



Borders

Title	Infection Control Manual Section 9 – Viral Gastroenteritis Outbreak: Ward Closure. [This supports the “Guidance on the management of communicable disease incidents & outbreaks in the Borders” policy, Health Protection Team, 2012]
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9.1 VIRAL GASTROENTERITIS OUTBREAK

Aim: Quickly identify a potential / actual gastroenteritis outbreak situation and implement control measures to minimise spread. An outbreak of this nature is typically caused by **Norovirus**.

This policy is not exclusive from, but complements “Guidance on the management of communicable disease incidents & outbreaks in the Borders” (Health Protection Team 2012)

When notified by Health Protection Scotland (HPS) of an increased national prevalence of viral gastroenteritis (typically Norovirus) in Scotland, the NHS Borders Infection Prevention & Control Team (IPCT) will in turn notify all staff and as such will request that staff in all inpatient areas be extra vigilant and report any suspicions of viral gastroenteritis activity in their area. This is known as the “Norovirus Season”.

If staff suspect an outbreak of gastroenteritis infection:

- inform the IPCT (or on-call microbiologist out of hours)
- don't await advice from IPCT or on-call microbiologist to close a ward or bay out of hours if this is felt to be clinically appropriate; however, inform the Infection Control Doctor (ICD) or IPCT at the next available opportunity either by contacting the on-call microbiologist following the decision or email the team.

In addition to this, the IPCT will notify key staff of suspected or known viral gastroenteritis activity that may have been identified within NHS Borders care areas and any non-NHS community areas which will potentially impact on NHS Borders care establishments.

The ICD/IPCT will make an initial assessment of the extent of the situation and if a non limited Hospital outbreak of viral gastroenteritis is suspected, an Outbreak Control Team (OCT) will be convened. See appendix 1 for core membership.

If required, the Guidance on the management of communicable disease incidents & outbreaks in the Borders policy will be invoked. This decision will be made by the OCT or a senior member of the IPCT in conjunction with a Consultant in Public Health Medicine (CPHM).

Where the outbreak involves more than one hospital, the composition of the OCT should reflect this.

All staff should direct any media enquiries to the Borders General Hospital switchboard who will contact NHS Borders Communications Team.

A daily outbreak email will be sent by the IPCT, advising and updating on the situation to all relevant persons; more frequently if required.

For areas NOT affected by viral gastroenteritis/ Norovirus, but if there are potential outbreak(s) elsewhere in NHS Borders

- be aware of outbreak email updates on prevalence and impact of the outbreak on other parts of the system
- consider actions you can take in your area to support affected areas – increased focus on discharge planning eases the overall system pressure arising from closed beds elsewhere
- ensure full compliance with Standard Infection Control Precautions
- ensure full compliance with Dress code/ Uniform Policy (Accessible from the HR Microsite)
- remain vigilant for early signs of staff or patients with symptoms and take rapid action to isolate/ quarantine and communicate with the Infection Prevention & Control Team
- staff who develop symptoms must be sent home and advised that they contact the Occupational Health Service (OHS).

Ward or Bay Closure

If there are signs that staff or patients are developing symptoms of viral gastroenteritis, then closure of the ward, or part of the ward, must be considered, but a decision made rapidly.

The decision to close a ward or part of a ward would typically be made by a senior member of the IPCT following discussion with the person in charge. However this decision can be made out of hours by the nurse in charge of the ward/ unit, but ensuring that this decision has been relayed to the IPCT as soon as possible. If required, a microbiologist can be called out of hours via BGH switchboard (01896 826000), or a message left for the IPCT.

The IPCT will liaise with affected area to evaluate and review on receipt of any notification.

The process for re-opening a ward affected by diarrhoea and vomit will be supervised by the OCT. Conditions for re-opening would normally include at least a 48 hours break in the development of new cases [patients or staff] and containment of remaining symptomatic inpatients.

If the decision has been made to close the ward or areas of the ward:

- ward staff will place appropriate notices within the ward informing staff and visitors. See appendix 2 – Overview of signs
- replace standard alcohol based hand rub [ABHR] with antiviral hand gel as soon as practicable
- keep professional or personal visitors to the ward or affected area of the ward to a minimum
- all visiting staff (clinical and non-clinical) should seek advice from the nurse in charge or IPCT for an update of the situation and should review the timing of non urgent investigation or interventions. They should observe the same precautions as the ward based nursing staff
- the public should be advised of the situation and discouraged from visiting. If they do visit, it is advisable that the affected ward or area of the ward should be the only place they visit within the hospital setting. They should also adhere to strict hand hygiene; on arrival and departure. On arrival antiviral hand gel should be applied at main entrance to ward. Prior to leaving the affected room/ bay the visitor's hands should be washed and antiviral hand gel applied immediately prior to leaving ward
- collect stool and/or vomit specimens from all affected patients where possible. Indicate actual or suspected outbreak status on request
- all commodes in use must be cleaned with Actichlor Plus
- patients must not be transferred from the ward unless there is clinical necessity to do so. If a transfer does occur, staff in the receiving unit must be made aware of the situation, regardless if patient has been affected or not
- patients awaiting transfer to long-term care units from a closed ward should not be moved without full agreement from the IPCT
- new patients should not be admitted to a closed ward or area.

