Hospital Outbreak and Incident Management Policy

Title:

Hospital Outbreak and Incident Management Policy

Date effective from: 4 December 2018

Review date: 4 December 2021

Approved by: Policy Approval Group

Approval Date: 4 December 2018

Author/s: NHS Lothian Infection Prevention & Control Team

Owner: Lead Nurse, Infection Prevention & Control Team

Executive Lead: Executive Director Nursing, Midwifery & AHP's

Target Audience: All NHS Lothian staff

Supersedes: Hospital Outbreak and Incident Management Policy v1.0

Keywords (min. 5): Infection control Outbreak Incident Problem Assessment Group
Executive Summary

This policy outlines the key actions, roles and responsibilities in relation to an infection incident or outbreak in NHS Lothian inpatient areas.

This policy should be read and implemented in conjunction with The Health Protection Scotland National Infection Prevention & Control Manual (NIPCM) in line with Scottish Government directive.
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Purpose</td>
<td>4</td>
</tr>
<tr>
<td>2.0</td>
<td>Policy statement</td>
<td>4</td>
</tr>
<tr>
<td>3.0</td>
<td>Scope</td>
<td>4</td>
</tr>
<tr>
<td>4.0</td>
<td>Definitions</td>
<td>4</td>
</tr>
<tr>
<td>5.0</td>
<td>Implementation roles and responsibilities</td>
<td>5</td>
</tr>
<tr>
<td>5.1</td>
<td>Recognising a potential outbreak or incident</td>
<td>5</td>
</tr>
<tr>
<td>5.2</td>
<td>Investigation and outbreak management</td>
<td>6</td>
</tr>
<tr>
<td>5.3</td>
<td>Communication</td>
<td>7</td>
</tr>
<tr>
<td>5.4</td>
<td>Media handling</td>
<td>7</td>
</tr>
<tr>
<td>5.5</td>
<td>Escalation</td>
<td>8</td>
</tr>
<tr>
<td>5.6</td>
<td>Debrief and lessons learned</td>
<td>8</td>
</tr>
<tr>
<td>6.0</td>
<td>Associated materials</td>
<td>8</td>
</tr>
<tr>
<td>7.0</td>
<td>Evidence base</td>
<td>9</td>
</tr>
<tr>
<td>8.0</td>
<td>Stakeholder consultation</td>
<td>9</td>
</tr>
<tr>
<td>9.0</td>
<td>Monitoring and review</td>
<td>10</td>
</tr>
</tbody>
</table>
1.0 Purpose

The purpose of this policy is to guide staff in the prompt and effective investigation, management and control of Healthcare Associated Infection incidents or outbreaks in NHS Lothian hospitals and other inpatient sites.

This includes information on when, and to whom, information should be escalated to ensure the involvement of all relevant agencies and personnel in a timely manner.

2.0 Policy statement

This policy covers the investigation, management and reporting of hospital based incidents and outbreaks of infection and healthcare infection data exceedances. These will be managed by the Infection Prevention and Control Team (IPCT) in conjunction with others.

Where an incident or outbreak occurs in the wider community, for example, school or care home, or where there are wider public health risks, NHS Lothian Health Protection Team will take the lead role in the investigation, management and reporting of these.

3.0 Scope

This policy applies to all outbreaks and infection data exceedance in NHS Lothian excluding Norovirus outbreaks, unless local Norovirus activity exceeds expectation, or there are serious patient safety or service delivery issues identified as a direct consequence of the outbreak [see Appendix 1]

4.0 Definitions

Norovirus outbreaks will be managed in line with Health Protection Scotland guidance and local infection prevention and control guidance and procedures. These documents are reviewed annually to reflect any changes to current best practice guidance.

An outbreak is defined as a situation when two or more people have the same infection, or more people than expected have the same infection. The cases will be linked by a place and time period.

An incident is defined as a single case of infection, serious illness or adverse event resulting in, or having potential for harm from an infectious agent.

A Healthcare Infection data exceedance is defined as a greater than expected rate of infection compared with the usual background rate for the place and time where the incident has occurred

Healthcare Associated Infections (HCAI) are defined as infections that occur as a result of medical care, or treatment, in any healthcare setting

Hospital Acquired Infections (HAI) are defined as any infection arising 48 hours or more after admission to hospital
5.0 Implementation roles and responsibilities

5.1 Recognising a potential outbreak or incident

Early recognition of a potential outbreak or incident is critical to its effective containment and control. This will minimise the impact on patients, visitors, staff, wider organisation and potentially public health.

