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SOP Objective

To ensure that Healthcare Workers (HCWs) are aware of the actions and precautions necessary to minimise the risk of outbreak/incidents and the importance of diagnosing patients' clinical conditions promptly. To provide a framework for the identification and control of outbreak/incidents in healthcare premises.

This SOP relates solely to **OUTBREAKS/INCIDENTS IN HOSPITALS**.

This SOP applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff.

KEY CHANGES FROM THE PREVIOUS VERSION OF THIS SOP

- CNO (2019) HAI-related incidents, outbreak/incidents and data exceedance: Assessment, and reporting requirements and communication expectations – updated communications section.
- 2019 HPS HIIAT updated.
- Documentation in relation to the IMT updated to reflect principles outlined in the Civil Contingencies Act 2004.
- Problem Assessment Group added to process.
- Definitions updated.
- Staff screening section updated
- Recording of minutes and decisions template updated.
- Draft agenda updated
- HPS data collection template included.
- Role of IMT updated.

Document Control Summary

Approved by and date	Board Infection Control Committee
Date of Publication	October 2019
Developed by	Infection Prevention and Control Manager
Related Documents	National Infection Prevention and Control Manual NHSGGC Hand Hygiene SOP NHSGGC Staff Screening SOP NHSGGC Cleaning of Near Patient Equipment SOP NHSGGC Twice Daily Clean of Isolation Rooms SOP NHSGGC Terminal Clean of Isolation Rooms SOP NHSGGC Terminal Clean of Ward SOP
Distribution/ Availability	NHSGGC Infection Prevention and Control online Manual: www.nhsggc.org.uk/your-health/public-health/infection-prevention-and-control/
Lead Manager	Board Infection Control Manager
Responsible Director	Board Medical Director

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1. Responsibilities

Healthcare Workers (HCWs) must:
- Follow this SOP.
- Follow the advice of the Infection Prevention Control Team (IPCT) / Incident Management Team (IMT).
- Report to the IPCT/on call microbiology at any time when they suspect there may be an outbreak/incident.
- Communicate with patients and relatives, and document in clinical notes that this has taken place.
- Complete Outbreak/incident Module on Learnpro at least every three years.

Senior Charge Nurses / Managers must:
- Report suspected outbreak/incidents of infection (e.g. *Clostridium difficile*) to the Infection Prevention and Control Team – recommendation 16, Vale of Leven Hospital Enquiry Report.
- Implement decisions of the IMT and fully consider any additional advice of the IPCT or IMT.
- Support the IPCT / IMT in bringing the outbreak/incident to a halt.

IPCT / IMT must:
- Investigate all reports of possible outbreak/incidents in accordance with NIPCM Chapter 3.
- Review the need to close or open wards to control an outbreak/incident.
- Take all necessary actions to identify the cause of and bring the outbreak/incident to a close.
- Make recommendations to prevent recurrence. In all instances where there is a recommendation from the IMT which may have significant implications for service delivery, e.g. closure of a regional/national service, significant disruption to multiple patient services or significant financial resource, this must be discussed by the chair of the IMT with the Director for the Sector/Division/CHCP who may convene an Operational Management Support Team Meeting.
- Communicate both within and out with NHSGGC, as specified within the NHSGGC Outbreak/Incident SOP (Section 11 page 13 HIIAT).

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- Communicate with Occupational Health regarding the treatment and potential staff screening during the outbreak/incident.
- Keep this SOP up-to-date through the NHSGGC Board Infection Control Committee (BICC).

Public Health Protection Unit (PHPU) NHSGGC must:
- Consider the need to chair the IMT.
- Support and advise the IMT as required.

Occupational Health Service (OHS) must:
- Support the implementation of the relevant NHSGGC SOP.
- Support and advise staff as required.
- Support and advise the IMT.
- Co-ordinate and collate staff screening results and ensure treatment and fitness for work advice is provided.

2. Reporting of incidents with the potential to cause outbreak/incidents

HCWs who suspect that an outbreak/incident may be occurring **must** contact a member of the IPCT without delay.

3. Outbreak/Incident Definitions (HPS NIPCM Chapter 3)

An exceptional infection episode

- A single case of any serious illness which has major implications for others (patients, staff and/or visitors), the organisation or wider public health e.g. infectious diseases of high consequence such as VHF or XDR-TB.

A healthcare associated infection outbreak

- Two or more linked cases with the same infectious agent associated with the same healthcare setting over a specified time period.

    or

- A higher than expected number of cases of HAI in a given healthcare area over a specified time period.