Bank or Agency Staff;

- **closed ward:** attempt to retain individual bank staff, to avoid movement between wards
- **closed bays:** avoid allocating closed bay to bank staff, to minimise restriction to other wards.

Staff movement:

- staff working on closed wards should not perform shifts on other wards where possible.

AHP/ Pharmacy/ Specialist Nurses/ Other Patient Services

- essential services must continue for patients to ensure that there are no delays in discharges and patient care is not compromised. However, the schedule of visits should be reviewed to ensure that the outbreak areas are visited last
- outbreak control action cards for staff groups can be found on the Infection Control Manual Intranet site Infection Control Manual Outbreak Control Section.

General Services

- a six bedded 'Norovirus bay' ready for cleaning must have all the patients removed to facilitate a full and effective clean
- there should be no body fluids for the general services staff to deal with, as these spillages should have been dealt with by the nursing, medical or other staff witnessing the spillage
- good liaison with general services should be maintained and they should have as much notice as possible before a terminal clean has to be performed.

Staff who have viral gastroenteritis

must contact a member of the Occupational Health Service.

Specific Actions For Areas Affected By Viral Gastroenteritis; A Closed Ward Or Those With Closed Bays.

Personal Protective Equipment:

- aprons and gloves must be put on **before entering** affected rooms and bays
- masks and eye protection are not usually necessary unless splashing of body fluids is anticipated
- Personal Protective Equipment (PPE) must be changed between patients
- PPE must be changed between tasks on the same patient.

Hand Hygiene

- wash hands with soap and water rather than relying on hand gel when working in affected rooms. Ensure hands are thoroughly dried (Please refer to the hand hygiene section of the Standard Infection Control Manual)
- encourage and support patients to clean their hands before eating (provide wipes if necessary)
- hand hygiene must be performed between each patient contact
- PPE must be disposed of immediately after use and **before leaving** affected rooms and bays and hand hygiene performed.

Food and beverages

- discard food throughout the ward which may have been exposed to viral gastroenteritis/ Norovirus
- staff must avoid sharing unwrapped food, for example bowls of nuts, crisps or boxed, unwrapped chocolates. Any food eaten and shared by staff must be individually wrapped and stored in an area separate from clinical activity. Please note that although this is best practice for areas affected by the outbreak, this guidance is applicable to all clinical areas, regardless of Viral gastroenteritis/ Norovirus or other infection status
- food trolleys should remain outside affected bays with individual food trays passed to a staff member inside the room who then distributes to patients
- used food trays must be passed to a staff member outside the room and then deliver trolley back to catering department for cleaning as soon as is practicable
- patient water to be supplied in bottles by catering for affected areas
- disposable cups to be used and cup holders to be returned to kitchen for washing.

Staff Dress

Note: Healthcare workers' uniforms are not designated as PPE

- on closed wards, ward based doctors and students on clinical placement should wear scrubs. Other staff groups visiting the ward but not based on the ward (including those in their own clothing) are NOT required to wear scrubs but should wear the appropriate PPE as required
- when finished with, used PPE must be discarded in the clinical waste of the room that clinical activity has been performed in
- if a member of staff has been directly exposed to vomit or diarrhoea, then they are required to shower and change as close to the contamination incident as possible
 - if contamination is significant, they must report to the OHS
- hospital/ facility laundries must be used to launder uniforms worn by staff working in a closed ward or affected bays
- hospital/ facility laundries must be used to launder all contaminated uniforms
- staff in affected areas, who have sanction to wash uniforms at home are to send uniforms to laundry to be washed first before taking them home
- All staff should be compliant with The Dress Code/ Uniform Policy which details the requirements for all staff (Accessible from the Human Resources Microsite)

Fans

As far as is possible, desk top fans should not be used in the ward areas, to avoid further airborne dissemination of virus. Tall, free standing fans are not permitted (Applicable to all clinical areas, regardless of viral gastroenteritis/ Norovirus or other infection status).

Cut flowers

In addition to the individual risk assessments or existing exclusions in high risk areas, flowers are not permitted in wards, bays or rooms that have been closed for infection control purposes, in particular for the management of an outbreak of viral gastroenteritis.

Cleaning

patient equipment and environment must be cleaned with a solution with 1,000ppm chlorine after every use. This is achieved by using Actichlor Plus as per instructions for use, detailed in section 8 of the Infection Control Manual Cleaning & Disinfection.

General Cleaning

- dilute Actichlor Plus using cold or tepid water (not hot water)
- put the water in the dilution bottle first, then the tablet
- do not use directly on a urine spillage (mop up first)
- once used, discard any remaining liquid (do not store diluted solution for future use)
- after using Actichlor Plus, most surfaces require rinsing (including stainless steel, items having direct patient skin contact such as commodes and mattresses)

Cleaning Blood Spills

- blood spillages require a solution of 10,000ppm chlorine using Actichlor Plus as per instructions for use
- the required contact time for wet blood is 2 minutes and for dried blood 5 minutes
- Actichlor Granules should be sprinkled on large blood spills prior to cleaning
- Actichlor Plus posters (Appendix 3 and 4).

Laundry

- all linen from closed bays/ wards including staff uniforms should be treated as infected and put into a red alginate bag, and managed according to local guidelines
- personal laundry must be managed according to local guidelines; relatives that wish to take laundry home must be informed of any risks they face. Giving soiled linen to relatives must be avoided, regardless of outbreak status [['washing clothes at home'](#) leaflet].

Patient Care

Enteric precautions and appropriate care will be delivered to patients with viral gastroenteritis. However, patients are at risk of dehydration with viral gastroenteritis, in particular with Norovirus illness, Staff need to ensure patients fluid levels are monitored and maintained.

Voluntary services [including WRVS and patient library]

Key staff will be informed of situation by IPCT.

- **closed ward:** Alternative arrangements should be made for newspaper delivery etc
- **wards with closed bays and isolation rooms:** Trolleys should remain outside affected bays with individual items passed to a staff member inside the room who then distributes to patients.

Recording of information:

Staff must maintain detailed and current details of patient symptoms, including date and time (Appendix 5 &6)

Transferring patients and isolation

There must be no movement of affected patients from the ward or closed area until they have been 48 hours free of symptoms, unless there is a clinical need. If a patient has to be transferred from a closed ward or bay, they should be isolated for a further 48 hours in the receiving unit, even if asymptomatic. Full information of situation must be given to the receiving unit.

Ward Clerks:

- **closed ward:** Ward clerks must remain in closed ward until ward status has changed
- **wards with closed bays and isolation rooms:** Ward clerks can move between wards with closed bays. They must not enter the closed bays and leave affected areas until last.

Staff Exclusion

- affected staff must remain away from work until they have had 48 hours clear of all gastroenteritis symptoms, including abdominal pain or nausea
- staff must inform a member of the Occupational Health Service (OHS) that they are unwell with gastroenteritis symptoms. Even if they are unsure of the cause.
- absence whilst symptomatic will be counted as sickness absence and the next 48 hours will be recorded on SSTS as sickness exclusion providing the staff member has contacted the OHS.

Patients in Isolation (Isolation Sign)

Staff must:

- wash/ decontaminate hands prior to application of PPE outside isolation room or bay
- don Gloves/Apron prior to entry
- close door after entry.

After dealing with, and between, patients:

- remove gloves/ apron inside closed room
- wash hands immediately
- apply fresh PPE if required
- leave room if clinical tasks are completed
- wash/ gel hands outside the room.

Patient Discharge

Discharge to own home:

Asymptomatic patients and those with clinical symptoms of viral gastroenteritis/ Norovirus infection may be discharged to their homes when clinically appropriate.

Where there is a risk of transmission to relatives, they should be made aware of the viral gastroenteritis/ Norovirus situation in the ward, and precautions to take, e.g. hand hygiene, washing of personal laundry and provided with an [information leaflet](#).

Patients should be advised that if symptoms develop after discharge, they should contact their GP or NHS24. Discharge of symptomatic patients with a social care package, i.e. where carers will visit the symptomatic patient and other asymptomatic patients, should only occur after consultation with the Infection Prevention and Control Team.

Discharge to Care Homes:

For symptomatic patients, discharge to a care home known not to be affected by an outbreak of vomiting and/or diarrhoea should not occur until the patient has been asymptomatic for at least 48 hours. However, discharge to a home known to be affected by an outbreak at the time of discharge should not be delayed providing the home can safely meet the individual's care needs. Those who have been exposed e.g. have been in a ward bay with symptomatic patients, but are currently asymptomatic, may be discharged only on the advice of the NHS Borders IPCT.

Discharge or transfer to other hospitals or community-based institutions (e.g. prisons)

This should be delayed until the patient has been asymptomatic for at least 48 hours. Urgent transfers to other hospitals or within hospitals need an individual risk assessment by the Infection Prevention & Control Team. Those who have been exposed e.g. have been in a ward bay with symptomatic patients, but are currently asymptomatic, may be discharged only on the advice of the IPCT.

Please note that any discharge assessments required by medical, nursing, AHP and other staff should always be considered and not automatically delayed. Please seek advice from the IPCT for individual risk assessments.

