Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Infection Prevention and Control Practice Guidance Note

Outbreak Management including the management of major incidents relating to infectious agents – V05

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Issue Notes

This guidance replaces all similar guidance issued by the former organisations.

KEY POINTS

- **Outbreaks of health care associated infection vary from a single case of an unusual or highly pathogenic organism to large number of cases of a common organism**
- **Early recognition and intervention is the key to limiting the consequences**
- **Communication and collaboration are important principles**
- **Minor outbreaks will be managed at local level by the clinical team and the Infection Prevention & Control Team (IPCT)**
- **In the event of a major incident relating to an infectious agent the IPC Major Incident Group will convene and coordinate the Trust response**

Outbreak Management including the management of major incidents relating to infectious agents

1 Introduction

1.1 The responsibility for the prevention and control of infection in hospitals lies with the Chief Executive supported by the Director of infection Prevention and Control (DIPC) and the Infection Prevention and Control Team (IPCT).

1.2 Outbreaks of hospital infection vary greatly in extent and severity ranging from a few cases of urinary tract infection to a larger outbreak of norovirus affecting a single ward or several across Cumbria Northumberland, Tyne and Wear NHS Foundation Trust (the Trust/CNTW). In major incidents this may involve food poisoning involving hundreds of people to one case of diphtheria.

1.3 Minor outbreaks will be managed by the IPCT following a risk assessment. In the event of a major outbreak the DIPC (or, in his/her absence the IPC Team will take the lead role in identifying and managing the outbreak.

1.4 In some instances, the situation may be further complicated if there is community involvement in the outbreak. Some outbreaks of hospital infection have no effect on the community e.g. outbreaks of urinary tract infection while others have a very great effect such as outbreaks of Legionnaires disease. In addition, outbreaks that originate in the community may have marked implications for hospitals if large numbers of infected patients are admitted to hospital. Effective communication with Public Health England through local Health Protection Teams is essential.

1.5 The NHS Test and Trace service was launched in June 2020 to help minimise transmission of COVID-19. It is designed to ensure that anyone who develops symptoms can quickly be tested to find out if they have the virus and, if they do, to trace close recent contacts who will be notified that they should self-isolate at home for 14 days.

2 Definition of an Outbreak

2.1 An outbreak is defined as:-

- Two or more associated cases linked by time/place/person
- A greater than expected rate of infection compared with the usual background rate for the place and time where the “outbreak” has occurred
- A single case of a highly significant infection e.g. diphtheria, rabies, viral haemorrhagic fever, polio

3 Recognition of an Outbreak

3.1 Objectives

- To identify and define at the earliest stage, an outbreak. Recognition of an outbreak may not be immediately obvious and infection in patients discharged after a short stay may go unrecognised for some time. It is therefore imperative that medical and nursing staff report any suspicions to the IPCT without delay. It is preferable to report a suspected outbreak which after further investigation turns out not to be, than miss one

- To stop further spread and prevent its recurrence

- Outbreaks may be first detected by the laboratory due to increased isolation of pathogens. The laboratory must report their suspicions to the IPCT as soon as possible

- Any positive COVID-19 result for staff result will be reported to the CNTW Absence Line who will ensure that the internal Test and Trace process is undertaken and that the relevant Health Protection Team is notified. Where a member of staff tests positive for coronavirus, the starting point is that the self-isolation rules apply as anywhere else, and close contacts must self-isolate if the NHS Test and Trace service advises them to do so.

4 Reporting of outbreaks

- Ward/Unit staff on suspecting an outbreak in either patients and or staff should notify:
    - The Ward Manager
    - Infection Prevention and Control Team
    - Clinician involved with patients care

4.1 COVID-19 outbreak notification

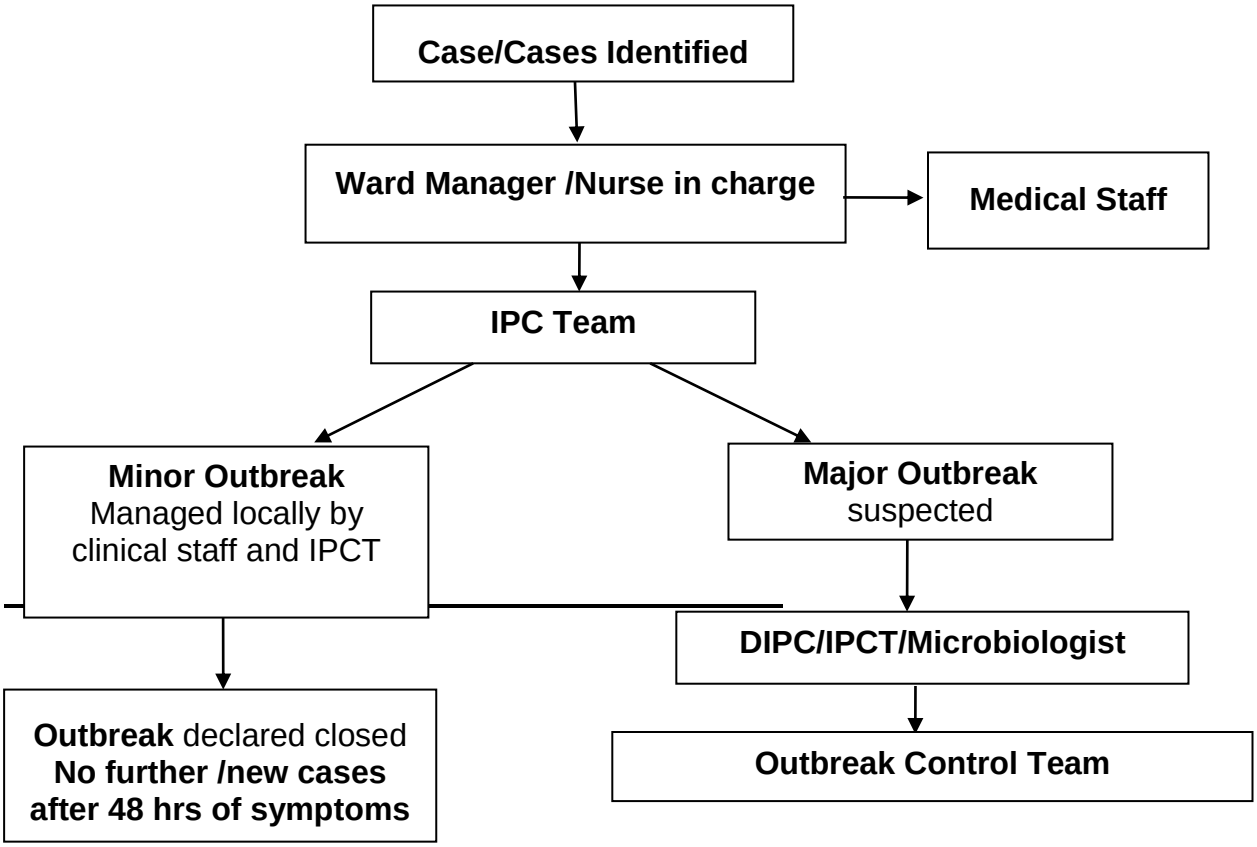
- Routinely, when a suspected outbreak is first identified the IPC team will contact the **local PHE Health Protection Team** to inform them of the outbreak together with details of the first outbreak control group meeting.

- In addition, the IPC team will inform the **North East and Yorkshire Regional Incident Coordination Room** and complete the **IIMARCH** form in appendix 9 and send to england.eprrney@nhs.net

- Each outbreak is given a unique number by the National Incident Room so the same IIMARCH form must be used each time. An update is provided using a different colour font to show updated information.

- Weekly updates should be provided using the same IIMARCH form

5 Outline plan of action to be taken on identification of an outbreak



6 Initial investigation

6.1 When a potential outbreak has been recognised the IPCT will take immediate steps to collect information from wards/units and the laboratory if specimens have been obtained to determine whether an outbreak of infection is occurring.

6.2 If an outbreak exists, the IPCT will make an initial assessment to determine the nature and size of the outbreak. Cases confined to the ward/unit will be managed locally by the clinical staff with support from the IPCT /Matron.

6.3 The decision to confirm a major infection prevention and control incident involves consideration of the number of people involved, the pathogenicity of

the organism and the potential for spread within the hospital or community. If the IPCT has any doubt about whether a major outbreak may be in progress the full procedure for handling such an outbreak will be instituted in accordance with the outbreak plan detailed in Section 8.

7. Procedure for dealing with a minor outbreak of infection

7.1 The majority of outbreaks that are dealt with on wards and units amongst patients and staff are diarrhoea and/or vomiting with a typical viral picture. In the event of other types of infection e.g. respiratory infections, guidance will be supplied to reflect this.

7.2 The IPC Team will initiate the level of response to an outbreak following an initial assessment. For outbreaks of diarrhoea and vomiting that are limited to ward/unit area only clinical staff will be responsible for implementing the use of the Outbreak Resource Pack Appendix 1.

7.3 The Outbreak Resource Pack contains the following information

1. Contents Sheet
2. Introduction Letter
3. Roles and Responsibilities
4. Flow Chart
5. IPC Contact Details
6. IPC Advice
7. Specimen Collection Guidance
8. Line List (Patient)
9. Line List (Staff)
10. Visitor Notice
11. Bristol Stool Chart

7.4 **The Outbreak will be declared closed by the IPCT following a period of no symptoms in either patients or staff for 48hrs and the ward/unit has undergone a terminal clean. Please refer to the method statement in the Domestic services operational file held on each ward/unit.**

8 Procedure for dealing with a major IPC incident of an outbreak of infection

8.1 The management of a major outbreak of infection in hospital involves a series of steps and individual tasks. The outbreak plan will indicate the action to be taken depending on the nature of the outbreak. To ensure all tasks are carried out appropriately, checklists are provided as Appendices 4 to 6. These will be completed for each major outbreak and form part of the records of the Infection Prevention and Control Major Incident Group.

9 The Infection Prevention and Control Major Incident Group (IPC-MIG)

9.1 The DIPC or IPC doctor/matron immediately convenes an IPC Major Incident Group (IPC-MIG). The membership of this group comprises a 'core' membership plus additional members according to the nature of the outbreak. A checklist of potential members is given in Appendix 2. If the outbreak is likely to involve the community a senior representative from the local Health Protection Team from Public Health England will be invited to attend all meetings.

9.2 The IPC-MIG will meet regularly as determined by the group at the initial meeting. This will be regularly reviewed.

9.3 The functions of the IPC-MIG are:

- To verify the existence of an outbreak
- To take all necessary steps for the provision of appropriate continuing clinical care of patients (including out patients), staff and visitors during the outbreak
- To confirm the identification of the pathogen implicated
- To identify cases
- Investigate the source and cause of the outbreak
- Implement control measures to minimise further primary and secondary cases
- To ensure adequate communication channels are established internally and with relevant external agencies
- To clarify resource implications of the outbreak and its management and how they will be achieved e.g. additional supplies and staff etc.
- To agree and co-ordinate policy decisions on the investigation and control of the outbreak and ensure implementation
- To consider the need for assistance and expertise from external agencies if appropriate
- To provide clear instructions and/or information for ward staff and others
- To agree arrangements for providing information to patients, relatives and visitors
- To meet frequently, as determined by the MIG Meetings will have written agendas, minutes and action notes will be produced
- To define the end of the outbreak and evaluate lessons learned
- To prepare a preliminary report within 48 hours, interim reports and a final report

- To inform others inside/outside the hospital of lessons learned

9.4 These components are examined in more detail in the following sections

10 Working Arrangements of the IPC MIG

10.1 IPC-MIG meetings will be held in an appropriate location or via Microsoft Teams as agreed by members of the IPC-MIG

- In the event of a major outbreak or incident, the incident co-ordination centres may be used. The Conference suite at St Nicholas Hospital, MDT room Barton Centre Hopewood Park or the Boardroom at St Georges Park. These rooms are equipped with multiple telephone lines, networked computers and internet and e-mail access
- The initial meeting of the IPC-MIG should be held as soon as possible after the need for such a meeting has been identified
- Appendix 3 provides a suggested agenda for the IPC-MIG
- The frequency of future meetings will be determined at the initial meeting and reviewed at all future meetings
- The chair of the IPC-MIG will ensure that the minutes of all meetings are completed and circulated as soon as possible
- The final IPC-MIG should be used to identify lessons learnt and to make future recommendations

11 Patient care

11.1 The responsibility for continuing care of infected patients lies with the consultant(s) under whom the patient was/is admitted.