A healthcare infection exposure incident

- Exposure of patients, staff, public to a possible infectious agent as a result of a healthcare system failure or a near miss e.g. ventilation, water or decontamination incidents.

A healthcare infection data exceedance

- A greater than expected rate of infection compared with the usual background rate for that healthcare location.

Once an outbreak/incident is reported to a member of the IPCT, the IPCT will take the action detailed in Section 5.

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4. Information for the IPCT

When reporting any of the above to a member of the IPCT, the following information should be available: patients name, CHI number, admission date and admission history, relevant information on drug treatment, symptom history (including date and time of onset) position / placement in the ward and specimens obtained.

5. Actions of the IPCT – Convene a Problem Assessment Group (PAG)

In some circumstances where it is unclear if there is an incident/outbreak the ICD may choose to convene a PAG to undertake and initial assessment and determine if an IMT is required. The outcome of this process may be one of the following:

- No significant risk to patients or the public (HIIAT assessment is green – section 11) – continue to monitor and PAG stands down.
- Potential or actual significant risk to patients or public and or media interest – IMT required.
- Potential for significant public and/or media interest – IMT required.
- Not possible to determine if there is a significant risk with current information – further investigation required. IPCT continues to review but no IMT at this stage.

6. IMT Required: IMT should:
Confirm that an outbreak/incident exists by carrying out the following:

6.1 Case finding

- Form a case definition and use it to estimate the magnitude of the problem. The case definition may change as new information is gathered, e.g. early case definition.

- Complete the HPS data collection tool (Appendix 4) and table at each meeting of the IMT.

- Identify all the patients with either, the same and / or related symptoms, diagnosis or micro-organism, within a particular timeframe.

- Compare current incidence with usual or baseline incidence.

- Form an opinion on the severity of the outbreak/incident/incident as per **Section 11 HIIAT**.

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- If the most likely explanation is that there is an outbreak/incident/incident, implement the **Communication Chain** (Section 7.1) and decide on the need for an IMT based on the agreed outbreak/incident severity (**Section 11**).

- Obtain laboratory specimen results to identify specific agent responsible.

6.2 Institute control measures - IPCT

Based on the magnitude and nature of the problem the IPCT will institute control measures. The control measures may include, but are not limited to:

- Close ward to new admissions, transfers in and out. Patients may be discharged to their own home if asymptomatic or deemed medically fit for discharge. Clinical staff will discuss any possible risks with relatives and advise and document accordingly.

- Advise on isolation / cohort of cases in a designated area and stop admissions and transfers of symptomatic patients. (Exceptions would be outbreak/incidents of Norovirus when cohorting has a limited effect.) Doors to isolation rooms/cohort areas should be closed at all times.

- Advise on restricting HCWs movements between affected ward/cohort and other areas, as far as possible.

- Advise HCWs on the possible modes of spread, appropriate hand hygiene and Personal Protective Equipment (PPE).

- Advise increasing environmental cleaning to twice daily with chlorine based detergent, following SOP Twice Daily Clean of Isolation Rooms.

- Commence care plans/check lists, issue advice leaflets/fact sheets if available and advise staff to document their issue to patients / relative / carers.

- IPCN will visit and discuss with patients or their relatives / carers the specific alert organism or communicable disease identified (excludes Norovirus).

- Confirm what specimens have been taken and request new specimens as necessary. HCWs must ensure specimens are clearly labelled with patient information and relevant clinical history.

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- Request other items that may be required for the investigation of source, e.g. food samples.

- Advise HCWs to keep the IPCT up-to-date of any change in the number of cases or deterioration in individual cases (including staff).

- Ensure HCWs are aware of control measures (leave documentation, i.e. complete and leave Section 8 Instructions for a closed ward: IPC advice of this SOP).

- Provide education sessions for staff on the modes of transmission, pathogenicity and epidemiology of the organism identified (excludes Norovirus) if required.

- Advise staff on communication with patients and relatives.

- Consider restricting visitors to affected wards.

- Consider immunisation of susceptible patients as appropriate.

6.3 Seek additional cases and collect data and specimens

- The IPCT should encourage immediate reporting of new cases, either clinically suspected or laboratory confirmed.

- The IPCT will consider the need to request screening of patients and /or HCWs. (The decision to screen HCWs will be made by the IMT). See Section 9 Staff Screening.

- The IPCT will consider contacting PHPU to determine if they are aware of any other cases in the community, and to discuss any other aspects of investigation and management if deemed necessary.