Clinical (medical or nursing) staff must inform the Infection Control Team or duty microbiologist/virologist by telephone without delay if there are:

- 2 or more patients with unexplained illness with the same presentation or organism
- 2 or more cases of diarrhoea and/or vomiting of unknown origin
- 2 or more cases of the same illness where direct transmission is suspected

Laboratory staff (Microbiology or Virology) will advise the Infection Prevention and Control Team or duty Microbiologist/Virologist without delay if a greater than expected number of cases or isolates of a significant pathogen are identified.

NHS Lothian IPCT will alert the duty Microbiologist/Virologist, clinical staff and senior managers of any emerging issue or outbreak. This will primarily be communicated via the duty Infection Prevention and Control Nurse Service which operates 7 days a week 08:30-16:00.

Out with these hours, the duty Microbiologist or Virologist will advise ward teams and hospital management of significant specimen results and any remedial actions required.

Ward staff must provide the IPCT with minimum data set information:

- Patient name
- CHI
- Current symptoms & treatment/Summary of incident
- Date of onset of symptoms
- Any staff/visitors/others with symptoms

The IPCN will collate:

- Line list of affected individuals
- Timeline of the incident or outbreak
- Standard Infection Control Precautions compliance data for the affected area
- A report on ward/practice evaluation undertaken in response to the incident or outbreak

The details of data required are summarised in [Appendix 2].

To promote situational awareness, the IPCT will prepare a short situation report (SBAR) summarising the key issues, assessment and immediate actions required in response to an emerging issue or outbreak.

This may include (but not limited to):
Advice on additional transmission based precautions (TBPs) required to limit spread of infection
Recommendation for patient isolation or cohort
Advice on any additional or enhanced cleaning required
Advice on provision or use of PPE
Request additional samples for microbiology or virology

This SBAR will be shared by email with key clinical staff and managers at the earliest opportunity. This document is intended to supplement direct discussion between key staff which may already be in progress. Subsequent situation updates and progress with agreed actions will be distributed in minutes of meetings and using mandatory reporting tools (e.g. HIIORT).

5.2 Investigation and outbreak management

Information gathering

A Problem Assessment Group (PAG) should be convened on reporting of a suspected incident or outbreak. The purpose of the PAG is to assess whether information currently available suggests there is an incident or outbreak or not.

If it is established that there is an incident or an outbreak, the group will carry out a risk assessment and put in place initial control measures. If the control measures are sufficient to deal with the problem, a follow up meeting may be convened to provide assurance that agreed actions have been completed, and that the issue has been resolved.

A senior member of the IPCT should chair the Problem Assessment Group. Minutes will be taken and the Health Protection Scotland Hospital Infection Incident Assessment Tool (HIIAT) will be scored and recorded as part of the Problem Assessment Group. An agenda template is provided in [Appendix 4]

An Incident Management Team (IMT) should be convened if following initial PAG the incident or outbreak meets the following criteria:

HIIAT scores AMBER or RED

- there is a significant issue that requires multidisciplinary or multi agency support
- the number of cases or their severity causes undue pressure on existing services
- large volume of public enquiries, or
- increased political or media interest

An IMT must be chaired by a Consultant Microbiologist or Consultant Virologist functioning in the role of an Infection Control Doctor, or where the issue or threat represents a wider public health issue, by a Consultant in Public Health Medicine.

An IMT will usually require a more extensive membership than a PAG, and may include external stakeholders (e.g. Health Protection Scotland). NHS Lothian Communications Team must be invited to attend all IMT’s. The agenda template and reporting arrangements for IMT are the same as for PAG. Further guidance on managing IMT can be found here on the Health Protection Scotland website.
The chair of the PAG will agree the time, date and members required at the PAG with administrative staff using the template in [Appendix 3].

Each outbreak or incident will be assessed against the Health Protection Scotland Hospital Infection Incident Assessment Tool (HIIAT). This tool helps staff to determine the level of response and communication required based on the likely severity and impact of each outbreak or incident. The Chair is responsible for completing the HIIAT.

5.3 Communication

In line with DL (2015)19, any incident or outbreak which scores Green on the HIIAT scoring tool, and all Norovirus outbreak activity, is reported to HPS on a weekly basis.

Any incident or outbreak which scores Amber or Red on the HIIAT scoring tool must be reported to Health Protection Scotland using the mandatory Healthcare Incident, Infection and Outbreak reporting tool (HIIORT). HPS will advise Scottish Government on behalf of the Board using the information provided in this report.

The HIIORT will be shared internally to members of the PAG or IMT and NHS Lothian Senior and Executive Management Team. The Chair with support from the Head of Service or Lead Nurse of Infection Prevention or Control is responsible for completing and disseminating the HIIORT after the meeting.

A key function of the PAG or IMT is to provide timely, appropriate and effective communication to patients, visitors, staff, external agencies and the wider public.

Patients, staff and visitors should be kept informed on any actions they should take to minimise the risk of exposure or infection to them.

A range of methods and media can be employed, including:

- Patient or staff information leaflets
- Posters and other printed information
- Media statements for print and broadcast
- Dedicated NHS24 help lines
- Use of NHSL internet site
- Use of social media

The PAG/IMT will determine the most appropriate methods to use in each situation, but in general, a combination of approaches is required.

It is the responsibility of the Chair of the IMT to ensure that all agreed communications are implemented.

5.4 Media handling

NHSL Communication Team will be invited to attend all PAG and IMT meetings. If they are unable to attend, the Chair of the meeting will contact the team to discuss the holding statement. The PAG or IMT membership will decide the contents of a media message.
A holding statement will be prepared by the Communications team in conjunction with the PAG or IMT chair for all incidents and outbreaks, even where proactive release is not required based on the nature of the outbreak or incident. All media statements must be approved by a member of the Executive Management Team prior to onwards dissemination internally, or externally to HPS.

The communications manager will be responsible for liaising with the media and coordinating all media responses.

One media spokesperson will be identified (usually the chair of IMT or Head of IPC). Only individuals who have received appropriate media training can be called upon to act as media spokesperson.

5.5 Escalation

In the event of an escalating situation, due to the number of cases involve, undue pressure on services, large volume of public enquiries or in response to increased political or media interest, the IMT chair (in conjunction with others) will determine if the board Major Incident Policy or Strategic Incident Management Plan should be initiated, and whether additional management support is required.

In the event of escalation, a Consultant in Public Health Medicine will normally assume the chair in line with current Scottish Government Guidance.

The IMT can also request additional expert advice and input into the outbreak/incident in line with the National Support Framework advised in CNO (2010)1

5.6 Debrief and lessons learned

Following any outbreak or incident assessed as AMBER or RED on HIIAT, the chair of the IMT will be responsible for coordinating a ‘debrief’ exercise to identify areas of strength and areas for learning and improvement for individuals, teams and the wider organisation.

The debrief should preferably be led by a senior member of staff not directly involved in the initial PAG or IMT to ensure objectivity and critical analysis of events.

Using the Health Protection Scotland Debrief Tool a review of the summary report and action plan describing the outbreak/incident and detailing the effectiveness of the investigation, control measures taken will be prepared at the debrief of the outbreak/incident and reported throughout NHSL as appropriate.

The outcome of debrief will be submitted to the NHS Lothian Infection Control Committee, and the Healthcare Governance Committee.

6.0 Associated materials

A range of patient information leaflets, posters and other organism or topic specific guidance is available on the NHS Lothian Infection Control Intranet pages:

7.0 Evidence base


NHS Lothian (2009) *Healthcare Associated Infection: Staff Screening during Incidents and Outbreaks Policy* NHS Lothian HR Online: HAI - Staff screening during incidents and outbreaks policy


NHS Lothian *Strategic Incident Management Plan (Interim Plan)* [http://intranet.lothian.scot.nhs.uk/NHSLothian/Corporate/A-Z/Resilience/Plans/Pages/default.aspx](http://intranet.lothian.scot.nhs.uk/NHSLothian/Corporate/A-Z/Resilience/Plans/Pages/default.aspx)

8.0 Stakeholder consultation

Consultation on any updates to this policy will be invited via NHS Lothian Policy Consultation Zone in line with organisational process.
9.0 Monitoring and review

Implementation of this policy will be monitored through problem assessment groups and incident management team debrief activity. The policy will be reviewed on a 2 yearly basis or as new national policy is issued.