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Title: Outbreak of Infection Management

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1 Introduction

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).

Outbreaks of hospital infection vary greatly in extent and severity ranging from a few cases of Influenza to a larger outbreak of norovirus affecting a single ward or several across the Trust.

Minor outbreaks will be managed by the IPCT & clinical teams following a risk assessment. In the event of a major outbreak the DIPC (or, in their absence an IPC team) will take the lead role in identifying and managing the outbreak.

In some instances, the situation may be further complicated if there is community involvement in the outbreak. Therefore, effective communication with the UK Health Security Agency (UKHSA) is vital.

It is important that patients with any infections are identified in a timely manner to ensure that appropriate treatment and management of these infections are implemented. Outbreaks of infection can spread rapidly within closed communities, and it is important that potential outbreaks are identified early so that immediate steps are taken to prevent the spread of illness.

This procedure aligns with our journey for change as set out in the overarching [Infection Prevention and Control Policy](#).

2 Purpose

Following this procedure will help the Trust to: -

- Ensure staff are aware of the definition of an outbreak.
- Describe the arrangements for the investigation, management and control of outbreaks or increased incidence of infectious disease within the Trust.
- Support good practice in the investigation, management, and control of an outbreak of infection
- Ensure staff contact the Infection Prevention and Control (IPC) team if they suspect an outbreak of infection.

3 Who this Procedure Applies to

This procedure applies to all Trust clinical staff.

4 Related Documents

This procedure refers to:



[The Standard \(Universal\) Precautions for Infection Prevention and Control](#) defines the universal standards for IPC which you must read, understand, and be trained in before carrying out the procedures described in this document.

This procedure also refers to: -

[Decontamination of equipment procedure](#)

[Hand Hygiene](#)

[Safe laundering of Linen](#)

[Waste Management Policy](#)

[Infection Prevention and Control Policy](#)

[Acute Respiratory Infection patient management procedure](#)

[Scabies, fleas, and lice procedure](#)

[Human Rights, Equality Diversity and Inclusion Policy](#)

5 Case Definitions

An initial case definition should be agreed by the IMT or outbreak lead as early as possible, based on what is known about the infection and population at risk, relevant national guidance, and epidemiological data. The case definition should be regularly reviewed and revised as necessary.

5.1 Definition of an Outbreak of Infection

An outbreak is defined as: -

- an incident in which at least 2 or more people affected by the same infectious disease are linked by time, place, or common exposure
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred

Other incidents that can be considered in a similar way to outbreaks include:

- a single case of certain rare or high-consequence diseases, including, but not limited to, diphtheria, botulism, rabies, viral haemorrhagic fever, and polio
- a suspected, anticipated, or actual event involving microbial contamination, for example food, water, and medicine or medical device contamination

5.2 Definition of an Incident

An 'incident' has a broader meaning and refers to events or situations which warrant investigation to determine if corrective action or specific management is needed.

- In some instances, only one case of an infectious disease may prompt the need for incident management and public health measures e.g., Legionella

5.3 Recognition of an Incident or Outbreak

To identify and define at the earliest stage

- 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
- 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

5.4 Reporting of an Outbreak

Ward/Unit/Team on suspecting an outbreak in either patients and or staff should notify:



The IPC team immediately. Monday to Friday one of the IPC team manage the inbox and will contact the ward following receipt of email: TEWV.IPC@nhs.net

During weekends or after 17:00hrs Monday to Friday please contact on call managers for further advice, management, and support.

The [IPC team intranet page can be found here](#). Patient information leaflets for specific infections can be printed from here as an additional method of communication.

6 Management of Identified Outbreak

An outbreak may have significant management implications. Such as, additional nursing staff, reallocation of clinical staff, additional consumables, and laboratory facilities (including the use of local or national reference laboratories). Planned admissions, transfers and discharges may be disrupted.

The National Infection Prevention & Control Manual [National Infection Prevention and Control Manual: Chapter 4 - Infection Control in the Built Environment and Decontamination](#) (NIPCM) 2022 presents two Aide-Memoires which provide best practice recommendations to be implemented in the event of a healthcare water-associated or healthcare ventilation-associated infection incident/outbreak.