6.4 Formulate tentative hypothesis

- On the basis of analysis of cases (and other information if necessary) develop a hypothesis on the likely reservoir, sources and modes of transmission. There may be several reasonable hypotheses.

- If possible, test the hypothesis by sending appropriate samples or stopping interventions that are thought to have caused the outbreak/incident.

- If deemed necessary, the IMT will arrange for an appropriate analytical epidemiological study to be undertaken.

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6.5 Ward closures

- Wards may be closed by the IPCT when there is suspicion of an outbreak/incident or where there is a definite outbreak/incident. The IPCT will inform the organisation as per Section 6.1 in the NHSGGC Outbreak/incident SOP.

- The decision to admit a patient to a closed ward against the advice of the IPCT should be approved by the relevant Director following discussion with the chair of the IMT (if one has been formed). The reason for this should be fully documented via the incident recording system, i.e. Datix. Out-of-hours the on-call duty manager should discuss any situation where there may be a decision to admit to a closed ward, with the on-call Director. It is accepted that any decision around this is based on the balance of risk. The Significant Clinical Incident Policy provides a framework for the investigation of significant clinical incidents and the supporting toolkit may be utilised to support investigation of specific cases identified through the outbreak/incident review process. IMT reports will be logged into Datix after the chair of the IMT has approved them (excluding Norovirus).

7. Communicate and facilitate hospital management of the outbreak/incident

A member of the IPCT will communicate all ward closures to all individuals listed in 7.1.

7.1 The Sector IPCT will inform (Acute inpatient sites) :

Designation	Who	Include in e-mails / Communication Group
SCN and Nurse in Charge in affected areas.	Sector IPCT	Green and above
Consultant in Charge (acute only)/ Receiving Consultant and Lead Clinician	Sector IPCT	Green and above
Bed Manager	Sector IPCT	Green and above
Chief of Medicine	Sector IPCT	Green and above
Chief of Nursing	Sector IPCT	Green and above
Lead Nurse	Sector IPCT	Green and above

General Manager	Sector IPCT	Green and above
Site Manager or Facilities Manager Domestic Services Manager Estates Manager	Sector IPCT	Green and above
Board Infection Control Manager	Sector IPCT	Green and above
Lead Infection Control Doctor	Sector IPCT	Green and above
NHSGGC Communications	IC Data Team ICM/CICD/ ANDIPC/ Chair of IMT	Green and above
Associate Director of Nursing , Infection Prevention and Control	Sector IPCT	Green and above
Public Health Protection Unit	Sector IPCT	Green and above
Nurse Bank	Sector IPCT	Green and above
Hospital at Night Co-ordinators	Sector IPCT	Green and above
Antimicrobial Pharmacists/Team	Sector IPCT	Amber and above
Occupational Health Service	Sector IPCT	Amber and above
Nurse Director (Acute)	Sector IPCT	Amber and above
Head of Microbiology	Sector IPCT	Amber and above
Risk Manager	Sector IPCT	Amber or above
Clinical Director (Service)	Sector IPCT	Amber and above
Associate Medical Director(S)	Sector IPCT	Amber or above

Out of Hours – The Consultant Microbiologist on-call will close the ward and inform the IPCNs but it will be the responsibility of the Nurse in Charge to inform the Site Co-ordinator and on-call Manager

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7.1(b) The IPCT will inform (Partnerships In-Patient sites):

Designation	Who	Include in e-mails / Communication Group
SCN and Nurse in Charge in affected areas.	Sector IPCT	Green and above
Consultant in Charge/Medics	Sector IPCT	Green and above
Bed Manager	Sector IPCT	Green and above
Lead Nurse/ Inpatient Services Manager Professional Nurse Advisor (Sector) Professional Nurse Advisor (HAI Lead)	Sector IPCT	Green and above
General Manager	Sector IPCT	Green and above
Site Manager or Facilities Manager Domestic Services Manager Estates Manager/ Operations co-ordinator	Sector IPCT	Green and above
Board Infection Control Manager	Sector IPCT	Green and above
Lead Infection Control Doctor	Sector IPCT	Green and above
NHSGGC Communication	IC Data Team ICM, CICD/ ANDIPC/ Chair of IMT	Green and above
Associate Nurse Director, Infection Prevention and Control	Sector IPCT	Green and above
Public Health Protection Unit	Sector IPCT	Green and above
Nurse Bank	Sector IPCT	Green and above
Antimicrobial Pharmacists/ Team	Sector IPCT	Amber and above
Occupational Health Service	Sector IPCT	Amber and above
Board Nurse Director and Nurse Director (Partnerships)	Sector IPCT	Amber and above
Risk Manager	Sector IPCT	Amber and above
Clinical Director (Service)	Sector IPCT	Amber and above
CHP Director	Sector IPCT	Amber and above

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Out of Hours – The Consultant Microbiologist on-call will close the ward and inform the IPCNs but it will be the responsibility of the Nurse in Charge to inform the Site Co-ordinator and on-call Manager.

