

IPC COVID-19 Outbreak Management Toolkit for Mental Health settings

Hospital Site and Ward/Department		Date of Observation		
<p>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</p> <p>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.</p>				
<p>Checklist can be used on a regular basis to ensure outbreaks are being managed and brought under control quickly.</p> <p>Instructions: Check Yes or No for each item and report Items marked NO for immediate action</p>				
IMMEDIATE RESPONSE		YES	NO	ACTION
1	<p>Carry out immediate investigation to clarify nature of the outbreak with 24hours</p> <ul style="list-style-type: none"> • Assess all patients for possible exposure • Agree case definition • Identify and record details of exposed patient cases (appendix 1) <ul style="list-style-type: none"> ○ 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	<p>IPC/DIPC/Ward Matron has reviewed Initial investigation data and agreed to declare outbreak.</p> <p>Convene Outbreak Control Group within 48hrs:</p> <ul style="list-style-type: none"> • Agree Chair • Agree Minute taker • Agree frequency of meetings and reporting schedule • Draft Agenda (Appendix 4) • Agree roles and responsibilities of OCG members <p>Present the data:</p> <ul style="list-style-type: none"> • 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). <p>Develop a hypothesis: what factors led to outbreak</p> <p>Agree and organise testing and retesting of exposed patients and staff</p>			

3	Has outbreak been reported: Internal incident reporting EPRR 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) <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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. 			
OUTBREAK ONGOING INVESTIGATION		YES	NO	Action
6	<ul style="list-style-type: none"> • Review Trust BAF 			
7	<ul style="list-style-type: none"> • Review COVID Management Checklist to inform action plan 			
8	<ul style="list-style-type: none"> • Review patient and ward daily and record outcomes on daily update sheet (appendix 6) 			
9	<ul style="list-style-type: none"> • Provide operational update (appendix 7) for Gold/Silver command to inform patient flow decision making 			
10	<ul style="list-style-type: none"> • Develop and monitor action plan 			
OUTBREAK MONITORING		YES	NO	Action
11	OCG to meet regularly to ensure <ul style="list-style-type: none"> • 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	Room No	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

*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

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.

EQUIPMENT 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 CURRENT PRACTICE

- Use the COVID-19 management checklist 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 update <ol style="list-style-type: none"> 1. General situation statement 2. Patient report 3. Microbiology report 4. Other relevant reports 	
8	Risk Management/Control Measures <ul style="list-style-type: none"> • Patients • General • Public Health • Staff 	
9	Care of Patients - Hospital and Community	
10	Further Investigation <ul style="list-style-type: none"> • Epidemiological 	
11	Healthcare Infection Incident Assessment Tool (HIIAT)	
12	Communications <ul style="list-style-type: none"> • 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)

Organisational Update		
Date		
	PERCEPTION	<i>State how many people are ill and have been exposed and where this is happening</i>
	COMPREHENSION	<i>Detail the impact of the above events e.g. is this a possible or definite HCAI outbreak</i>
	PREDICTION	<i>What will happen next if nothing changes, state whether you consider the outbreak will deteriorate without control measures.</i>
	DECISION MAKING	<i>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.</i>
	CONFIRM	<i>How you will continue to communicate and the agreed schedule for ongoing updates</i>



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.

Appendix 7.

Operational Update

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

Appendix 8

Link to Xcel Spread sheet



Outbreak Epi
Tool.xlsx

References

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

HPS Chapter 3 National Infection Control manual