These ensure clinical staff, estates and facilities staff, and Infection Prevention and Control Teams (IPCT) understand the preventative measures required and the appropriate actions that should be taken.

[Prevention and management of healthcare water-associated infection incidents/outbreaks](#)

[Prevention and management of healthcare ventilation-associated infection incidents/outbreaks](#)

6.1 Initial Investigation

When a potential incident / 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.

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

6.2 Procedure for Dealing with Outbreaks of Infection

The management of an outbreak of infection involves a series of steps and individual tasks. The risk level will indicate the action to be taken depending on the nature of the outbreak. The Director of Infection Prevention & Control (DIPC) or IPC team immediately convenes an Outbreak Control Team (OCT). The membership of this group comprises a 'core' membership plus additional members according to the nature of the outbreak.

The OCT will meet regularly as determined by the group at the initial meeting, this may be done via Microsoft teams. This will be regularly reviewed.

The functions of the OCT are:

- To verify the existence of an outbreak
- To take all necessary steps for the provision of appropriate continuing clinical care of 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 the ward staff and others

- To agree arrangements for providing information to patients, relatives, and visitors
- To meet frequently, as determined by the OCT 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
- Discuss the on-going management of the outbreak and provide clinical teams with support and advice
- Any decisions made on the management of the outbreak will be made at the meeting

7 Outbreak Control Measures

The following measures will be advised by the IPCT and or the OCT based upon individual incident / outbreak.

7.1 Ward/Unit/Department

- Close affected ward(s) to admissions, transfers, and discharges to other care facilities. In exceptional circumstance there may be occasions when new admissions are accepted into an outbreak area. This would be due to no alternative suitable placement, and the individual mental health/medical condition is deemed a greater risk not to admit than the infection risk of the admission. In the interests of duty of candour any admissions must be made aware of the infection risk. Any underlying medical conditions must be discussed, and further advice can be sought from the IPC team to mitigate any infection risks.
- Keep doors to single-occupancy room(s) closed
- Place signage on the outside of the ward/area door informing all visitors of the closed status and restricting visits to essential staff and essential social visitors only
- Place patients within the ward for the optimal safety of all patients

7.2 Communication with affected Healthcare Workers (HCWs)

- Ensure all staff are aware of the probable/identified infection and how this is transmitted
- Ensure all staff are aware of or are vigilant for the development of symptoms
- Allocate staff to duties in either affected or non-affected areas of the ward but not both unless unavoidable (e.g., therapists)
- Complete any necessary individual staff risk assessments

7.3 Patient and Relative information

- Isolate symptomatic patients as advised by IPCT

- Provide all affected patients and visitors with information on the outbreak and the control measures they should adopt
- Patient information leaflets are available on the [intranet IPC page](#) for specific infections such as: Scabies, Norovirus, shingles
- Ward to ensure appropriate communication / support is given for translating information to patients if necessary
- Advise necessary visitors of the personal risk and how they might reduce this risk (see Appendix 3).

7.4 Continuous Monitoring and Communications

- Maintain an up-to-date record of all patients and staff with symptoms, using Trust approved documents.
- Monitor all affected patients for signs of deterioration and manage as per NEWS2
- For any major outbreaks affecting several areas / wards / departments maintain a regular briefing to the organisational management, public health organisations and media office

7.5 Personal Protective Equipment (PPE)

- Use appropriate PPE advised by the IPCT for individual infection to prevent contamination
- Consideration will be given for use of either Standard Infection Control Precautions Or Transmission Based Precautions

7.6 Hand Hygiene

- Use liquid soap and warm water as advised for outbreak management unless IPCT state alternative method safe
- Encourage and assist patients with hand hygiene on a regular basis

7.7 Environment

- Communicate with hotel services effectively during all stages of the outbreak
- Intensify cleaning ensuring affected areas are cleaned and disinfected containing 1000ppm available chlorine
- Decontaminate frequently touched surfaces with detergent and disinfectant containing 1000ppm available chlorine or universal disinfectant wipes.