7.2 Board Infection Control Manager / Lead Infection Control Doctor or Associate Nurse Director Infection Prevention and Control will inform:

NHSGGC Directors and External Agencies (AMBER and above)

Designation	Who:
Director of Public Health	by PHPU
Medical Director / CEO / COO (Acute)/ CHCP Director/Director of Nursing	ICM / CICD / ANDIPC
Health Protection Scotland	ICM / CICD / ANDIPC
Sector/Directorate Director	ICM / CICD / ANDIPC
Others as necessary: Food Standards Scotland (FSS), Scottish Water/Drinking Water Quality Regulator, Health & Safety Executive (HSE), Local Authority etc	PHPU

7.3 NHSGGC Communications Officer will:

Liaise with the Press Offices at Scottish Government Health and Social Care Directorates (SGH and SCD) and any other agencies as appropriate e.g. HPS.

7.4 IMT

From those informed in Section 7.1 an IMT will be convened. The IMT is an independent, multi-disciplinary group with responsibility for investigating and managing the incident. Dependent on the nature of the outbreak/incident/incident the IMT may include representatives from other agencies. The IMT provides a framework, response and resources to enable the NHS board and other statutory agencies to fulfil their remits.

The IMT is not simply an advisory group but an independent group set up specifically to investigate and manage the response to an outbreak/incident or incident.

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The primary goals of the IMT are to:

- Control the outbreak/incident.

- Prevent further spread of the disease.

- Investigate the cause and identify factors that contributed to the outbreak/incident, in order to develop and implement measures to prevent similar outbreak/incidents in the future.

- Communicate information to patients and the public as required.

- For Norovirus, an IMT would only be convened after three ward closures at the same time in any one hospital site.

The IMT may require to set up sub groups to consider specific aspects of the incident/outbreak. These sub groups should report to the IMT. In some instances where there is a recommendation from the IMT which may have significant implications for service delivery, e.g. closure of a regional/national service, significant disruption to multiple patient services or significant financial resource, the director of the service may convene an Operational Management Support Team Meeting. The conclusions/recommendations from this group should also be reported into the IMT.

Occasionally there will be indication that the IMT is not working as effectively as required. In such instances, the lead NHS Board Officer for assessing IMT performance should take steps with senior management counterparts in the other agencies participating in the IMT to assess and remedy any shortcomings (Managing Public Health Incidents 2017).

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7.5 IMT Meetings

The IMT will hold meetings regularly until the outbreak/incident ceases. If there is any crossover of cases between sites/sectors the IMT will meet at the primary site/sector of the outbreak. The team will review the hypothesis, control measures, HIIAT and other actions initiated by the IPCT. Each meeting will have an action log and a data collection tool presented at each meeting (appendices 5 & 4). Each agenda item will be listed in the action log and must document the discussion and rationale for each decision made. It is not enough to record actions; the relative risks and options and why the final decision was made must also be part of the documentation of the event (Civil contingencies Act 2004).

7.6 Chairing the IMT

In a healthcare setting, the CPH(M) the Infection Control Doctor (ICD) will chair the IMT depending on the circumstances and this should be agreed in advance and documented. The ICD will usually chair the IMT, lead the investigation and management of incidents limited to the healthcare site, where no external agencies are involved and where there are no implications for the wider community. The CPH(M) would normally chair the IMT where there are implications for the wider community e.g. during TB or measles incidents.

Where there is an actual or potential conflict of interest with the hospital service, it may be preferable for the CPH(M) to chair the IMT in discussion with the DPH and the HAI Executive Lead.

The IMT Chair will decide on the composition of the IMT and invite members to attend. The IMT Chair should ensure that the findings of the initial investigation; timing and content of communications; outcome of initial risk assessment; decisions

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taken and all other relevant matters are carefully documented. This documentation should also include reasons why certain actions were not taken/appropriate as well as why actions were taken/appropriate. A formal record of decisions agreed at each IMT will be kept and circulated to IMT members. It is the responsibility of the chair of the IMT to follow up on any actions recommended in the debrief documents.