9.2 THE ROLE OF THE OUTBREAK CONTROL TEAM (OCT)

The decision to convene the OCT will be made by a senior member of the Infection Prevention & Control Team (IPCT) and will normally be chaired by the Infection Control Manager (ICM) or other senior member of the IPCT. This is in the context of a hospital based outbreak of viral gastroenteritis, typically Norovirus. If required, the “Guidance on the management of communicable disease incidents & outbreaks in the Borders” policy [Health Protection Team, 2012] will be invoked.

Functions of the OCT

- investigate the source/ cause of the outbreak
- meet daily (or as appropriate) to review the progress of the outbreak, investigation and control; standing agenda items will support this. See appendix 1, Outbreak Control Team Template Agenda
- support and advise on the nursing and medical care of patients involved
- support the ward based staff with implementation of control measures and escalate concerns to senior management as necessary, including the assessment of the need for additional resources
- monitor the effectiveness of the control measures including their effectiveness in controlling further spread
- assess the potential impact of the outbreak on the local community
- via the ICM or their deputy, ensure communications with national organisations and Government are delivered, as per Board and National policies, in particular the [Hospital Infection Incident Assessment Tool](#) (HIIAT)
- ensure the Communications Team are informed of situation
- provide and communicate effectively, clear guidance and information to groups including patients, relatives, visitors, staff, media, other health board services, GP's, local authority and Social Care & Health
- request input and support from senior management, this may require a short life management control group to be convened
- update Board Executive Team (BET) as required
- declare the end of the outbreak
- evaluate the overall experience of the outbreak and implement lessons learned
- Support the ICM in the development of the Outbreak Report.

9.3 INFECTION CONTROL STAFF OUTBREAK ACTION CARDS

Consultant Microbiologist/ Infection Control Doctor (ICD)

Actions to include:

- with the Infection Control Nurse's (ICN's), assess and/ or confirm that an outbreak has occurred
- with the Infection Control Manager (ICM) or other senior member of the Infection Prevention & Control Team [IPCT], convene an Outbreak Control Team [OCT] when required
- with the ICN's, liaise with the medical and nursing staff in the affected wards, providing guidance as required or providing training as requested by the OCT
- inform the Consultant in Public Health Medicine (CPHM) of a suspected or confirmed outbreak
- with the OCT and CPHM decide whether to invoke the "Guidance on the management of communicable disease incidents & outbreaks in the Borders" policy if required
- with the ICM and ICN's, ensure that the CPHM and the Health Protection Nurse Specialist [HPN] are regularly updated with the progress of the outbreak, requesting support as necessary
- The ICD/ Senior ICN will chair the OCT meeting in the absence of the ICM
- advise the OCT on outbreak control measures required and in place
- provide advice on appropriate sampling of affected individuals and liaise with the Occupational Health Service (OHS) as required
- liaise with microbiology to ensure that necessary laboratory resources are made available
- monitor numbers of samples received and communicate this to the OCT
- ensure prompt communication of test results to the ICN's and the OCT
- make the OCT aware promptly of any issues that might delay or restrict testing for all common causes of gastroenteritis
- promptly inform the ICN's of samples whose number or clinical details suggests an outbreak on other wards or units
- advise OCT in liaison with the CPHM and OHS Manager on:
 - appropriate sampling from patients and staff
 - any other relevant information required by the OCT
- liaise with appropriate reference laboratories as necessary and advise on need for additional laboratory assistance and resources where indicated
- advise on the medical care of patients relevant to infective condition

- support ward based medical staff in informing the Procurator Fiscal of deaths of affected patients or patients where condition was compromised as a result of the outbreak.

Infection Control Manager (ICM)

Actions to include:

- with the ICD or other senior member of the IPCT, convene an OCT when required
- chair the OCT meetings
- convene meetings at a frequency appropriate to the outbreak
- ensure the membership of the OCT is appropriate to the outbreak
- ensure all members of the team know their specific responsibilities or that they delegate their duties appropriately
- ensure the Director responsible for HAI is updated on the outbreak
- escalate to Board where significant issues of concern for patient safety or service provision arise
- ensure distribution of daily communications to staff groups
- be responsible for assisting Communications Manager in drafting external communications
- ensure the production of the outbreak report for OCT and the Infection Control Committee (ICC)
- ensure outbreak management policies are in place
- ensure communications with national organisations and Government are delivered, as per Board and National policies, in particular the [Hospital Infection Incident Assessment Tool \(HIIAT\)](#)
- with the Microbiologist and ICN's, ensure that the CPHM and the HPN are regularly updated with the progress of the outbreak, requesting support as necessary
- ensure appropriate signage is installed and/ or replaced as required
- prepare outbreak report following conclusion of outbreak

Infection Control Nurses

Actions to include:

- with the ICD, assess and/ or confirm that an outbreak has occurred
- visit or contact the ward as soon as possible and assess the situation and assess the extent of the problem and identify remedial actions required
- lead with the implementation of Infection Control measures

- including those required by the OCT
- collect the relevant information daily, to assess the dynamics of the outbreak including:
 - number of patients potentially involved
 - their symptoms, date of onset and current status; including patients awaiting 48 hours clearance
 - any other potential causes of symptoms
 - severity of illness and any patients causing concern
 - staff involved or awaiting 48 hours clearance
 - when required, ensure prompt communication of test results to the ICD and the OCT
 - attend OCT and provide updates; play a role in the decision making of OCT
 - in the absence of the ICM, provide daily email update from IPCT
 - continue liaison with the ICD and other members of the IPCT, Nurse & Hospital Managers, Bed Management and the Health Protection Team
 - Ensure switchboard are updated of current situation
 - assist the OCT in supporting and planning general services input, in particular rapid response for terminal cleaning
 - maintain direct communication with General Services, providing real-time updates in order to aid facilitation and expedite terminal cleaning
 - monitor the appropriateness and quality of cleaning
 - advise the OCT on the need for other cleaning methods as required
 - co-ordinate collection and collate details of specimens sent for analysis and liaise with laboratories on test results
 - liaise with all staff involved in monitoring the outbreak to ensure accuracy and detail of recording
 - make the OCT aware of issues or concerns with compliance
 - liaise with the OHS to appraise them of situation and to coordinate reporting of staff illness
 - monitor, install and/ or replace appropriate signage as required
 - promptly inform the ICD/ OCT of samples whose number or clinical details suggests an outbreak on other wards or units
 - Senior ICN will chair the OCT in the absence of the ICM and ICD
 - In the absence of the ICD/ ICM, and in consultation with the CPHM, the SICN will invoke the "Guidance on the management of communicable disease incidents & outbreaks in the Borders" policy when required
 - Following conclusion of the outbreak; with the ICD, produce guidance and/ or provide further training as requested by the OCT or as recommended in the outbreak report.

Infection Control Team Secretary

Actions to include:

- attend OCT meetings and take notes.

Infection Control Facilitator

Actions to include:

- attend OCT meeting and take notes if required
- assist in creating the daily email updates
- assist in completing the outbreak report
- manage signage for wards/ hospitals during outbreak
- manage some aspects of communication e.g. TV screens within hospitals, WRVS briefing, Intranet
- maintain master patient list of all patients with D&V symptoms
- update graphs recording staff reported cases from Occupational Health Service & number of symptomatic patients Versus number of blocked beds
- Assist in administration of data as required in the Outbreak Report.

Support for the above admin duties will be sourced from out-with the IPCT in the event of absence

Occupational Health Services Manager or Deputy

Actions to include:

- ensure access to daily email update from IPCT
- promote the self-reporting by staff with viral gastroenteritis
- ensure the OHS is providing consistent advice to staff, as agreed by the IPCT and OHS teams
- ensure the detailed recording of staff viral gastroenteritis and provide a weekly update to the IPCT/ OCT
- in the event of a major outbreak assist with the collection and submission of staff specimens to appropriate laboratories
- record all microbiological information in personal medical files
- report necessary information to the OCT

9.4 PUBLIC HEALTH OUTBREAK ACTION CARD

Consultant in Public Health Medicine

Involvement

If there is a significant outbreak the role of the Consultant in Public Health Medicine (CPHM) will be to deal mainly with the community aspects of an outbreak and will assume duties, if required, as outlined in the “Guidance on the management of communicable disease incidents & outbreaks in the Borders” policy

Actions to include:

- ensure access to daily email update and other related communiqués
- assist the Infection Prevention & Control Team (IPCT) in investigating and escalating outbreak if appropriate
- to attend the Outbreak Control Team [OCT] meetings if appropriate
- to make the OCT chair aware of relevant community or national outbreaks
- be prepared to chair the OCT when appropriate in line with the “Guidance on the management of communicable disease incidents & outbreaks in the Borders” policy
- liaise with Infection Control Manager (ICM), Consultant Microbiologist, Senior Infection Control Nurse (SICN) and Executive Director to ensure that communications with national organisations and Government are delivered, as per Board and National policies
- ensure communication is undertaken, when appropriate, to other Health Service personnel (including General Practitioners) as to the nature and scope of the outbreak including any relevant precautions
- facilitate additional specialist advice when necessary.

Health Protection Nurse Specialist [HPN]/ Community Infection Control Nurse (CICN)

Actions to include:

- ensure access to daily email update and other related communiqués
- if requested by the CPHM, assist with the collection of relevant information to assess the extent of the problem
- contact any affected community based area(s) as soon as possible and assess the situation

- maintain communication with CPHM, the Microbiologist and IPCT.

For Non-NHS Community based areas:

Actions to include:

- advise relevant staff of measures to be taken to contain and control spread of infection
- co-ordinate details of specimens sent for analysis and liaise with laboratories on test results
- liaise with all staff involved in monitoring the outbreak
- attend the OCT meeting as requested by the CPHM.