7.8 Patient Care Equipment

- Use single-patient use equipment wherever possible

- Decontaminate all other equipment before and immediately after use with product advised by IPCT

7.9 Safe Management of Linen

- Whilst clinical area is closed, discard linen from the closed area in a water soluble (alginate) bag and then a secondary bag (infectious linen)

7.10 Blood or Bodily Fluid Spillages

- Wearing PPE (gloves & apron), decontaminate all faecal and vomit spillages
- Remove spillages with paper towels, and then decontaminate the area with an agent containing 1000 ppm available chlorine or identified spill kit
- If blood is present Haz tabs 10,000ppm to be used
- Discard all waste as clinical healthcare waste.
- Remove PPE and wash hands with liquid soap and warm water

8 Outbreak Control Measures for Diarrhoea & or Vomiting

For outbreaks of diarrhoea and vomiting that are limited to ward/unit area staff should follow the D & V Action card see Appendix 4.

It is vital all symptomatic / confirmed patients and staff are recorded and reported in a timely manner using line list documents (appendices 5 & 6) once completed send to IPC team via the IPC email: tewvipc@nhs.net

All bowel movements should be recorded using the Bristol Stool Chart (see appendix 7)

9 Outbreak Control Measures for Respiratory Illness

For outbreaks of respiratory illness that are limited to ward/unit area staff should follow the Respiratory outbreak Action card see Appendix 9

It is vital all symptomatic / confirmed patients and staff are recorded and reported in a timely manner using line list documents (appendix 10 & 11) once completed send to IPC team via the IPC email: tewvipc@nhs.net

10 Outbreak Control Measures for Scabies

For outbreaks of Scabies that are limited to the ward/unit area staff should follow the Scabies outbreak action card see Appendix 12.

It is vital all symptomatic patients and staff are recorded and reported in a timely manner using line list documents (appendix 13 & 14), once completed send to IPC team via the email above.

11 Diagnostic Investigations

The IPC team will advise regarding diagnostic investigations.

Faecal specimens need to be obtained when managing an outbreak of Diarrhoea to establish the causative agent. Ensure that faeces specimens from cases are collected without delay. For example, the duration of virus excretion in food-borne virus infection is very short; virology advice should be sought urgently.

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.

How to take a faecal specimen see Appendix 8.



The laboratory will not test stool samples that are formed. Please refer to the Bristol Stool Chart types 5-7 to be sent.

For any respiratory outbreaks and necessary screening refer to the [Acute Respiratory Procedure](#) for appropriate guidance.

12 Safe Labelling of Specimens

Ensure each specimen is clearly labelled with the patient's name, date of birth, NHS number and location e.g. ward name.

The pathology request form must also identify the patients details as well as relevant clinical details, reason for the specimen request and any current antibiotic treatment.

Ensure the laboratory request form is also signed by the clinician who has requested the specimen.

The specimen must be secured in the specimen container and placed into a leak proof sealed specimen bag along with the request form.

Any specimens deemed as high risk of infection (e.g., from patients with blood borne viruses or diseases such as Creutzfeldt-Jacob Disease) must be placed into a mini grip plastic bag before being placed into the bag with the pathology request form, they should also be labelled as 'high risk' (high risk stickers can be ordered via cardea).

Unlabelled or incorrectly labelled specimens will be discarded by the receiving laboratory department.

12.1 Transportation of Laboratory Specimens

All specimens transported in a vehicle **must be triple packed**:

1. **Primary container**

- Leak-proof, correctly labelled specimen container

- Wiped clean externally
- 2. **Secondary packaging**
 - Leak-proof specimen bag
 - Absorbent material sufficient to absorb full contents
 - Request form kept in separate pocket
- 3. **Outer packaging**
 - Rigid container or approved transport box
 - Clearly marked **UN3373 diamond** and “**Biological Substance, Category B**”

This applies whether transport is by **car, van, courier vehicle or motorcycle**

Each specimen container must be in a separate plastic bag with sufficient material to fully absorb any leakage of the specimen

Vehicles used for specimen transportation must be equipped with personal protective equipment and a spill kit. Any spillages must be cleaned immediately, and the specimen requester informed as a further specimen will need to be obtained.

13 Environmental Decontamination & Decontamination of Patient Equipment

Routine environmental cleaning in accordance with national standards and specifications should be enhanced during an outbreak. Key control measures include increased frequency of cleaning, environmental disinfection and prompt clearance of soiling caused by vomit or faeces. Communication with hotel services is vital and must be maintained.