7.7 Reporting the Outbreak/incident

The lead IPCN for the sector will be responsible for logging any outbreak/incidents that require the convening of an IMT onto the Significant Incident Reporting System (Datix) (excluding Norovirus) when the outbreak/incident is declared over and the IMT report has been approved.

7.8 Formal report of the IMT

The outbreak/incident report will be written by the Chair of the IMT and approved by the IMT (hot debrief or full Incident Management Team Report). Once the report is approved by the IMT it should be disseminated to the members of the IMT and to: Acute Infection Control Committee (AICC) / Partnership Infection Control Support Group (PICSG), Director of the Service or CHP affected, and the Board Infection Control Manager and Board Infection Control Committee (BICC) as appropriate. The IMT Chair, in discussion with the IMT, should determine whether further reporting on the incident and the incident management is required. SBAR Report and full IMT report templates are available via the National IPC Manual resource section. The recommendations from the IMT following review of the incident will be brought to the attention of the Senior Management Team (SMT) for the service affected and the relevant Control of Infection Committee. Any report should provide sufficient details of the key factors in the spread of infection to allow a proper audit of any recommendations/remedial actions to be carried out. Any outstanding actions should

be reviewed by the chair of the IMT and the relevant ICC within 6 months of the submission of the first hot debrief/report.

7.9 Role of Individual IMT members.

All members of the IMT must recognise their individual roles as a member of the IMT and that they should be in a position to commit to act on behalf of their clinical area. If representing a group e.g. clinical staff it is the responsibility of that individual to communicate discussion, actions and output form the IMT with those they repres

nstructions for a closed ward: Infection Prevention Control Advice

Due to a possible outbreak/incident of _____ Ward _____ has been closed

to admissions and transfers effective from _____ and will remain closed until a member of the

IPCT re-opens it. **Please follow the advice that has been ticked**

1	Do not transfer any patient out of the ward to nursing home or other clinical area without discussing with a member of the IPCT.	☐
2	Arranged visits / appointments to other departments and with other specialties, e.g. social workers, should be discussed with a member of the IPCT.	☐
3	If a patient requires emergency admission or transfer to another clinical area please inform and discuss with a member of the IPCT.	☐
4	Discharges home are permitted provided the patient's family is aware of all the necessary precautions and any risk to themselves. This should be documented in patient notes.	☐
5	Limit HCWs movement between this ward and other wards and departments.	☐
6	Remind all HCWs the importance of compliance with the Hand Hygiene SOP. Advise relatives on the importance of hand hygiene precautions.	☐
7	Complete an IPC Care Checklist if available.	☐
8	HCWs coming into contact with symptomatic patients and / or their environment must wear appropriate Personal Protective Equipment (PPE). Decontaminate hands after removing PPE.	☐
9	All equipment used on symptomatic patients should be cleaned in between patients and at least twice daily using chlorine based detergent.	☐
10	Patients should be nursed in isolation or in designated cohort areas on advice of the IPCT. Patients if possible should be allocated their own equipment, e.g. commode or toilet.	☐
11	Record all symptoms in relevant nursing documentation, e.g. stool chart (diarrhoea should be assessed using the Bristol Stool Chart), fluid balance chart, wound assessment charts, etc.	☐
12	Inform the IPCT of any new patients or HCWs with symptoms.	☐
13	Complete and update Patient Lists as requested by the IPCT.	☐
14	Environmental Cleaning should be increased to twice daily as per SOP. Domestic staff should pay particular attention to frequently touched surfaces, e.g. bed tables, lockers and toilet areas.	☐
15	Patients should be offered hand hygiene facilities after using the toilet and before meals.	☐
16	Ensure specimens are clearly labeled with relevant patient information including clinical history.	☐
17	Provide patients and relatives with information as appropriate, and document in nursing / medical notes.	☐

Your ward will be reviewed daily by a member of the IPCT. Should you need any further advice the IPCT are available Monday to Friday, normal working hours, and can be contacted on extension _____ or page _____   Outwith these hours, advice can be obtained from the on-call Microbiologist.

Issued by   _____   **Date _____**

Received by   _____   **Date _____**

IPCN Name (print) _____

SCN Name (print)   _____

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9. Staff Screening

Decisions to screen staff will be taken by the IMT after careful consideration of all risks and benefits. Incidents or outbreak/incidents of infection are particularly stressful and challenging for all staff. It is critical that staff are supported throughout this process and that a culture of blame has no place in NHSGGC.

In all instances where the IMT determine that it is necessary to screen staff, the Chief Executive, HAI Executive Lead, Director of Human Resources, and Employee Director will be informed as well as the trade unions/staff side and any other professional organisations considered by the IMT.

Rationale for Screening

The rationale for embarking on a staff screening programme must include one or more of the following:

- To characterise the epidemiology of the outbreak/incident – time, place, person.
- To check the full extent of the outbreak
- To assist with interrupting the chain of transmission of an outbreak/incident
- To confirm the eradication of the outbreak

The final decision to screen, including which staff group to be included, will rest with the IMT. The rationale for screening and staff groups to be screened must be stated in the minutes. View the NHSGGC Staff Screening SOP which MUST be followed.

10. The Hospital Infection Incident Assessment Tool (HIIAT)

The Healthcare Infection Incident Assessment Tool (HIIAT) should be used by the Infection Prevention and Control Team (IPCT) or Health Protection Team (HPT) to assess **every** healthcare infection incident i.e. all outbreak/incidents and incidents (including decontamination incidents or near misses) in any healthcare setting (that is, NHScotland, independent contractors providing NHS services and private providers of healthcare).

The HIIAT has two parts/functions:

Part 1: Assesses impact of a healthcare infection incident/outbreak/incident on patients, services and public health. the HIIAT should:

- Be utilised to assess the initial impact and monitor any ongoing impact (escalating and de-escalating the incident/outbreak/incident until declared closed).

- Remain assessed 'Amber' or 'Red' only whilst there is ongoing risk of exposure, new cases, or until all exposed cases have been informed.

An individual member of the IPCT or HPT may undertake the initial assessment. If a PAG/IMT is established then further assessments will be led by the chair of the PAG/IMT. **Part 1: Assessment**

	Severity of illness	Impact on services	Risk of transmission	Public Anxiety
Minor	Patients require only minor clinical interventional support as a consequence of the incident. There is no associated mortality as a direct result of this incident.	No or minor impact on services.	Minor implications for Public Health. Minor risk or no evidence of cross transmission or on-going exposure	No or minor public anxiety is anticipated. No, or minimal, media interest: no press statement.
Moderate	Patients require moderate clinical interventional support as a consequence of the incident. There is no associated mortality as a direct result of this incident.	Moderate impact on services e.g. multiple wards closed or ITU closed as a consequence of the control measures	Moderate implications for Public Health. Moderate risk or evidence of cross transmission or on-going exposure	Moderate public anxiety is anticipated. Media interest expected: prepare press statement
Major	Patients require major clinical interventional support as a consequence of the incident and/or Severe/life threatening/rare infection and/or there is associated mortality*	Major impact on services e.g. hospital closure(s) for any period of time as a consequence of the control measures	Major implications to Public Health or Significant risk of cross transmission, of a severe/life threatening/rare infection or significant on-going exposure	Major public anxiety anticipated. Significant media interest: prepare press statement

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www.nhsggc.org.uk/your-health/public-health/infection-prevention-and-control/

Calculate the Impact: All Minor = **GREEN**; 3 minor and 1 Moderate = **GREEN**;
No major and 2-4 Moderate = **AMBER**; Any Major = **RED**.

Part 2: Supports a single channel of infection incident/outbreak/incident assessment and information reporting both internally within a NHS Board area and externally to Health Protection Scotland (HPS) and Scottish Government Health and Social Care Department (SGHSCD).

Part 2: Communication

GREEN	AMBER	RED
Complete mandatory HIIAT Green reporting template and attach any prepared press statements. http://www.nipcm.hps.scot.nhs.uk/documents/hiiat-green-template/ A HIIORT is only required when HPS support is requested. Follow local governance procedures for assessing and reporting.	Report to HPS and complete HIIORT within 24 hours for onward reporting to SGHSCD. NHS board will be cited. Press statement (holding or release) must be prepared and sent to HPS Request HPS support as required. Follow local governance procedures for assessing and reporting. Review and report HIIAT **at least twice weekly** or as agreed between IMT and HPS The HIIAT should remain Amber only whilst there is ongoing risk of exposure to new cases or until all exposed cases have been informed	Report to HPS and complete HIIORT within 24 hours for onward reporting to SGHSCD. NHS board will be cited. Press statement (holding or release) must be prepared and sent to HPS. Request HPS support as required. Follow local governance procedures for assessing and reporting. Review and report HIIAT **daily** or as agreed between HPS and IMT **(a minimum of weekly)**. The HIIAT should remain Red only whilst there is significant ongoing risk of exposure to new cases or until all exposed cases have been informed.
The final decision to release a press statement irrespective of HIIAT assessment (colour) is the responsibility of the IMT chair. Following assessment by the NHS Board and HPS one collective HIIORT may be submitted for instances where multiple areas within a site are affected by the same infection such as seasonal influenza.		