11.2 **The IPC-MIG will provide advice regarding the following**

- Isolation facilities, the nature and extent of the isolation facilities available need to be considered. The IPCT will assess how patients requiring isolation will be managed. In outbreaks it may be possible to nurse affected patients together in one ward or part of a ward. Depending on the nature of the infection this may require use of the isolation facilities in an acute trust and/or seeking advice from local microbiologists, infectious disease physicians
- Antibiotic therapy, active or passive immunisation etc. Early notification to the hospital Pharmacy Department concerned is essential as additional supplies of medicines, particularly antibiotics which may not be routinely stocked may be required
- Treatment of staff members involved will either be provided

by the occupational health department as specified in the Trust 'Policy for the Control of Infection in Healthcare Workers' or by their GP

- The IPC-MIG will assess risks to staff who are caring for symptomatic cases and provide advice and guidance as appropriate

- The provision of adequate medical and nursing care for affected patients in a major outbreak is of primary consideration. There may need to be additional medical and nursing staff due to increased workload and replacement of infected staff. Large numbers of agency staff may be brought into the hospital and it will be necessary to ensure that they are aware of relevant infection control policies and procedures. Managers should seek to use agency staff only in low to medium risk areas

- Appendix 4 provides a checklist of those measures that might be considered in providing care for infected patients

12 Communication

12.1 Past experience has shown the need for good communication with individuals or organisations that need to be kept informed about the nature and progress of the outbreak. One member of the IPC-MIG will accept responsibility for ensuring communication is maintained. The communication manager is a member of the IPC-MIG

12.2 Major outbreaks result in interest and enquiries from the press, television etc. The IPC-MIG will continually review the need to inform the public and the media about an outbreak at each meeting, in consultation with the Chief Executive of the Trust.

12.3 Appendix 5 provides a checklist of the steps to be taken in ensuring good communication with interested parties.

13 Management

13.1 A major outbreak may have considerable management implications. For example, additional nursing staff, reallocation of medical staff, additional consumables and laboratory facilities (including the use of local or national reference laboratories). Planned admissions may be severely disrupted. A senior member of the hospital management should be a member of the IPC-MIG to ensure these aspects are co-ordinated..

13.2 A checklist of possible management functions is given in Appendix 5.

14 Investigation

14.1 The investigation of an outbreak is dependent on the nature of the outbreak. A checklist of measures that might be taken is given in Appendix 7.

14.2 If possible samples should be collected immediately as this may be of particular importance in some outbreaks. For example, the duration of virus excretion in food-borne virus infection is very short; virology advice should be sought urgently.

14.3 A large outbreak may place severe strain on the hospital laboratory facilities. Laboratories receiving specimens should be notified prior to delivery, including number of specimens, nature of suspected outbreak and requested laboratory tests. Where specimens are tested at the Health Protection Laboratory an Outbreak number will be allocated to all related specimens.

14.4 It is important that one person is responsible for coordinating and recording the `results of laboratory investigations to avoid confusion. All results must be channelled through the DIPC or IPC doctor/Matron.

15 Control

15.1 This depends on the nature of the outbreak. Measures that might be considered are given in Appendix 5. Provision of adequate numbers of isolation rooms or cubicles is important. If these are insufficient it may be appropriate to use cohort nursing. This may require coordination with clinicians who have patients on wards not involved in the outbreak.

16 Reports

16.1 The IPC-MIG will make an initial report to the Chief Executive within 48 hours of establishment. Interim reports will be produced as required.

17 Major outbreaks in the community and their effect on hospitals

17.1 Large community outbreaks potentially place heavy demands on hospital services with an increasing number of affected patients requiring admission and an increase in specimens submitted for examination.

17.2 Acute outbreaks may develop quickly over a few hours and are likely to place a major burden on hospital services. When this happens there may be insufficient time to form an IPC-MIG and the DIPC or IPC doctor once informed will liaise with relevant clinical staff and institute the Major Incident Plan. If the onset of the outbreak is abrupt the hospital may become aware of the problem before the CCDC who should be informed immediately.

17.3 An IPC-MIG should be formed as soon as possible to take over management of the outbreak in hospital. Appendix 8 details names and telephone numbers of appropriate individuals to contact.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Appendix 1(a)

Management of Outbreaks of Diarrhoea and Vomiting

Resource Pack Contents List

1. Contents List
2. Cover Letter
3. Roles and Responsibilities
4. Flowchart of Investigations and Management Outbreak
5. Infection Prevention and Control Team Contact Details
6. Infection Prevention and Control Advice
7. Faecal specimen collection Guidance
8. Blank Line List of Cases (patients/residents)
9. Blank Line List of Cases (staff)
10. Visitor Notice
11. Bristol stool chart

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Appendix 1(b)

Infection Prevention and Control
St. Nicholas House
St Nicholas Hospital
Jubilee Road
Gosforth
Newcastle upon Tyne
NE3 3XT

Tel: 0191 245 6650

Date:

Dear Ward/Unit/ Manager

Re: Resource Pack for the Management of Outbreaks of Diarrhoea and Vomiting (DV)

This resource pack has been developed by the Infection Prevention and Control Team to help in the management of diarrhoea and vomiting outbreaks, in both patients and staff (especially those due to norovirus infection).

Included in the pack is a summary of expected roles of both the ward/unit/home and IPC team and also a flowchart for easy reference to assist with the measures to be taken if you suspect an outbreak of DV. You will also find infection control guidance to be implemented immediately on suspecting an outbreak of DV, a display poster to inform all visitors to the ward/unit/home and a guidance sheet on the collection and storage of stool specimens.

Please display the folder in a prominent location that is easily identifiable and accessible to all team members.

Please photocopy the sheets when required to maintain the packs.

Yours sincerely

Infection Prevention and Control Team

Managing Outbreaks in Ward /Unit Areas and Responsibilities

This describes the actions to be taken in the management of an outbreak of diarrhoea and vomiting in both patients and staff on a ward/unit or community home in Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. An outbreak control team would not usually be convened in the management of such an outbreak.

Action	IPC	Ward /Unit
Notification of outbreak		The ward will contact the IPC Team on suspecting an outbreak of diarrhoea and/or vomiting (2 or more cases in either patients or staff)
Initial Investigation		
Infection control advice and measures	The IPC Team will liaise with the ward/unit regarding appropriate infection control measures. The IPC Team may visit the ward/unit daily.	The ward/unit will implement outbreak control measures as soon as 2 or more cases occur until the last case is 48 hours symptom free.
Clinical assessment	The IPC Team will liaise with the ward/unit to gain a fuller clinical picture of outbreak onset, symptoms, mode of transmission and obtain a line list of cases. If a food borne outbreak is suspected, or cannot be ruled out the IPC Team will contact Public Health England, local area health protection unit.	The ward/unit will continue to record cases of infection and inform the IPC Team of any new cases.

Action	IPC	Ward /Unit
Risk assessment	The IPCT will undertake a risk assessment of the outbreak to determine whether the cause of the outbreak is likely to be viral or non-viral, foodborne or not food borne. Apply Kaplans criteria	
Outbreak number	The IPC Team will obtain an outbreak number from the appropriate laboratory where necessary. This will usually occur if the outbreak is declared a major incident.	If relevant all specimens will be labelled with the outbreak number.
Collection of samples	The IPC Team will advise on the appropriate laboratory to send faecal specimens.	The ward /unit staff will collect faecal specimens in consultation with the IPC Team
Ongoing liaison with ward/unit	The IPC Team will liaise with the ward /unit about the progress of the outbreak – new cases, exclusions, admissions and when to lift infection control measures. When the collection of further specimens is no longer necessary.	The ward/unit will liaise with the IPC Team about the progress of the outbreak – new cases, exclusions, admissions and when to lift infection control measures. When the collection of further specimens is no longer necessary
Closing outbreak	The IPC Team will in conjunction with the ward/unit manager declare the outbreak closed.	Relaxation of outbreak control measures by the ward will be after consultation with the IPC Team. The ward will ensure that a terminal clean has been undertaken. Method statement 49, Terminal Clean of Post Infected Areas. All relevant documentation has been completed, final line list is completed

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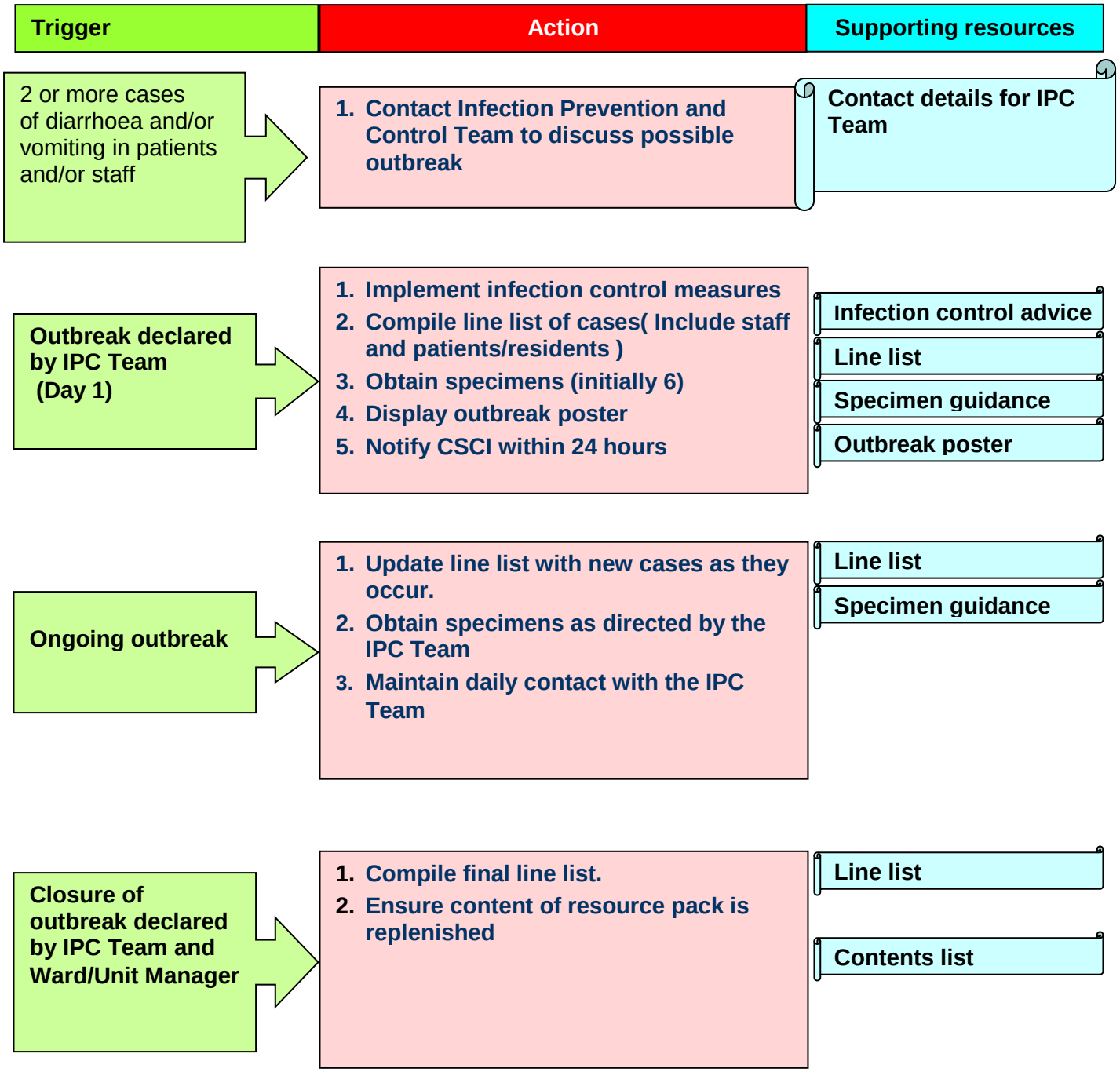
Appendix 1(d)

Management of Outbreaks of Diarrhoea and Vomiting Flowchart



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Appendix 1(e)

Infection Prevention and Control Team

Contact Details:

Email: InfectionControlDL@cntw.nhs.uk

Telephone contact details: 0191 246 6800 Through Hospital Switchboard for IPC Nurses

Administration
St Nicholas House, St Nicholas Hospital **Tel: 0191 245 6650**
Jubilee Road, Gosforth
Newcastle- upon- Tyne

Appendix 1(f)

Management of Outbreaks of Diarrhoea and Vomiting

Infection Control Advice

An outbreak is defined as two or more cases occurring in staff and/or patients/service users in the same area and within the same time period.

If an outbreak of diarrhoea and/or vomiting (DV) is suspected the manager or nurse/person in charge should contact the Infection Prevention and Control Matron without delay.

Outbreaks of diarrhoea and vomiting can occur throughout the year. Early implementation of control measures can considerably reduce the impact upon patients/residents/service users and healthcare workers.

The following measures should be introduced as early as possible:-

Isolation

Staff should read the following in conjunction with IPC-PGN-08 Isolation of Infected patients in hospital

- Where possible affected patients/service users should be isolated in a single room until they are **48 hours free from symptoms**
- **Symptomatic staff with diarrhoea and/or vomiting should not return to duty until they are also 48 hours free from symptoms**
- If it is not possible to isolate patients/residents, then consideration should be given to caring for symptomatic individuals in an area that can be separated from unaffected patients /residents and /or consider dedicated staff to care for those who are symptomatic
- Consider the use of one toilet designated for symptomatic patients

Management of the Ward /Unit

- The ward/unit should be closed to all admissions, transfers in and out and discharges, until the last affected patient is 48 hours free from symptoms. Where this is not possible the Infection Prevention and Control Team will offer advice. In the case of urgent transfers to Accident and Emergency, the receiving hospital **must** be informed of the current outbreak on the ward/unit from which the person is being transferred.

- All patients should be informed of the current outbreak and should be encouraged to report symptoms.

- All visitors, this includes portering staff and other members of the multidisciplinary team, to the ward/unit should be informed of the current outbreak of diarrhoea and vomiting. This information should be visually displayed at the entrance to the ward/home

- Wherever possible children should be discouraged from visiting the ward or home during an outbreak of DV

- The employment of agency/bank staff should be restricted during this time. Where it is unavoidable, due to staff shortages, block bookings of staff during the period of the outbreak should be considered

Hand Hygiene

Staff should read the following in conjunction with IPC-PGN 04.1 - Hand Hygiene and use of alcohol hand rub.

- Hand washing is the single most important measure for preventing the transmission of infection

- Hands should be washed with liquid soap, running water and dried with disposable paper towels

    - After every episode of patient care
    - After the removal of gloves and aprons
    - After visiting the toilet
    - After handling laundry
    - Before and after preparing/serving meals
    - Before and after smoking
    - Staff should encourage patients/residents to wash their hands frequently, especially before eating and after toileting

- Staff should encourage visitors to wash their hands upon entering and leaving the ward or home

Alcohol Based Hand Rubs/Hand Sanitiser

- Alcohol Hand rubs alone should not be used when managing an outbreak of diarrhoea and/or vomiting as they are not effective against norovirus and clostridium difficile

Environment

- Any contamination of the environment with vomit or faeces should be cleaned immediately wearing gloves and aprons. Hard surfaces should be cleaned using a 0.1% hypochlorite solution and then rinsed and dried. **Chlorclean should be used for all environmental cleaning during an outbreak of diarrhoea and/or vomiting.**

- Soft furnishings and carpets should be cleaned with detergent and hot water and wherever possible steam cleaned. If furnishings can not be cleaned appropriately consideration should be given to the replacement of contaminated item/s.

- Where possible open windows to allow ventilation of the area and keep the area clear for as long as possible

- Avoid vacuum cleaning or buffing the floors in areas where there is illness during the outbreak, as this may contribute to recirculation of the virus into the air.

- Areas that are frequently handled e.g. handrails, door handles, toilet/bath rails; taps should be cleaned more regularly, suggested 3 times daily. All surfaces in the toilet areas, especially after use by a symptomatic resident, should be cleaned/disinfected frequently as these areas are likely to be heavily contaminated. This includes commodes and other reusable equipment

It is recommended that all of the above activities should be undertaken in those areas affected by illness at least 72 hrs after the last case of illness

Personal Protective Equipment (PPE)

Staff should read the following in conjunction with IPC-PGN 02.1 Standard Precautions

- Gloves and plastic aprons should be worn to protect hands and uniforms /clothes from becoming contaminated with body fluids and micro-organisms and to reduce the transfer of organisms.

- A supply of both gloves and aprons should be readily available and easily accessible to all staff

- Gloves and aprons are single use only and should be removed and disposed of immediately after use

- PPE should be worn when the following activities are carried out

    - Assisting with or providing personal care to patients/residents
    - Dealing with linen
    - Dealing with body fluid spillages
    - Cleaning the environment

Linen

Staff should read the following in conjunction with IPC-PGN-12 - Used Laundry

- All linen should be handled wearing gloves and aprons

- All linen from a symptomatic patient should be treated as “infected” and placed in a water soluble red bag

- Manual sluicing of laundry must not be performed

NOTE:

Linen should be sent to the laundry at all times wherever possible and not routinely washed on the ward.

- For areas that undertake washing of laundry, linen should undergo a machine wash sluice cycle prior to being washed at 65^{o}C for 10 minutes or 71^{o}C for 3 minutes

Waste

- All waste generated from infected patients should be treated as infected and disposed as clinical waste

Visitors

- Children should be discouraged from visiting the ward during an outbreak
- Visitors should be encouraged to wash their hands on arrival and departure onto the ward
- Visitors should be encouraged to refrain from visiting if they are symptomatic themselves
- It may be necessary on occasions to restrict visiting to all patients depending upon the severity of the outbreak. Advice will be given by the IPC Team

Communication

On suspecting an outbreak contact should be made with the IPC Team. Contact numbers can be found at Appendix 1.

The infection Prevention and Control Team will:

- Contact the ward/unit daily
- Request an update of the current numbers of affected and recovered staff /patients/residents
- Request that the ward/unit keeps an updated line list of both patients and staff who have symptoms
- Liaise with the appropriate laboratory regarding specimen results

The Outbreak will be declared closed by the IPCT following a period of no symptoms in either patients or staff for 48hrs and the ward/unit has been terminally cleaned.

Appendix (g)

Management of Outbreaks of Diarrhoea and Vomiting
Faecal specimen collection guidance

Who to collect specimens from:

- If you suspect an outbreak of diarrhoea and vomiting, you should contact a member of the Infection Prevention and Control Team (IPCT) to seek advice on the collection of samples
- Typically, faecal specimens should only be collected from patients who are experiencing symptoms of diarrhoea
- During the outbreak, the IPCT will advise you on the need to collect further samples
- **Remember:** The testing of faecal specimens is vitally important to find out the cause of an outbreak of diarrhoea and vomiting and should be collected as soon as symptoms occur
- It is important that specimens collected as part of a suspected or confirmed outbreak are sent using the correct request forms. The IPCT will offer support and advice when completing specimen forms

How to collect the specimens:

- Complete the personal details of the symptomatic person on the request form and specimen tube
- Put none latex examination gloves (EN standard 455) and a single use disposable apron on
- Collect the specimen in a clean container such as a bedpan or suitable receptacle
- Using the scoop inside the specimen tube, transfer the specimen into the tube
- It is not necessary to fill the tube but it must contain faeces at least the size of a walnut, (approx 10-15mls)

- Ensure the top is securely screwed onto the specimen tube and wipe the outside of the container with toilet paper

- Check the patient's details are correct on the laboratory request form and specimen tube label. Place the tube into the biohazard plastic bag, seal and place the bag in a secure container before collection for transport to the laboratory.

- Discard any remaining faeces into the toilet

- Remove and safely dispose of the gloves and apron through your department's clinical waste stream

- Alcohol hand rub/hand sanitiser has been found to be ineffective on many viruses, it is therefore essential that hands be washed using liquid soap, rinsed and dried thoroughly

- If the ward has been given an outbreak number by the IPC Team ensure that it is recorded on the specimen request form (where applicable). Adding this number helps the laboratory identify specimens from a particular outbreak

How to store and arrange for collection of specimens:

- Put the specimen tube into the plastic bag attached to the request form, secure and store in a dedicated specimen fridge (where available) or a safe, secure cool place until collected. E.g. in a room with lowest available room temperature. **Specimens should under no circumstances be stored in either a drug storage fridge or a domestic food fridge!**

Special Note:

The laboratory will not test stool samples that are formed, please refer to the Bristol Stool Chart

LINE LIST - PATIENT

Data Sheet for PATIENTS with symptoms during outbreak of Diarrhoea and/or Vomiting

Name of Ward/Home		Locality		Date	

Please record details of patients/residents who have had symptoms below and update regularly (use separate patient sheet for any staff who are unwell)

Forename	Surname	Sex	Date of Birth	Symptoms – please tick ✓						When did symptoms start?		Last date of any symptoms	Date of stool sample	Result of sample
				Diarrhoea	Bloody diarrhoea	Vomiting	Abdominal pain	Fever	Other	Date	Time			

LINE LIST - STAFF

Data Sheet for STAFF with symptoms during outbreak of Diarrhoea and/or Vomiting

Name of Ward/Home		Locality		Date	

Please record details of patients/residents who have had symptoms below and update regularly (use separate patient sheet for any staff who are unwell)

Forename	Surname	Sex	Date of Birth	Symptoms – please tick ✓						When did symptoms start?		Last date of any symptoms	Date of stool sample	Result of sample
				Diarrhoea	Bloody diarrhoea	Vomiting	Abdominal pain	Fever	Other	Date	Time			

Appendix (j)

Infection Control Department

Notice to Visitors

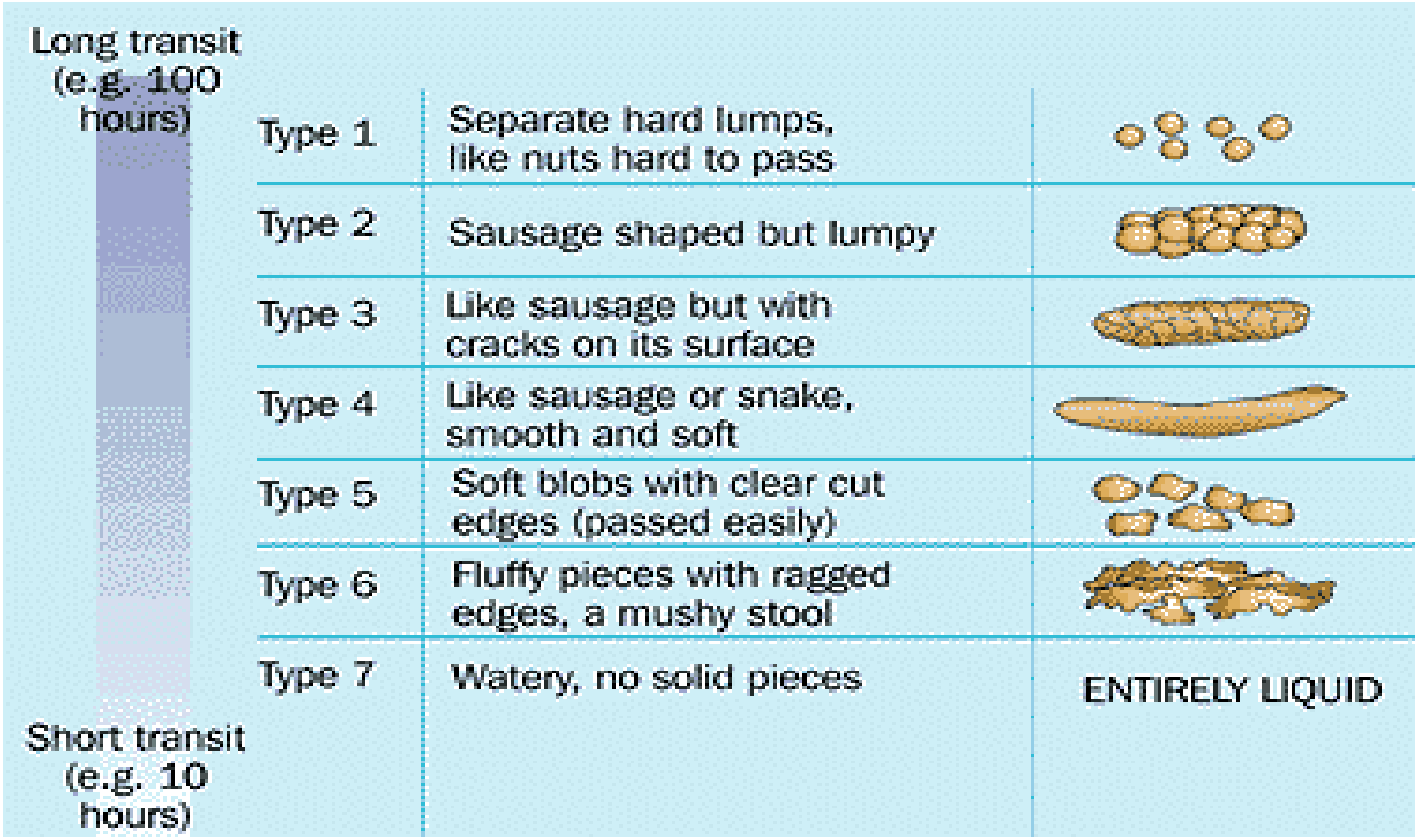
We are currently experiencing episodes of diarrhoea and vomiting, a condition which is also affecting many members of the community.