9.5 CLINICAL STAFF OUTBREAK ACTION CARD

Nurse in Charge of affected unit [see also 'Ward Nursing Staff' below]

- ensure all staff are familiar with, and know how to access, the Infection Control Manual and this viral gastroenteritis/ Norovirus outbreak management section
- work with the Infection Control Nurse's [ICN's] and Consultant Microbiologist/ Infection Control Doctor [ICD] in the initial investigation
- attend the Outbreak Control Team (OCT) meeting representing the affected ward or unit, or designate deputy
- ensure access to daily email update and other related communiqués
- work with the ICN's in the daily review of progress, identifying new patients, each patients condition and any affected patient giving cause for concern
- ensure staff know how to access to all relevant documentation for recording. See appendix 1 viral gastroenteritis recording sheet
- ensure staff maintain accurate and up to date records of symptomatic patients in an outbreak, including stool and patient detail charts
- lead with the implementation of precautions at ward level, as agreed at OCT meeting
- raise concerns to the Infection Prevention & Control Team (IPCT) or OCT
- ensure staff are aware of cleaning responsibilities and the correct products to use
- facilitate coordinated completion, with general services, of any terminal cleans when required
- contribute to the Outbreak Report and assist in the implementation of any recommendations for the affected ward
- ensure that supplies department are aware of any extra usage requirements of consumables such as gloves aprons etc [although they will have already been contacted by IPCT of general situation]
- **if ward is closed:** facilitate access for ward based, non-uniformed staff [in particular medics] to scrub suits **[01896 826187]**
- ensure staff know which specimens are required and how to request them (See section 4.2 of the Infection Control Manual – Guidelines for Microbiology Specimen Collection)
- ensure staffing levels are meeting patient requirements
- ensure provision of medical care required (in particular hydration)
- ensure liaison with operational manager for area if there are general concerns, including that of staffing

- minimise staff movement, in particular that of bank or agency staff (see section 10.1)
- if staff should begin to feel unwell, they should report to the nurse in charge immediately as Norovirus has a rapid onset ,
- if affected, ensure all staff in their team report to the Occupational Health Service (OHS) and do not return to work until 48 hours after the last symptomatic episode, including stomach cramps and nausea
- Discuss with OCT any patients affected who are seriously ill or have died within the affected areas, regardless of the causes.

Ward Nursing Staff

Actions to include:

- observe and encourage strict hand hygiene for all staff, patients and visitors
- in conjunction with the ICN's, implement guidance regarding isolation and patients' movements within the ward and between other wards and departments
- collect appropriate specimens from all affected patients. (See section 4.2 of the Infection Control Manual – Guidelines for Microbiology Specimen Collection)
- ensure rapid transportation to the laboratories
- clean equipment according to local policy recommendations (See section 2.1 of the Infection Control Manual – Roles and responsibilities for cleaning furniture/ equipment in patient areas)
- check stock levels of plastic aprons, gloves, linen, laundry bags etc and ensure adequate supplies can be obtained
- In addition to the individual risk assessments or existing exclusions in high risk areas, cut flowers are not permitted in wards, bays or rooms that have been closed for infection control purposes, in particular for the management of an outbreak of viral gastroenteritis
- when answering telephone enquiries:
 - check the identity of the caller
 - ensure that any information given is appropriate to the person making the enquiry.

Clinical Consultant On-Call

Actions to include:

- ensure access to daily email update and other relevant communiqués
- restrict admissions of patients with gastroenteritis by considering other methods of care

- expedite patient discharges where appropriate, including completion of diagnostic tests/ procedures
- be aware how to access the guidance contained in document 'death and the procurator fiscal'
- discuss with Consultant Microbiologist any patients affected who are seriously ill or have died

Consultants with patients on affected wards

Actions to include:

- ensure access to daily email update and other relevant communiqués
- attend the OCT meetings if requested
- discuss with Consultant Microbiologist any concerns regarding the placement of patients affected and otherwise during an outbreak
- expedite patient discharges to appropriate locations, including completion of diagnostic tests/ procedures
- ensure discharges are to appropriate locations during the outbreak
- if affected, ensure junior and other medical staff in their team do not return to work until 48 hours after the last symptom episode and that they report to the OHS
- review the urgency for diagnostic procedures that require transfer of patients in the affected areas to areas out-with the ward
- discuss with Consultant Microbiologist any concerns about patient condition among those affected
- be aware how to access the guidance contained in document 'death and the procurator fiscal'
- discuss with Consultant Microbiologist any patients affected who are seriously ill or have died
- following discussion with Microbiologist, Inform the Procurator Fiscal of deaths of affected patients or patients when required.

Associate Medical Director (or Deputy) for affected Board

Actions to include:

- ensure access to daily email update and other related communiqués
- ensure guidance from the IPCT (or OCT) are communicated and acted upon by all medical staff
- support minimising movement of symptomatic patients
- support the expedition of patient discharges where appropriate

- ensure adequate medical cover is available to manage the situation whilst limiting staff movement between areas where possible

Other Medical Staff

Actions to include:

- in consultation with ICN's, Infection Control Doctor (ICD), understand requirements and collect or request relevant specimens from affected patients
- review the urgency for diagnostic procedures that require transfer of patients in the affected areas to areas out-with the ward
- seek advice from the IPCT about admission, transfer and discharge of patient(s)
- request extra staff assistance if appropriate through relevant Clinical Consultant
- be aware how to access the guidance contained in document 'death and the procurator fiscal'

Service Manager & Senior Nurses/ Operational Managers

Actions to include:

- once alerted of a potential outbreak, visit ward as soon as possible to appraise situation
- ensure access to daily email update and other related communiqués
- liaise with other senior nurses/ operational managers to monitor staff and patients in other wards and departments for similar outbreak symptoms and advise IPCT of findings
- attend OCT or arrange a deputy
- support OCT by implementing control measures as agreed at OCT, including consideration of business continuity
- consider deployment and placement of Bank staff to minimise movement of staff between areas [see section 10.1]
- ensure bank or agency staff working on an affected ward understand the restrictions on working elsewhere for 48 hours
- in the event of extreme bed pressures, discuss with the Consultant Microbiologist or OCT chair, the placement of affected patients or placement of patients on the affected wards and potential discharges
- update senior nursing, administration and paramedical staff of situation
- where necessary assist ward staff to ensure adequate supplies are available on the ward

- liaise with ward nursing staff to ensure staffing needs are met
- liaise with ward nursing staff to determine any patient concerns
- liaise with IPCT to discuss any operational and patient concerns
- Identify, inform and discuss with a senior member of the IPCT or OCT any patients affected who are seriously ill or have died
- discuss with a senior member of the IPCT or OCT any patient deaths associated with an affected area
- following discussion with the IPCT, ensure removal of signage from front of closed ward that has been reopened.

9.6 SUPPORT SERVICES OUTBREAK ACTION CARDS

Director of Estates and Facilities

Involvement

On being informed of a suspected outbreak, the Director of Estates and Facilities role is primarily communicating with key staff and ensuring that necessary supplies can be made available and resource made available to ensure implementation of enhanced cleaning regimes.

Actions to include:

- ensure access to daily email updates and other related communiqués
- liaise with Catering Manager when required
- liaise with General Services Manager when required
- liaise with Laundry Services Manager when required
- liaise with Head of Procurement when required
- liaise with Supplies regarding ongoing requirements (or obtain access to Stores, if necessary, out of normal working hours)

General Services Manager or designated Deputy

Actions to include:

- Liaise with the Infection Prevention & Control Team (IPCT)
- ensure access to daily email updates and other related communiqués
- visit ward/department, appraise the situation
- attend or ensure representation at the Outbreak Control Team (OCT)
- raise concerns at OCT including those relating to service delivery
- ensure communication to Assistant General Services Manager and General Services Supervisors, updating them of situation
- ensure involvement of situation to supervisors of affected areas
- ensure (in conjunction General Services Supervisors and Infection Control Nurses (ICN's) that general services staff have the appropriate cleaning procedures are in place; provide support for enhanced cleaning regimes when required. See appendix 1, enhanced cleaning regime
- ensure adequate supply of appropriate cleaning materials
- liaise with the IPCT and Nurse in charge of affected areas to plan and arrange terminal cleaning with and alert the IPCT or OCT of any logistical or resource issues affecting cleaning

- liaise with Nurse Manager(s) of affected area(s) to ensure adequate provision of supplies for use by general services staff, including plastic aprons, gloves, clinical waste bags
- discuss proposed deployment of staff from ward to other areas with IPCT if necessary
- if staff are shared, then ensure that any extra control measures and guidance are understood and in place
- arrange provision of Porter service to minimise disruption in patient care and minimise risk to other patients
- ensure guidance is understood and in place for domestic and porter services
- make OCT aware of issues raised from ward domestics regarding the control of the outbreak
- ensure that staff are aware that they must inform Occupational Health Service (OHS) should they become symptomatic.

Laundry Services Manager or designated Deputy

Actions to include:

- liaise with the IPCT
- ensure access to daily email updates and other related communiqués
- visit ward/department, appraise the situation
- attend or ensure representation at the OCT if required
- inform Assistant Laundry Services Manager and Supervisors of situation
- assistant Laundry Services Manager and Supervisors in conjunction with ICN's, to liaise with laundry services staff to ensure appropriate procedures are in place
- liaise with Director of Estates and Facilities regarding the relevant supplies including Personal Protective Equipment (PPE) for laundry services staff
- make provision of assorted scrub suits for closed wards on notification from IPCT
- liaise with ward managers if extra foul/infected laundry uplift is required

Catering Manager or designated Deputy

Actions to include:

- ensure access to daily email updates and other related communiqués
- control food supplied to affected wards and ensure that any waste food is kept separate from unaffected ward food service

- equipment, before disposal, and advise on specialised cleaning of tray service equipment
- attend OCT as required
- advise catering staff, liaise with General Services Manager and ICN's on the best method of controlling cross contamination and the spread of infection
- Liaise with IPCT/ward staff in affected areas:
 - ensure water jugs are removed from common use
 - any communal items such as cup holders to be washed through central kitchen dishwasher
 - ensure adequate supplies of bottled water when required (consider alternative provision for neutropaenic patients)
- ensure that all food samples are stored and retained for 7 days as per current protocols
- ensure that all food samples held in the kitchen area are made available for microbiological inspection if appropriate.

Superintendent Physiotherapist

Actions to include:

- ensure access to daily email updates and other related communiqués
- arrange provision of service to minimise risk to other patients
- arrange provision of service to minimise disruption to patient care
- ensure staff are aware of situation, risks and necessary precautions
- liaise with the IPCT or OCT with regard to any service delivery, staff, safety or other issues
- ensure the IPCT or OCT are made aware of any concerns relating to control measures
- ensure staff know their responsibility to inform the Occupational Health Service (OHS) should they become symptomatic.

Lead Occupational Therapist

Actions to include:

- ensure access to daily email updates and other related communiqués
- arrange provision of service to minimise risk to other patients
- arrange provision of service to minimise disruption to patient care
- ensure staff are aware of situation, risks and necessary precautions
- liaise with the IPCT or OCT with regard to any service delivery, staff, safety or other issues
- ensure the IPCT or OCT are made aware of any concerns

- relating to control measures
- ensure staff know their responsibility to inform the OHS should they become symptomatic.

Superintendent Radiographer

Actions to include:

- ensure access to daily email updates and other related communiqués
- arrange provision of service to minimise risk to other patients
- arrange provision of service to minimise disruption to patient care
- ensure staff are aware of situation, risks and necessary precautions
- liaise with the IPCT or OCT with regard to any service delivery, staff, safety or other issues
- ensure the IPCT or OCT are made aware of any concerns relating to control measures
- ensure staff know their responsibility to inform the OHS should they become symptomatic.

Bed Management

Actions to include:

- ensure access to daily email updates and other related communiqués
- attend OCT
- maintain lines of communication to facilitate frequent and real time communications with the ICN's/ IPCT/ OCT
- promote effective flow of patients where appropriate, in particular those in affected areas
- facilitate and expedite discharges when possible
- liaise with Scottish Borders Council (SBC) on situation.

Nurse Bank

Actions to include:

- ensure access to daily email updates and other related communiqués
- maintain static workforce in affected area where possible
- where possible, avoid allocating staff to unaffected areas for 48 hours following duties in an affected area
- keep records of staff movement
- attend OCT, as required.

9.7 EXECUTIVE STAFF OUTBREAK ACTION CARDS

Director of Estates and Facilities (See Section 1.6)

Director of Nursing & Midwifery (Director with responsibility for HAI) or designated Deputy

Actions to include:

- ensure access to daily email update and other relevant communiqués
- raise any concerns with the Outbreak Control Team (OCT)
- inform the Chief Executive, Chief Operating Officer and the Executive Team at the earliest opportunity and keep them updated to changes within the situation
- if required, assume the role of Press Officer or designate Press Officer for the duration of the outbreak
- liaise with the Infection Control Manager or deputy, Consultant Microbiologist and Consultant in Public Health Medicine to ensure that the OCT
- deliver communications to national organisations, including Scottish Government as per Board and National policies
- ensure the Infection Prevention & Control Team (IPCT) have the resources to manage an outbreak effectively
- liaise with IPCT to ensure full support for the collection of accurate and up to date information on patients/ staff involved in outbreak
- if required, ensure secretarial support for the OCT and that the minutes and agenda are distributed timeously
- maintain open communication out-with OCT meetings with the Consultant Microbiologist/Public Health Consultant to ensure that up to date information is available to the executive team, staff and the media
- provide comment on the Outbreak Report.

The following may be undertaken with the nurse manager for the affected area

- ensure instructions from the IPCT or OCT to ward/department are followed
- ensure staffing levels meet safe requirements
- ensure that staff receive support and resources to undertake the duties required of them
- assist in service delivery or nursing issues not resolved through other routes
- where practicable, prevent the deployment of staff from the infected ward / department to other health care areas

Medical Director

Actions to include:

- ensure junior medical staff and consultants colleagues are available to provide medical care on affected units. This may involve short term reallocation of duties
- contribute to any communications with medical staff with regard to the outbreak
- assist in liaison with general practice and other community staff in reducing or redirecting potentially infectious admissions if requested by the Outbreak Control Team.

Chief Operating Officer

Actions to include:

- liaise with the Board where significant issues of concern for patient safety or service provision arise
- oversee implementation of Business Continuity measures when required.