* Only HAI deaths which pose an acute and serious public health risk must be reported to the Procurator Fiscal (SGHD/CMO(2014)27).

The full manual is available at www.nipcm.hps.scot.nhs.uk/

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11. Evidence Base and Regulations

http://www.nipcm.hps.scot.nhs.uk/chapter-3-healthcare-infection-incidents-outbreaks-and-data-exceedance/

CNO (2010) 1 National Support Framework for NHS Boards.

CNO (2019) HAI-related incidents, outbreak/incidents and data exceedance: Assessment, and reporting requirements and communication expectations

Food Standards Agency (Scotland) / SEHD – Guidance on the Investigation & Control of Outbreak/incidents of Foodborne Disease in Scotland – May 2002. GUIDANCE 2002 - Amendment No.8 – May 2006.

Hospital Infection Incident Assessment (HIIA) Tool. Health Protection Scotland. 2019

Standard Operating Procedure for Using the NHSScotland Hospital Infection Incident Assessment (HIIA) Tool. Health Protection Scotland 2009.

Management of Public Health Incidents: Guidance on the Roles and Responsibilities of NHS led Incident Management Teams – October 2011 (updated July 2017)

NHS HDL (2006)31 Healthcare Associated Infection – Human Resource Policy for Staff Screening During Incidents and Outbreak/incidents. Scottish Government Health Directorates.

Public Inquiry into the outbreak/incident of Clostridium difficile in Northern Trust Hospitals, Northern Ireland. March 2011.

Vale of Leven Hospital Enquiry Report. November 2014

Public Health Scotland Act 2008

NHS GGC OUTBREAK/INCIDENT CONTROL PLAN: GASTROINTESTINAL ILLNESS (including FOOD- AND WATER-BORNE GI INFECTION) v3. Greater Glasgow and Clyde Public Health (Health Protection) Liaison Working Group; October 2015

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Appendix 1 – Acute Division Ward Closure

When an outbreak/incident is identified the IPCT will close the ward to new admissions and transfers. In order that the potential effect of ward closure on the operational capacity of the hospital can be managed, the Bed Manager and Clinical Service Manager / General Manager of the relevant service need to be notified immediately. They will review capacity and if there are significant concerns, consult the on-call Consultant, Senior Nurse and the A&E Consultant. If necessary the Escalation Policy for identified bed pressures will be implemented in order to identify extra capacity to cope with emergency pressures.

In the event that insufficient capacity can be identified, the on-call Consultant and the A&E Consultant will review the status of patients in the system that have yet to be allocated a bed. If significant safety concerns are identified whereby a patient will be placed at risk by not being admitted to a bed, the on-call Consultant will liaise with the ICD / on-call Consultant Microbiologist and the relevant senior manager to discuss the risk/ benefit issues of admitting the patient to the closed ward. It is understood that the ICD / on-call Consultant Microbiologist will not be expected to change their advice regarding the closed status of the ward but where possible a decision will be reached that both doctors agree is reasonable under the circumstances. Where there is failure to agree the decision will be escalated to Director / Associate Medical Director level.

If a patient has to be admitted to a closed ward area the patient and relatives **must** be informed that the ward is closed and the risks explained before admission. This **must** be documented in the patient notes.

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Appendix 2 - Managing patients with viral gastroenteritis in wards with 100% single side rooms with en-suite.

NHS Greater Glasgow and Clyde has a number of wards with 100% single side rooms with en-suite facilities. It is envisaged that on these wards, it may be possible to successfully contain the spread of certain pathogens such as viral gastroenteritis by implementing enhanced IPC precautions without ward closure.

Where 2 or more patients fit the case definition of HAI viral gastro-enteritis, the IPCT with the clinical team should determine if enhanced IPC precautions should be used rather than closing the ward. Consideration must be given to the following:

- The probability of the symptomatic patients having viral gastroenteritis

- The ability of staff to manage the two or more cases and apply TBP at all times

The enhanced precautions for symptomatic patients are as follows:

A) Twice daily clean of the isolation room with a chlorine based detergent. A terminal clean of the patient's room must be undertaken once the patient is 48 hours symptom free as a minimum. Other areas may require cleaning as advised by the local IPCT.

B) Dedicated equipment as far as practicable which is subject to cleaning twice per day with a chlorine based detergent.

C) Door to patient's room is closed at all times (or daily risk assessment documented in patient's notes) with door sign.

D) Patients are not transferred to any other ward until they have been asymptomatic for at least 48 hours OR on the advice of the IPCT.

E) If patient to be transferred on clinical grounds, staff should contact receiving department to inform them of patient's condition and need for single room if required prior to transfer.

F) Patient should be encouraged to use the ensuite in the room. If not possible, each patient should be given a dedicated commode which stays in their room.

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G) Loose stools care plan and Bristol stool chart should be kept up to date while patients are symptomatic

H) As well as PPE and Hand Hygiene SOPs, the staff dress code and Uniform Policy should be implemented at all times.

I) All other patients in the ward should be closely monitored for signs and symptoms as per case definition by ward staff.

J) Visitors to affected patients should be provided with information as per the Loose Stools SOP. They must not be allowed to use other areas of the ward or visit other patients in the ward.

K) Causative organism: It is important to establish a causative organism by sending appropriate specimens i.e. separate samples for C&S and Virology, as early as possible. Stool samples should be sent for C&S and virology, vomit sample can be sent for virology only.

L) If staff cannot be allocated to specific patients, consideration should be given to ward closure (HPS, 2014). Staff on the affected ward must not be allocated to work on unaffected wards.

M) Ward and peripatetic staff should keep an up to date list of symptomatic patients as they would for an outbreak/incident.

N) The IPCT will report this ward as they would for a closed ward with daily updates until patients are no longer infectious.

O) Patients who are deemed a 'case' can be discharged home but not to a care home.

Observation by IPCT

The IPCT in conjunction with the clinical team will observe the ward and patients for at least 48 hours from start of symptoms of second case. If no new cases develop in this time, the enhanced precautions should continue with daily review by the IPCT until patients become asymptomatic or are discharged home. If a new case develops despite enhanced precautions in place, this may be evidence of ongoing transmission and consideration must be given to closing the ward as per NHS GGC Outbreak/incident SOP.

NB: The IPCT for NHS GGC will continue to monitor this strategy and review as part of the IPC Policy/SOP audit process.

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Appendix 3: Draft Agenda for Incident Management Team

1. Introduction (Reminder of confidentiality and need for accurate records)

2. Appropriate membership

3. Declarations of conflicts of interest

4. Items not on the agenda

5. Minute of last meeting (if applicable) including review of actions agreed

6. Incident update:
    1. General situation statement
    2. Patient report
    3. Epidemiology
    4. Microbiology
    5. Environmental
    6. Other relevant reports

7. Case definitions

8. Risk assessment

9. Risk Management/Control Measures

10. Care of Patients - Hospital and Community

11. Further Investigation

12. Healthcare Infection Incident Assessment Tool (HIIAT)

13. Communications:
    - Public/patients
    - Staff
    - Media
    - Organisational/governmental
    - Datix reporting

14. AOCB

15. Action list with timescale and allocated responsibility

16. Date and time of next meeting

Outbreak/Incident Data Collection Tool
[To be completed by ICT on behalf of PAG/IMT]

Date:

Confirmed/Suspected Infectious Agent:

Hospital/Clinical Area/Care Facility:

Case Definition:

Date of Ward/Area Closure (if applicable):   **Date of Ward/Area Re-opening:**

Name/ Designation of person responsible for closure:

Name/ Designation of person responsible for Re-opening:

Patient Data									
Patient Name	CHI	Room/bed Number	Date of symptom onset	Symptoms	Colonisation/ Infection	Treatment/ antibiotic	Specimen	Specimen Result	Comments

Outbreak/ Incident Daily Update

Date	Number of Confirmed Cases	Number of Probable Cases	Number of Possible Cases	Total Number of Cases	Number of Staff Cases	Number of cases giving cause for concern	Total Number of Deaths as a consequence of incident.	HIIAT Assessment (if appropriate)

Organisational Update

Date		Comments : Include control measures, ward closure/opening, death certification and any other relevant information

Action Sheet

Meeting:		Meeting called by:	
		Date:	
Attendees:		Apologies:	
HIIAT:		Venue:	

DATE	AGENDA ITEM	WHAT: (Action)	WHEN: (Commit)	WHO: (Owner)	RESULT: (Conclusion)

DATE	AGENDA ITEM	WHAT: (Action)	WHEN: (Commit)	WHO: (Owner)	RESULT: (Conclusion)

CLOSED ACTIONS:

DATE	AGENDA ITEM	WHAT: (Action)	WHEN: (Commit)	WHO: (Owner)	RESULT: (Conclusion)