In order to reduce the potential spread of this infection we request that you:

- Follow any instructions provided by ward / department staff
- Please ensure you thoroughly wash your hands when entering and exiting the department
- Keep visiting to a minimum
- Deter children from visiting
- Do not visit if you have similar symptoms

Thank you for your co-operation

Appendix (k)



Source: Heaton, K. (1999) The Bristol Stool Form Scale in **Understanding Your Bowels** Family Doctor Series London BMA

Appendix 2:

Checklist of core members of the IPC-MIG

All IPC-MIGs should contain the following members:

- The Trust DIPC as chair of the group. In the absence of the DIPC, the Executive Director or Nursing and Operations or Medical Director will nominate the Chair of the Group
- The Trust IPC Doctor(s)
- The Trust IPC Matron/Team
- Executive Director of Nursing and Operations(or other representative of the Chief Executive)
- Consultant Psychiatrist(s) involved in the clinical care of affected patients
- Consultant Microbiologist / Virologist from local acute Trust
- Representative from Occupational Health from local department
- Medical Director
- Communications Manager
- Administrative support to the IPC-MIG

Additional membership is invited according to the nature of the outbreak:

The Trust will inform the Director of Operations Clinical Commissioning Groups (CCG), Director of Operations NHS England Area Team.

Appropriate representatives of any other department or speciality
Consultant in communicable disease control (PHE)

Director of Public Health

Head of Facilities

Head of Estates

Chief Pharmacist

Head of Patient Safety

Clinical Risk Manger

Hotel Services Manager

Chief Environmental Health Officer or deputy

Health and Safety Advisor

Appendix 3:

Draft agenda for IPC-MIG meetings

Outbreak/Number/Date/Time/venue

1. Introductions
2. Apologies
3. Background/evidence
    i. History of how outbreak was notified
    ii. Number of cases to date/epidemiology of cases
    iii. Microbiological information
    iv. Control measures in place
    v. Case definition
4. Investigations required
    i. Microbiological
    ii. Epidemiological
    iii. Environmental
5. Initial Hypothesis
6. Ongoing risks and additional actions required
7. Communication
8. Agreed actions
9. Date /time of next meeting

Appendix 4:

Checklist of measures to be taken

- Identification of organism
- Isolation facilities, adequate number of rooms with en-suite facilities, isolation ward considered
- Isolation policy implemented
- Protective isolation for susceptible individuals considered
- Additional facilities required at other hospitals considered
- Need for active or passive immunisation considered
- Need for antibiotic prophylaxis considered
- Expert advice implemented
- Disinfection policy and domestic procedures defined
- Policy on patient admission, transfer and discharge defined
- Policy on movement of patients and staff within wards and between hospitals defined
- Visiting arrangements defined
- Additional nursing and medical staff considered
- Communication to all grades of staff

Appendix 5

Communication checklist

- **Communication**
  - The Chief Executive and Medical Director must be informed.
  - The Regional Epidemiologist North East Public Health England Centre, Health Protection Team - A designated Press Officer must be identified.
  - A standard explanation must be agreed for communication to patients, relatives and visitors.

- **Information to individuals and organisations**
  - The following people within this Trust and any neighbouring acute Trust(s) may need to be informed of the outbreak

    - Accident and Emergency Department
    - Bereavement Officer
    - Catering Manager
    - Chairman, Consultant Medical Staff Committee
    - Chief Pharmacist or deputy
    - Group Directors and Associate Directors
    - Estates Manager
    - Health and Safety Advisor
    - Hotel Services Manager
    - Junior Medical Staff
    - Laundry Manager
    - Local Microbiology and Virology Laboratories
    - Nurse Bank Manager
    - Occupational Health Department
    - Patient Services Director or deputy
    - Portering Manager
    - Risk Management
    - Switchboard

Appendix 6:

Checklist of management functions

- Need for additional staff considered
  - medical and nursing staff
  - other staff, e.g. clerical, domestic, estates, laundry, etc
- Need for additional laboratory facilities considered
- Isolation facilities defined and isolation ward considered
- Isolation and clinical procedures defined
- The effect on planned and emergency admissions considered
- Need for increased secretarial and communications facilities considered
  - secretarial support available to the IPC-MIG
  - suitable telephone, fax and email facilities
  - additional computer support with access to the intranet and internet
- Availability of adequate supplies including medicaments assessed
- Special measures for staff protection defined
  - personal protective equipment
  - antibiotic prophylaxis
  - immunisation (active or passive)
- Catering, domestic and housekeeping procedures defined
- Nursing, medical and paramedical staff informed
- Special arrangements required on the death of infected patients defined
  - Coroner
  - Mortuary staff
  - Funeral directors

