# **IPC COVID-19 Outbreak Management Toolkit for Mental Health settings**

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| **Hospital Site and Ward/Department**  | **Date of Observation** |
| **This Checklist tool is designed to be used as a tool to assist in the management of suspected and confirmed COVID -19****Outbreaks or increased incidences Definitions of an outbreak:** Two or more test-confirmed or clinically suspected cases of positive COVID-19 among individuals (for example patients, health care workers, other hospital staff and regular visitors, for example volunteers and chaplains) Linked in time (14 days) and place, (for example a bay, a ward or a shared space), where at least one case (if a patient) has been identified as having illness onset after 8 days of admission to hospital. |
| **Checklist can be used on a regular basis to ensure outbreaks are being managed and brought under control quickly.****Instructions:** Check **Yes** or **No** for each item and report Items marked **NO for immediate action** |
| **IMMEDIATE RESPONSE** | **YES** | **NO** | **ACTION** |
| 1 | Carry out immediate investigation to clarify nature of the outbreak with 24hours* Assess all patients for possible exposure
* Agree case definition
* Identify and record details of exposed patient cases (appendix 1)
	+ Person factors: who is affected, age, sex, ethnicity, symptoms, exposures, staff/patient
	+ Place factors: which rooms and wards have they been in
	+ Time factors: how long were they exposed, how long were they in rooms with other cases
* Identify all staff who had contact with patient or HCW (appendix 2)
* Consider any transfers from the area in the last 7 days
* Implement immediate IPC measures

(appendix 3) |  |  |  |
| **OUTBREAK DECLARED**  | **YES** | **NO** | **ACTION** |
| 2 | IPC/DIPC/Ward Matron has reviewed Initial investigation data and agreed to declare outbreak. Convene Outbreak Control Group within 48hrs: * Agree Chair
* Agree Minute taker
* Agree frequency of meetings and reporting schedule
* Draft Agenda (Appendix 4)
* Agree roles and responsibilities of OCG members

Present the data:* Produce an Epi Curve noting key dates (see excel spreadsheet – link Appendix 8)
* Be sure it is clear what the dates are, i.e. date symptoms start, or date diagnosis confirmed.
* Produce a timeline (see Excel spreadsheet)
* Plot on a map where the cases (patient and staff) have been (see Excel spreadsheet)
* Identify when any future cases should cease to arise based on incubation being no longer than 14 days from last recognised exposure (see Excel spreadsheet).

Develop a hypothesis: what factors led to outbreakAgree and organise testing and retesting of exposed patients and staff |  |  |  |
| 3 | Has outbreak been reported:Internal incident reportingEPRR IIMARCH form/online portal  |  |  |  |
| **COMMUNICATION** | **YES** | **NO** | **ACTION**  |
| 4 | Agree communication Lead Provide a situational awareness assessment (appendix 5)Inform Internally agreed personnel e.g. (not exhaustive)* Ward/site manager
* Matron
* DIPC
* IPCD
* Clinical/ Medical director
* Divisional director
* Patient flow
* Director Operations
* Occupational health
* Facilities
* Comms Team
* PHE
* CCG
* Other
 |  |  |  |
| **PATIENT/RELATIVE COMMUNICATION** | **YES** | **NO** | **ACTION** |
| **5** | * Agree member of staff to lead discussions with identified patient’s, their family and potential contacts.
* State what actions are being taken and ask for their cooperation.
* Be alert to their concerns and how this may be alleviated.
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| **OUTBREAK ONGOING INVESTIGATION**  | **YES** | **NO** | **Action** |
| 6 | * Review Trust BAF
 |  |  |  |
| 7 | * Review COVID Management Checklist to inform action plan
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| 8 | * Review patient and ward daily and record outcomes on daily update sheet (appendix 6)
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| 9 | * Provide operational update (appendix 7) for Gold/Silver command to inform patient flow decision making
 |  |  |  |
| 10 | * Develop and monitor action plan
 |  |  |  |
| **OUTBREAK MONITORING**  | **YES** | **NO** | **Action** |
| 11 | OCG to meet regularly to ensure * New actions are agreed
* Effectiveness of those agreed actions is monitored
* Agree programme of monitoring IPC practice in affected areas
* Have overview of recent audits: cleanliness hand hygiene, PPE etc Consider external peer support if outbreak difficult to bring under control
* Ensure Outbreak update form is completed
 |  |  |  |
| **OUTBREAK CLOSURE**  | **YES** | **NO** | **Action** |
| 12 | Outbreak is formally closed after 28 days from onset with no further identified cases  |  |  |  |
| 13 | Complete final outbreak report and report to trust Board  |  |  |  |
| 14 | Identify and share learning throughout the organisation /system and region |  |  |  |

**Appendix 1 INITIAL INVESTIGATION FORM (Inpatients)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No | RoomNo | Name  | DOB  | NHS or Hospital Number  | Symptoms  | Date of onset | Severity  | Date swab taken  | Date result available  | Result Positive or negative  | Case definition\*see below | **List of contacts/dates from to etc**  |
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\*Community Onset = positive specimen date <=2 days after hospital admission or hospital attendance;

 Hospital-Onset Indeterminate Healthcare-Associated (Harihar) - positive specimen date 3-7 days after hospital admission;

 Hospital-Onset Probable Healthcare-Associated (Orpha) - positive specimen date 8-14 days after hospital admission;

 Hospital-Onset Definite Healthcare-Associated (Honda) - positive specimen date 15 or more days after hospital admission.

**Appendix 2. INITIAL INVESTIGATION FORM (STAFF**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No | Name  | DOB  | Symptoms  | Date of onset | Severity  | Date swab taken  | Date result available  | Result Positive or negative  | OCC Health Aware  | **List of contacts/dates from to etc**  | **Mandatory PPE and Fit test Training up to date**  |
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**Appendix 3.** Immediate IPC measures to be implemented

**STAFF**

* Segregate staff to care for patients (cases, exposed, non-cases) as able.
* Consider removing all high-risk staff to minimise future exposures.
* Consider excluding exposed staff.
* Consider utilising staff who have had the virus and have returned to work.

**TRANSFERS**

* Stop admissions and transfers from this ward to non-COVID areas.

**EQUIIPMENT and ENVIRONMENT**

* As droplet and contact transmission have occurred, decontaminate all equipment and the environment.
* Take care to ensure frequently touched surfaces are included. Use a 1,000 ppm Available Chlorine solution or combined detergent and disinfectant, which has passed EN 14476.

**MONITOR FOR NEW CASES**

Ensure the ongoing monitoring of all non-case patients and staff in the ward for the earliest possible signs / symptoms of COVID-19.

**CONSIDER VISITOR RESTRICTIONS**

* If not already suspended, stop visiting – call visitors in advance of any planned visits.
* Have plans in place to allow visitors in exceptional circumstances

**COMMUNICATE WITH CLINICAL AREA**

* Ensure that everyone on the ward is aware of the situation and their role in the control of this outbreak.
* Encourage all staff to share their concerns; ensure everyone has a buddy for support.

**AUDIT OF CURRANT PRACTICE**

* Use the [COVID-19 management checklist](#_Hlk56413267) to identify areas that require immediate actions
* Carry Out observation of practice (*see tool below).* One member of the IPCT to sit (in PPE) and observe practice – minimum 1 hour – if possible, all shifts.
	+ Walk around the entire clinical and non-clinical area to identify possible COVID transmission-provoking factors. For example, confirm that PPE is being used such that it can aid in preventing transmission to-and-between patients, as well as preventing transmission to staff. Confirm hand hygiene after doffing or touching PPE is being done

**OBSERVATION OF PRACTICE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Physical distancing** | **PPE** | **Hand hygiene** | **Decontamination** |
| **Competency** – do they know how, and how often to do it? |  |  |  |  |
| **Opportunity** – is it possible to apply the control measures? What is stopping these being done? Do staff have everything they need to apply control measures? |  |  |  |  |
| **Motivation** – are they alert to the need for these control measures? |  |  |  |  |

* Confirm Standard, Droplet and Contact precautions are in place & identify the areas’ high-touch sites and specify a modified decontamination regimen

Specify here frequency of decontamination, product and methodology

Isolation rooms:

Cohort rooms:

High-touch sites:

Procedures after which decontamination using disinfection should be done

Spillages:

* Add new Control Measures as identified from the above assessments
	+ This may include improved decontamination regimens, increased promotion of existing control measures, education programmes.

**Appendix 4 Draft AGENDA for Outbreak Control Group**

|  |  |  |
| --- | --- | --- |
| 1 | Introduction (reminder of confidentiality and accurate records) |  |
| 2 | Appropriate membership and agree Roles and responsibilities  |  |
| 3 | Declarations of conflicts of interest |  |
| 4 | Duty of candour |  |
| 5 | Minute of last meeting (if applicable) including review of actions agreed |  |
| 7 | Incident update1. General situation statement
2. Patient report
3. Microbiology report
4. Other relevant reports
 |  |
| 8 | Risk Management/Control Measures* Patients
* General
* Public Health
* Staff
 |  |
| 9 | Care of Patients - Hospital and Community |  |
| 10 | Further Investigation* Epidemiological
 |  |
| 11 | Healthcare Infection Incident Assessment Tool (HIIAT) |  |
| 12 | Communications* Advice to public (letters, printed materials, media, social networking, websites, helplines etc)
* Advice to professionals (GPs, clinical staff, other NHS Boards, partners)
* Media (print, radio, TV, websites, social networking sites)
* Any need to inform other agencies: CCG, Foundation Trusts, HPT, NHSE/I
 |  |
| 13 | AOB |  |
| 14 | Summary of agreed actions (keep record on action log) |  |
| 15 | Date and time of next meeting |  |

**Appendix 5. Situational Awareness Assessment**

 **(to aid communication within the organisation)**

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| **Organisational Update**  |
| Date |  |  |
|  | PERCEPTION | *State how many people are ill and have been exposed and where this is happening*  |
|  | COMPREHENSION | *Detail the impact of the above events e.g. is this a possible or definite HCAI outbreak*  |
|  | PREDICTION | *What will happen next if nothing changes, state whether you consider the outbreak will deteriorate without control measures*. |
|  | DECISION MAKING | *What you have done to control the situation. This should be a logical follow on from the situation assessment; also, list what you plan to do and when it will be completed*. |
|  | CONFIRM | *How you will continue to communicate and the agreed schedule for ongoing updates* |

**Appendix 6**. **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 because of incident. |
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**Appendix 7. Operational Update**

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| **Organisational Update**  |
| Date |  | Comments : Include control measures, ward closure/opening, death certification and any other relevant information |
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**Appendix 8**

**Link to Xcel Spread sheet**



**References**

E Curran. Nosocomial SARS-CoV-2 Outbreak (NSO) Tool June 2020

HPS Chapter 3 National Infection Control manual