The use of shared medical equipment should be avoided wherever possible using disposables blood pressure cuffs and reusable equipment dedicated for single patient use for the duration of the outbreak.

Appropriate decontamination multiple use patient equipment is vital. Ensure cleaning is undertaken before and after use using universal cleaning wipes.

13.1 Terminal Cleans

Agreed terminal cleaning will be identified by either the IPCT or via the OCT.

The principles of terminal cleaning cover the rigour of cleaning, the disposal of materials where possible, the disinfection of equipment and surfaces, the removal of curtains and the precise order in which individual tasks are carried out. See Appendix 15 for agreed local policies and cleaning schedules.

14 Visitors Information

Restrictions on visiting are mainly intended to assist ward staff in outbreak control management.

A visitor who has an infection is a transmission risk.

A visitor who does not have an infection is at risk of contracting it during a visit.



Visitors who are symptomatic of D & V **must** not visit until at least 48h after the resolution of their symptoms.

All visitors **must** be warned of the risk of contracting the infection causing the outbreak, they should be discouraged from visiting.

14.1 Non-essential Visitors

Such as visits from hairdressers, should not be allowed to an outbreak restricted area until the outbreak is declared over and terminal cleaning successfully completed.

14.2 Contractors

Only work that cannot be postponed until after re-opening of the closed area should be permitted and **must** be willing to follow IPC measures.

Appropriate agreement followed by instructions should be given to contractors before they enter a closed area.

14.3 Extenuating Circumstances

Visitors should be allowed in extenuating circumstances e.g., End of life patients, children, vulnerable adults, and those for whom visiting is an essential part of recovery should be discussed at the OCT meeting. Clinical and social judgment needs to be applied sensitively and compassionately whilst recognising the duty of care for the health and wellbeing of all patients, staff, and visitors.

15 Conclusion of Outbreak

Declaration of the end of an outbreak for Infection. The decision to declare the outbreak over should be informed by on-going risk assessment and when:

- There is no longer a risk to the public health that requires further investigation or management of control measures by an OCT.
- The number of cases has declined.
- The probable cause has been identified
- Agreed by members of the OCT

A pragmatic approach should be taken at the end of outbreaks when a closed clinical area is reopened. The definition of the end of an outbreak for IPC purposes is when terminal cleaning has been completed successfully. The definition is usually set on the basis of experience, as 48h after the resolution of vomiting and/or diarrhoea. Respiratory outbreaks declaration of the end can vary depending on the pathogen.

16 Terms and Definitions

Term	Definition
OCT	Outbreak Control Team
IMT	Incident Management Team
IPCT	Infection Prevention Control Team
PPE	Personal Protective Equipment
SICP	Standard Infection Control Precautions
TBP	Transmission Based Precautions

17 How this Procedure will be Implemented

- This procedure will be published on the Trust Intranet and external website.
- Line managers will disseminate this policy to all Trust employees through a line management briefing.

18 Training Needs Analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Clinical staff	Mandatory Infection Prevention Control (IPC) training	1 hour	Yearly
Non Clinical	Mandatory IPC training	1 hour	3 Years
Clinical staff	Support Infection Prevention Specialists (SIPS)	1 hour	Rolling programme

19 How the Implementation of this Procedure will be Monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Outbreaks must be reported on National database (Norovirus or Covid) using standard national template	Frequency - As clinically required/ Method - update to national database during a declared outbreak/ Responsible - IPC Team	IPC Committee and report to QuAG
2	Outbreaks recorded by IPC Team	Frequency - quarterly Method – report made to Responsible - IPC Team	IPC Committee and report to QuAG

20 References

NHS England and NHS Improvement (2022) National infection prevention and control manual for England V2.0.

Public Health England, March (2012) Guidelines for the management of norovirus outbreaks in acute and community health and social care settings.

UKSHA (2022) Infection prevention and control for seasonal respiratory infections in health and social care settings (including SARS-CoV-2) for winter 2021-2022.

UKHSA (2023) guidance on the management of scabies cases and outbreaks in long-term care facilities and other closed settings

UKHSA Communicable disease outbreak management guidance: principles to support local health protection systems. Updated 2 September 2025

21 Document Control (External)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	21 April 2026
Next review date	21 April 2029
This document replaces	Outbreak of Infection Management v3.1
This document was approved by	Infection Prevention & Control Committee (IPCC) pending
This document was approved	21 April 2026
This document was ratified by	N/A
This document was ratified	N/A
An equality analysis was completed on this policy on	04 March 2026
Document type	Public
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
v3	20 Apr 2023	Full review with minor changes, including: • Transfer to current template. • Clarified language • Added context of OCT and control context and measures	Withdrawn
v3.1	16 Apr 2024	Amendment to section 7.1 Ward/unit/department to include:- new admissions into outbreak area in exceptional circumstances..	Withdrawn
v4	21 Apr 2026	Full review: New template, minor amendments to definitions, personal pronouns, updated related documents & references, typographic changes	Approved

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Nursing and Governance/Infection Prevention and Control Team
Title	The outbreak of Infection Management
Type	Procedure
Geographical area covered	Trust wide
Aims and objectives	To set standards for Standard Infection Prevention Control Precautions
Start date of Equality Analysis Screening	05 February 2026
End date of Equality Analysis Screening	04 March 2026

Section 2	Impacts
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Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	The Trust, staff, patients & visitors
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	• Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications – N/ANO (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	N/A
Describe any positive impacts / Human Rights Implications	N/A
Section 3	Research and involvement

What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Best Practice
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No
If you answered Yes above, describe the engagement and involvement that has taken place	N/A
If you answered No above, describe future plans that you may have to engage and involve people from different groups	As new guidance is produced plans to involve relevant people would be considered. As per previous review.

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	Clinical staff who attend Support Infection Prevention Specialists (SIPS) training receive specific session regarding SICPs.
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Appendix 2 – Approval Checklist

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	N/A	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	Training		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	
7.	Implementation and monitoring		

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	Yes	
8.	Equality analysis		
	Has an equality analysis been completed for the document?		
	Have Equality and Diversity reviewed and approved the equality analysis?		
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
10.	Publication		
	Has the document been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	

Appendix 3 – Visitor Poster

Please see over page for poster.

INFECTION PREVENTION & CONTROL ADVICE

NOTICE TO ALL VISITORS

We are currently experiencing an outbreak of infection

To reduce the potential spread of this infection we request that you do not visit at present

If the visit is deemed essential, please:

- **Follow any instructions provided by ward / department staff regarding necessary personal protective equipment**
- **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**

Please contact the Infection Prevention and Control Team for further information

Email: tewv.ipc@nhs.net

Appendix 4 – Action Card for Management of Diarrhoea & Vomiting

Step 1

- The nurse in charge of the ward must notify the IPCN Monday to Friday. At weekends, the manager on call must be informed, and the IPCN the next working day.
- The on-call manager will check that staff have access to and are following guidance, will offer support, and determine when or if they need to contact the microbiologist at the local acute
- Begin to document all information on the line list for patients and staff affected (appendix 5 & 6)

Step 2

- Isolate symptomatic patients (minimum 48 hours from last symptom). If no en-suite facilities isolate a toilet or commode for symptomatic patients use only
- Commence stool chart, see appendix 7.
- Complete NEWS2
- Seek review by Physical health practitioner / Medical team
- Wherever possible, arrange for symptomatic patients to have sole use of a toilet or commode.
- Wear gloves and aprons when dealing with symptomatic patient/s body fluid.
- Wear FRSM for close contact with any patients vomiting.
- Collect faecal specimens (type 5 - 7) from patient for laboratory tests. Request C & S, virology and C- Diff (see appendix 8 for specimen collection)

Step 3

- Contact hotel services to arrange a terminal clean of the area / toilet where symptoms occurred and increase daily cleaning of the patient's room to include chlorclean
- Restrict staff and other patient movements to other wards, outpatient or day services as appropriate.
- Do not discharge any patients to nursing and residential homes until the outbreak is declared over. Do not transfer any patients with diarrhoea to another ward unless advice is obtained from Infection Prevention and Control (IPC).
- Unaffected patients may be discharged to their own home as planned. Ensure patient's GP is aware in case patient develops symptoms.

Step 4

- Wherever possible, nursing staff must not work on other wards until the outbreak is over. Housekeeping staff may still cover wards as normal attending the affected ward last.
- Restrict visiting
- Remind all staff of the importance of effective hand washing. Ensure adequate supplies of liquid soap and paper towels are available.
- Promote hand hygiene for all patients

Appendix 5 – Patient Outbreak Register Diarrhoea & Vomiting

Has any patient been transferred to another ward within the last 48 hours? Please list ward or unit:

Date IPCN informed:						Ward:			Tel No:		I Log No (if applicable):	
Date Hotel Services informed:											Datix No:	
Case	Name	DOB	NHS or Paris Number	Room	Date of admission	Has the patient had any recent antibiotics or laxatives? please list	Onset date and time	Symptoms	Date of Specimen	Results	Date symptom free for 48 hours	Comments e.g., patient info, transfers, EWS etc.
1												
2												
3												
4												
5												

Appendix 6 – Staff Outbreak Register Diarrhoea & Vomiting

Date IPCN informed:			Ward:		Tel No:		ILog No/ Datix No:		
Case	Name and Role	Date and time of onset	Symptoms	If symptoms occurred at work has the area been terminally cleaned?	Specimen Yes/No	Dates worked in last 3 days	Date 48 hours symptom free	Have you worked on another ward in the last 48hrs? Please state	Date returned to work
1									
2									
3									
4									
5									
6									

Appendix 7 - Outbreak of Infection Stool Record Chart

Ward:

Name:
Date of Birth:
PARIS No:
NHS No:
Male Female
Consultant:

Specimen sent for Culture, Sensitivity (C&S) and virology on:
DATE:
RESULT C&S:
RESULT Virology:

Definition of Diarrhoea

A type 5-7 stool, frequency of more than three times a day that is not attributable to any other cause for example:

- Antibiotic
- Overflow
- Laxatives

Date	Time	Comments Please state • Blood • Mucus • Offensive smell • Colour • Bowels not opened	<u>Type 1</u> Separate hard lumps (hard to pass) 	<u>Type 2</u> Sausage shaped but lumpy 	<u>Type 3</u> Like a sausage but with cracks on the surface 	<u>Type 4</u> Like a sausage or snake, smooth and soft 	<u>Type 5</u> Soft blobs with clear cut edges 	<u>Type 6</u> Fluffy pieces with ragged edges, a mushy stool 	<u>Type 7</u> Watery, no solid pieces (entirely liquid) 	Staff Initials

Appendix 8 – Faecal Specimen Collection Guidance

Who to collect specimens from:

- Typically, faecal specimens should only be collected from patients who are experiencing symptoms of diarrhoea. Types 5-7 on the Bristol Stool Chart
- Complete the personal details of the symptomatic person on the request form on Webice

How to collect the specimens:

1. Introduce yourself to the patient, explain and discuss the procedure with them, and gain their consent to proceed.
2. Wash hands with soap and water or decontaminate physically clean hands with an alcohol-based hand sanitiser
3. Put on latex examination gloves and a single use disposable apron
4. Collect the specimen in a clean container such as a bedpan or suitable receptacle
5. Using the scoop inside the specimen tube, transfer the specimen into the tube
6. It is not necessary to fill the tube, but it must contain faeces at least the size of a walnut, (approx. 10-15mls)
7. Ensure the top is securely screwed onto the specimen tube and wipe the outside of the container
8. 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.
9. Discard any remaining faeces into the toilet
10. Remove and safely dispose of the gloves and apron through clinical waste stream
11. Alcohol hand sanitiser has been found to be ineffective on many viruses, it is therefore essential that hands be washed using liquid soap and water, rinsed, and dried thoroughly

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!

Post-procedure

Examine the specimen for features such as colour, consistency, and odour. Record observations in nursing notes and/or care plans.

In cases of suspected tapeworm: segments of tapeworm are easily seen in faeces and should be sent to the laboratory for identification.

12. Label the sample and complete the microbiology request form (including relevant information such as onset and duration of diarrhoea, fever, or recent foreign travel).
13. Dispatch sample to the laboratory as soon as possible
14. Document the procedure in the patient's records

Appendix 9 – Action Card for Outbreak of Respiratory Illness

Step 1

- The nurse in charge of the ward must notify the IPCN Monday to Friday. At weekends, the manager on call must be informed, and the IPCN the next working day.
- The on-call manager will check that staff have access to and are following guidance, will offer support, and determine when or if they need to contact the microbiologist at the local acute
- Begin to document all information on the line list for patients and staff affected (appendix 9 & 10)

Step 2

- Isolate any respiratory symptomatic patients and complete a PCR screen
- Patients with suspected or confirmed Respiratory Tract Infection must be nursed in a single room, with en-suite facilities if possible and the door must be closed. If there is no en-suite facility, a dedicated commode
- All staff working into ward to wear FRSM & Face Visor, gloves and apron to be applied if anticipate exposure to blood or bodily fluid.
- If performing Aerosol Generating Procedures (AGP) FFP3 masks to be worn, staff must be fit tested as per HSE guidelines and do a fit check each time FFP 3 is worn
- Ensure appropriate donning & doffing stations are in place
- Ensure appropriate hand hygiene is performed by staff
- Encourage and assist patients with their own hand hygiene
- Inform hotel services and increase routine cleaning to chlorine releasing agent 1000ppm
- All linen must be handled as 'infectious linen'
- All waste must be disposed of as 'clinical waste'
- Crockery and cutlery must be sanitised following use in a dishwasher
- All patient equipment should be dedicated to individual, when possible, if not all equipment should be cleaned using chlorine releasing agent 1000ppm / universal cleaning wipes

Step 3

- Hotel service increase daily cleaning of the ward with Chlorclean throughout
- Clinical staff perform high touch cleaning with universal wipes.
- Restrict staff and other patient movements to other wards, outpatient or day services as appropriate.
- Do not discharge, transfer any patients to nursing and residential homes. Do not admit to ward until the outbreak is declared over.
- Patients may be discharged to their own home if physically well and no vulnerable household contacts. Ensure patient's household contacts are aware of outbreak.

Step 4

- Wherever possible, nursing staff must not work on other wards until the outbreak is declared over.
- Restrict visiting
- Remind all staff of the importance of correct removal of PPE and effective hand washing inbetween each stage of removal
- Ensure adequate supplies of liquid soap and paper towels are available.
- Promote hand hygiene for all patients

Appendix 10 – Patient Line List for Outbreak of Respiratory Illness

Line List for patient testing during suspected outbreak of respiratory illness

Case Definition: Influenza like illness: Fever $\geq 37.8^{\circ}\text{C}$ and at least one of the following respiratory symptoms, which must be of acute (sudden) onset: persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing.

Name of Ward/Team		Locality		Date	
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Name and Paris ID	Date of Swab sent	RSV Pos or Neg	Influenza Pos or Neg	Covid Pos / neg	Date of onset of symptoms	Date of admission	Comments

Appendix 11 – Staff Line List for Outbreak of Respiratory Illness

Please record details of staff who have had symptoms below and update daily or as necessary

Case Definition: Influenza like illness: Fever $\geq 37.8^{\circ}\text{C}$ and at least one of the following respiratory symptoms, which must be of acute (sudden) onset: persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing & sneezing.

Name of Ward/Team		Locality		Date	
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Name	Dates worked within the last 3 days	Do you have any positive household contacts	Brief history onset of Symptoms	LFD date and result	Day 5 LFD	Day 6 LFD	Date returned to work

Appendix 12 – Action Card for Outbreak of Scabies

Step 1

- The nurse in charge of the ward must notify the IPCN Monday to Friday. At weekends, the manager on call must be informed, and the IPCN the next working day.
- The on-call manager will check that staff have access to and are following guidance, will offer support to team until IPCT are able to offer support
- Begin to document all information on the line list for patients and staff affected
- Review Fleas, lice & Scabies procedure
- Isolation of patients who are diagnosed as having scabies is not usually warranted in the event of an outbreak, as once an outbreak has been identified contacts will either be wearing appropriate PPE or undergoing treatment at the same time.

Step 2

- All patients affected need to be assessed by the medical team / Physical Health practitioner and if scabies is diagnosed treatment should be provided, applied and completed as per procedure
- **Standard infection control principles** should be implemented to prevent transmission. For most activities, gloves and plastic aprons are appropriate. However, for activities such as close personal care and where there is skin contact with the patients skin, handling infested linen or clothing single patient use long sleeve gowns or sleeve protectors may be beneficial to reduce the risk of transmission.
- Treat all linen and clothing as 'infected' and follow procedure
- IPC team will arrange Outbreak Control Team Meeting and discuss necessary contact tracing
- All cases and contacts should be treated at the same time to break the cycle of transmission. If staff are off duty at the time of treatment, they should complete the first 24-hour treatment dose before returning to work.

Step 3

- Transfers of patients who are cases and their contacts to other areas should ideally occur after the first 24 hour treatment dose, at which point the risk of onward transmission is minimal. Transfers can take place sooner than this if appropriate mitigations are agreed.
- Keep patient nails short and clean
- Provide affected patients with the patient information leaflet for Scabies.
- For classical scabies cases and outbreaks, the normal cleaning regimen will therefore be sufficient to remove skin scales from the environment.
- Displaying Outbreak of Infection Poster and advise on wearing of appropriate PPE for any close contact.
- Encourage the patient to maintain good personal hygiene and hand washing regularly, 70% of mites are found on the hands, underneath fingernails, between the fingers and the wrists
- For the purposes of reporting and determining provision of ongoing support, an outbreak can be considered over when all cases and contacts have received the full recommended treatment regimen (for example, 2 doses of topical cream application).
- Please report through the Trust reporting system

Appendix 13 – Patient Line List for Outbreak of Scabies

Symptoms: typical presentation of lesions which are slightly raised with a linear burrow. Rash are typically located in the webs of the fingers and toes, and on the sides of the hands and feet, can be found on torso, legs, and buttocks. Itching, usually most severe at night, and shallow burrows on the skin

Date IPCN informed:						Tel No:		ILog No (if applicable):				Comments e.g., patient info, transfers, EWS etc.
								Datix No:				
Case	Name	DOB	NHS or Paris Number	Room	Date of admission	Onset date and time	Symptoms	Date reviewed by medic / PHC prac	Date of first treatment	Date of second treatment		
1												
2												
3												
4												
5												
6												

Appendix 14 – Staff Line List for Outbreak of Scabies

Date IPCN informed:			Ward:	Tel No:		ILog No/ Datix No:	
Case	Name and Role	Date and time of onset	Symptoms	Confirmed by GP Y/N	Date of first treatment	Date of second treatment	Date returned to work
1							
2							
3							
4							
5							
6							
7							
8							
9							

Appendix 15 – Procedure for Terminal Cleaning

The following should be completed when a patient is no longer infectious or at the end of an outbreak / or patient discharge

WARD/UNIT

DATE:

Nursing Staff Responsibility	Signature of Nurse	Hotel Services/Domestic Staff Responsibility	Signature of Domestic/Housekeeper
- Wash hands and apply disposable gloves and apron - Remove bed linen and place in laundry bag following Guidelines for the Safe Handling and Laundering of Linen and Clothing Policy - Decontaminate any equipment within the patient's rooms, e.g., commode with combined detergent and chlorine release agent - Pressure relieving mattresses - clean with combined detergent and chlorine release agent - Arrange for hotel/domestic services to clean the room/multiple bedded areas - Remove apron and gloves and dispose in clinical waste - Wash and dry hands		- Wash hands and apply disposable gloves and apron - Remove room curtains and place into laundry bag following Guidelines for the Safe Handling and Laundering of Linen and Clothing Policy - Ensure nursing duties have been carried out prior to cleaning - Clean all surfaces with a combined detergent and chlorine release agent using new paper roll/cloth for each surface - Check mattresses, duvets, and pillows to ensure the covers are intact and able to be cleaned then clean as above - Paper towels and hand washing agents do not need to be removed from holders; walls need only be washed if visibly marked - Remove gloves and disposable apron after cleaning room and dispose in clinical waste - Wash and dry hands - Inform nursing staff the room has been cleaned - On vinyl flooring damp mop floor using combined detergent and chlorine release agent - Carpeted areas should be cleaned following Hotel Services specification	

This completed form should be retained on the Ward for monitoring purposes and a copy forwarded to the Facilities Site Manager