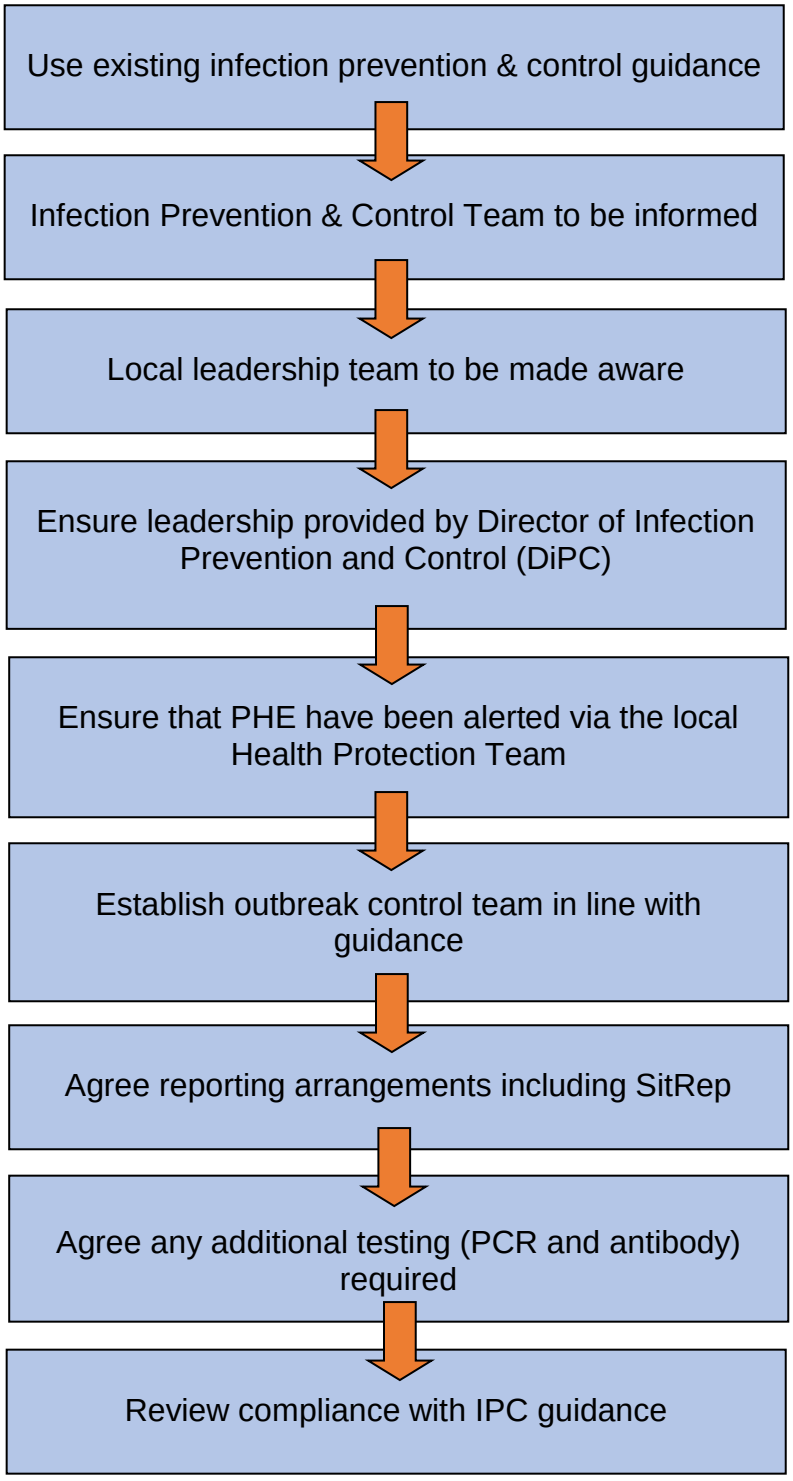
Appendix 7

Checklist of possible investigative measures

- Who will be responsible for co-ordinating epidemiological investigations? (this should include responsibility for the collection of specimens)
- Outbreak number allocated.
- Case definition made on clinical and/or microbiological criteria
- Food samples taken and examined
- Engineers involved
- Environmental samples taken
- Samples transported rapidly to Freeman Hospital Newcastle Upon Tyne Hospitals
- Epidemiological studies in progress, need for further studies considered
    - North East Public Health England Health Protection Team
    - follow-up of contacts of infected patients undertaken (patients, staff, visitors, family and community)
    - microbiological or serological screening of apparently non-infected people considered
        - for patients
        - for relatives/visitors
        - for staff
        - other contacts
        - has a list been made of the number of infected patients, their names and locations

Appendix 8

Hospital Onset COVID-19 Outbreaks – Actions to be taken by Trusts



Appendix 9

IIMARCH form for updating Regional NEY Covid 19 ICC

Name of Organisation: **Date:**

Name of person reporting the outbreak

Email: **Phone Number:**

National Incident Number for outbreak (ICC to add on receipt of first IIMARCH form)

Element	Key questions and considerations	Action
I	**Information** **What, where, when, how, how many, so what, what might?** Timeline and history (if applicable), key facts reported using M/ETHANE Has the ward department been closed to admissions? Date Number of patients affected Number of staff affected Number of relatives affected	
I	**Intent** **Why we are here, what are our strategic objectives are to address?** Strategic aim and objectives, joint working strategy Enhanced cleaning in place in Department/ Ward, internal Trust/organisation discussion undertaken with a view to potential decant of affected area and deep clean as well as reinforce social distancing in all areas to include rest rooms Assessment of impact of service delivery and business continuity plans	
M	**Method** **How are we going to do it?** Command, control and co-ordination arrangements, tactical and operational policy and plans, contingency	

Element	Key questions and considerations	Action
	Do you have any concerns with compliance with infection prevention and control policies and practices? a. Hand Hygiene b. Environmental cleanliness c. Personal protective equipment d. Social distancing for patients and staff	
A	**Administration** **What is required for effective, efficient and safe implementation?** Identification of commanders, tasking, timing, decision logs, equipment, dress code, PPE, welfare, food, logistics	
R	**Risk assessment** **What are the relevant risks, and what measures are required to mitigate them?** Risk assessments (dynamic and analytical) should be shared to establish a joint understanding of risk. Risks should be reduced to the lowest reasonably practicable level by taking preventative measures, in order of priority. Consider the hierarchy of controls. Consider Decision Controls	
C	**Communications** **How are we going to initiate and maintain communications with all partners and interested parties?** Radio call signs, other means of communication, understanding of inter-agency communications, information assessment, media handling and joint media strategy	
H	**Humanitarian issues** **What humanitarian assistance and human rights issues arise or may arise from this event and the response to it?** Requirement for humanitarian assistance, information sharing and disclosure, potential impacts on individuals' human rights	