line with national and local recommendations.
- 2.10 Escalate the outbreak to serious untoward incident/major incident as necessary.
- 2.11 Review the need for the Consultant in Communicable Disease Control/ UKHSA/CCG/HSE/Trust Authorised Person involvement at each meeting.
- 2.12 Receive concerns on matters preventing the control of the outbreak and facilitate their resolve.

3. Membership

The Committee will be made up of the following members:

- DIPC
- Consultant Medical Microbiologist
- Matron – Infection Prevention
- Infection Prevention Nurse
- On-call Manager
- On-call Executive Director
- Chief Nurse
- Chief Operating Officer
- Capacity Manager
- Matron for affected area
- Divisional medical representative
- Senior Sister/Charge Nurse/Nurse in Charge of area/s affected
- Occupational Health & Well Being
- Antimicrobial Pharmacist
- Therapy Services Lead
- Head of Hotel Services
- Communications
- PHE Representative
- CCG Representative
- Wolverhampton Public Health
- NHSE/I

In attendance:

The secretarial function will be provided by the Infection Prevention Team.

Attachment 9

Circulation List of Outbreak Committee

All members of the Outbreak Committee
All members of the Infection Prevention Team
All Consultant Microbiologists
CCG
Director of Public Health, Wolverhampton City
UKHSA
NHSE/I

Attachment 10

Notify via cosurv	Telephone HPU
Bacillus anthracis	yes
Bacillus cereus (if associated with food poisoning)	yes
Bordetella pertussis	
Borrelia spp	
Brucella spp	
Burkholderia mallei	
Burkholderia pseudomallei	
Campylobacter spp	
Carbapenemase-producing Gram-negative bacteria	
Chikungunya virus	
Chlamydia psittaci	
Clostridium botulinum	yes
Clostridium perfringens (only if associated with food poisoning)	
Clostridium tetani	
Corynebacterium diphtheria	yes
Corynebacterium ulcerans	yes
Coxiella burnetii	yes
Crimean-Congo haemorrhagic fever virus	yes
Cryptosporidium spp	
Dengue virus	
Ebola virus	yes
Entamoeba histolytica	
Francisella tularensis	
Giardia lamblia	
Guanarito virus	
Haemophilus influenzae (invasive)	yes
Hanta virus	
Hepatitis A	yes
Hepatitis B	yes
Hepatitis C	
Hepatitis Delta	
Hepatitis E	
Influenza virus	
Junin virus	
Kyasanur Forest disease virus	
Lassa virus	yes
Legionella spp	yes
Leptospira interrogans	
Listeria monocytogenes	

Notify via Cosurv	Telephone HPU
Machupo virus	
Marburg virus	yes
Measles virus	yes
Mumps virus	
Mycobacterium tuberculosis complex	
Neisseria meningitidis	yes
Omsk haemorrhagic fever virus	
Plasmodium falciparum	
Plasmodium knowlesi	
Plasmodium ovale	
Plasmodium malariae	
Plasmodium vivax	
Polio virus wild or vaccine types	yes
Rabies virus (classical rabies) and rabies-related lyssaviruses	yes
Rickettsia spp	
Rift Valley fever virus	
Rubella virus	
Sabia virus	
Salmonella spp	yes (S Typhi and Paratyphi only)
SARS-COV-2	yes
Shigella spp	yes (S. dysenteriae, flexneri, boydii only)
Streptococcus pneumonia (invasive)	
Streptococcus pyogenes (invasive)	(IGAS Only) Yes
Varicella zoster virus	
Variola virus	yes
Verocytotoxigenic Escherichia coli (including E coli 0157)	yes
Vibrio cholera	yes
West Nile Virus	
Yellow fever virus	
Yersinia pestis	yes

For guidance on how to report, including timescales and most up to date list, click on the link below

<https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report>

Click on the link below for the notification form

<http://trustnet.xrwh.nhs.uk/departments-services/i/infection-prevention-and-control/guidelines-and-useful-documents/>

Attachment 11

The Royal Wolverhampton NHS Trust

COVID-19 Incident/Outbreak Meeting – Infection Prevention

AGENDA

Date

Venue **Microsoft Teams**

Time

- 1. Introductions & apologies**
- 2. Minutes** – review of actions from previous meeting(s)
- 3. Purpose** of the meeting
 - a. At first meeting
 - Confirm all relevant people are in attendance/invited
 - Datix and SI reporting
 - External reporting to NHSE/I
- 4. Ward plan and Timeline**
- 5. Summary** of patient situation- situation updates (for subsequent meetings)
 - a. Number of cases according to case-definitions including HCAs
 - b. Number of cases remaining on ward and contacts
 - c. Current patient condition and discharge plans
 - d. Screening plans
- 6. Summary** of staff situation
 - a. Number of cases
 - b. Screening plans
- 7. Microbiology:** testing regime in general, testing carried out, potential future testing needs
- 8. Infection Prevention and Control**
 - a. Case isolation/cohorting facilities
 - b. Environmental, Hand Hygiene and PPE audits
 - c. Issues/Actions/Support following audit
 - d. Environmental cleaning
 - e. Ventilation

- 9. Current Risk assessment** -any evidence of hospital transmission
- a. Whether ward is to be open or closed to admissions
 - b. Whether visiting can be accommodated

10. Communications

- a. Internal – staff, inpatients, students, volunteers, visitors
- b. Discharged patients – contacts of confirmed case
- c. External: NHSE, PHE, Media statement
- d. Duty of Candour

11. Agreed actions

12. Any other business

Date of the next meeting: