SOP Objective

To ensure that Healthcare Workers (HCWs) are aware of the actions and precautions necessary to minimise the risk of outbreaks and the importance of diagnosing patients’ clinical conditions promptly.

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

- Updated wording in Section 1. Responsibilities,
- Updated wording in Section 2. General Information on Mumps
- Updated wording in Section 3. Transmission Based precautions for Patients with Mumps
- Updated references in Section 4. Evidence Base

The most up-to-date version of this policy can be viewed at the following website: www.nhsggc.org.uk/your-health/public-health/infection-prevention-and-control/
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1. Responsibilities

Healthcare Workers (HCWs) must:
• Follow this SOP.
• Inform their line manager if this SOP cannot be followed.

Clinicians must:
• Notify NHSGGC Public Health Protection Unit (PHPU) if they diagnose a clinical case of Mumps.

Microbiologists must:
• Laboratory staff must notify NHSGGC PHPU if they make a laboratory diagnosis of Mumps.

Senior Charge Nurses (SCN) / Managers must:
• Support HCWs and Infection Control Teams (ICTs) in following this SOP.
• Advise HCWs to contact the Occupational Health Service (OHS) as necessary.

Infection Prevention Control Teams (IPCTs) must:
• Keep this SOP up-to-date.
• Provide education opportunities on this SOP.

Occupational Health Service (OHS) must:
• Advise HCWs regarding immune status, possible infection exposure and return to work issues as necessary.
# 2. General Information on Mumps

<table>
<thead>
<tr>
<th><strong>Communicable Disease/ Alert Organism</strong></th>
<th>Mumps virus (<em>Paramyxovirus</em> an enveloped virus)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Condition</strong></td>
<td>A respiratory disease caused by the mumps virus.</td>
</tr>
<tr>
<td></td>
<td>After an incubation period of about 16-18 days clinical features include fever and headache (day 1-6) followed by swelling of the parotid glands on one or both sides which usually lasts for up to 10 days or more. Up to 30% of cases in children have no symptoms. Complications include: aseptic meningitis, encephalitis, orchitis and deafness.</td>
</tr>
<tr>
<td></td>
<td>If a clinical case of mumps is suspected, clinicians should seek advice from a paediatric/ adult ID physician.</td>
</tr>
<tr>
<td><strong>Incubation period</strong></td>
<td>Usually about 16-18 days. Full range 14-25 days.</td>
</tr>
<tr>
<td><strong>Mode of Spread</strong></td>
<td>The virus is present in saliva and respiratory secretions. <strong>Droplet transmission</strong> – droplets are dispersed in the air when the patient coughs, sneezes or talks. Droplets from an infected case land on the mucous membranes of the eyes, nose or mouth of a susceptible person. <strong>Direct contact</strong> – Direct contact with the saliva of an infected person. <strong>Indirect contact</strong> – Hands touching a contaminated surface then touching the mucous membranes of the eyes, nose or mouth of a susceptible person.</td>
</tr>
<tr>
<td><strong>Notifiable disease</strong></td>
<td>Yes. Cases should be notified by medical staff to: PHPU Consultant in Public Health Medicine (CPHM) via switchboard: Gartnavel Royal Hospital, West House, 1055 Great Western Road, Glasgow, G12 0XH.</td>
</tr>
<tr>
<td><strong>Period of communicability</strong></td>
<td>Seven days prior to the onset of the parotid swelling until 5 days after.</td>
</tr>
<tr>
<td><strong>Persons most at risk</strong></td>
<td>Anyone without immunity to the mumps virus. A history of mumps or 2 doses of MMR immunisation is considered evidence of immunity. Mumps in adulthood is more likely to cause severe disease. Pregnant women in the first trimester are at risk of spontaneous abortion.</td>
</tr>
</tbody>
</table>
## Transmission Based Precautions for Patients with Mumps

<table>
<thead>
<tr>
<th>Category</th>
<th>Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accommodation (Patient Placement)</strong></td>
<td>A single room preferably with en-suite facilities until 5 days after the onset of parotid swelling.</td>
</tr>
<tr>
<td><strong>Clinical Waste</strong></td>
<td>All non-sharps waste from patients with Mumps should be designated as clinical healthcare waste and placed in an orange bag. See <a href="www.nhsggc.org.uk/your-health/public-health/infection-prevention-and-control/">NHSGGC Waste Management Policy</a></td>
</tr>
<tr>
<td><strong>Crockery/Cutlery</strong></td>
<td>No special precautions.</td>
</tr>
<tr>
<td><strong>Domestic Services/Facilities</strong></td>
<td>See <a href="www.nhsggc.org.uk/your-health/public-health/infection-prevention-and-control/">Standard Operating Procedure Twice Daily Clean of Isolation Rooms</a></td>
</tr>
<tr>
<td><strong>Equipment</strong></td>
<td>Take only into the room that which is necessary. Where possible, patient equipment should be allocated to the patient for as long as they remain infectious. Dedicated equipment must be kept clean using a chlorine based detergent and then dried thoroughly. Please refer to <a href="www.nhsggc.org.uk/your-health/public-health/infection-prevention-and-control/">NHSGGC Decontamination SOP</a>.</td>
</tr>
<tr>
<td><strong>Exposures (patients)</strong></td>
<td>Seek advice from an infection specialist Contact Gartnavel General Hospital or the on-call consultant in paediatric infectious diseases, via the switchboard</td>
</tr>
<tr>
<td><strong>Exposure (staff)</strong></td>
<td>Prevent exposure by allowing only HCWs who are immune to mumps to care for patients during the infectious period using Standard Precautions and Transmission Based Precautions. Refer to <a href="www.nhsggc.org.uk/your-health/public-health/infection-prevention-and-control/">NHSGGC Occupational Related Illnesses SOP</a>. Pregnant staff or staff who have been exposed and are unsure of their immunity status should contact Occupational Health and/or their own GP for advice as soon as possible.</td>
</tr>
<tr>
<td><strong>Hand Hygiene</strong></td>
<td>Mumps can be transmitted by contact touching. Hands must be decontaminated before and after each direct patient contact, after contact with the environment, after exposure to body fluids, e.g. respiratory droplets, and before any aseptic tasks. Patients should be encouraged to carry out thorough hand hygiene. See <a href="www.nhsggc.org.uk/your-health/public-health/infection-prevention-and-control/">NHSGGC Hand Hygiene Policy</a>.</td>
</tr>
<tr>
<td><strong>Last Offices</strong></td>
<td>See <a href="www.nhsggc.org.uk/your-health/public-health/infection-prevention-and-control/">SOP Last Offices</a>.</td>
</tr>
<tr>
<td><strong>Linen</strong></td>
<td>Discard linen as fouled/infected, i.e. in an alginate bag then a clear bag tied and then into a laundry bag. Please refer to NHSGGC Laundry Policy</td>
</tr>
</tbody>
</table>

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### Moving between wards, hospitals and departments (including theatres)

Patient movement should be kept to a minimum. Prior to transfer, HCWs from the ward where the patient is located must inform the receiving ward, theatre or department of the patient’s infectious condition. When patients need to attend other departments the receiving area should put in place arrangements to minimise contact with other patients and arrange for additional domestic cleaning if required.

#### Notice for Door

Yes,

#### Outbreak

Outbreaks in hospitals are not likely due to the herd immunity. Community outbreaks are sporadic. In the rare event that an outbreak is suspected, contact a member of the IPCT / on-call Microbiologist for advice.

#### Personal Protective Equipment (PPE)

To prevent spread of this virus through direct contact PPE (disposable gloves and aprons) must be worn for all direct contact with the patient or the patient’s environment/equipment during the infectious period.

If there is a risk of splashing/spraying blood or body fluid wear surgical face mask. If staff undertake an Aerosol Generating Procedure a fit tested FFP3 mask is recommended.

#### Precautions required until

Precautions are required until 5 days after the onset of parotid swelling.

#### Screening on Admission

All patients should be assessed for infectious diseases on admission If patient presents with an unexplained rash, TBPs should be implemented until infection is ruled out.

#### Screening staff

As the incubation period is at least 12 days there is no need for staff to be absent from work immediately (period of communicability is 7 days before to 5 days after the onset of parotitis).

Pregnant staff or staff who have been exposed and are unsure about their immune status should contact OHS or their GP for advice as soon as possible.

#### Specimens required

Mouth/ buccal swab in viral medium.

#### Specimens – Mark as “Danger of Infection”

Not required.
<table>
<thead>
<tr>
<th><strong>Terminal Cleaning of Room</strong></th>
<th>See <a href="#">SOP Terminal Clean of Isolation Rooms</a>.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Visitors</strong></td>
<td>Clinical staff should explain the risk of visiting to visitors. A history of mumps or 2 doses of MMR immunisation is considered evidence of immunity. Close contacts of the patient who are not immune could potentially be incubating the infection and should be advised against visiting the patient. Contact the IPCT for advice.</td>
</tr>
</tbody>
</table>
4. Evidence Base

Immunisation against infectious disease ‘Green Book’ (2013). Department of Health

Health Protection Agency (2013): Mumps: guidance, data and analysis

The most up-to-date version of this policy can be viewed at the following website: