



**NHS Greater Glasgow & Clyde
Norovirus/Influenza Escalation Plan
2018**

Infection Prevention and Control Team

NHSGGC Infection Prevention and Control Norovirus / Influenza Escalation Plan (2018)

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Introduction

Norovirus and influenza outbreaks are common during the winter months. These viruses spread very easily and quickly from infected people to others. Outbreaks happen throughout the year but they occur most often from November to April. NHSGGC have standard operational procedures (SOPs) in place to manage ward outbreaks but on occasion the impact on a single site can be such that additional measures have to be taken to manage outbreaks in a way that as far as possible reduces the impact on the rest of the hospital. This normally involves setting up single wards to act as isolation wards. This document refers to SOPs that should be used for individual ward outbreaks and the process that should be followed should the impact of ward closures cause a significant risk to patients due to impact on normal services.

Management of Outbreaks of Norovirus/Influenza

Within the Infection Prevention and Control (IPC) web pages there are 'information hubs' for both Norovirus and Influenza. These 'hubs' include not only the specific SOP but other supporting documents including patient information leaflets, education modules, care checklists etc which should be used in response to individual outbreaks. Please click on the links to access the [Norovirus Hub](#) and [Influenza Hub](#).

Escalation/Trigger

When Norovirus/Influenza control measures cannot be applied or the hospital has three wards closed due to either Norovirus or Influenza NHSGGC should:

- Convene an Incident Management Team (IMT) as per the [NHSGGC Outbreak Policy](#).
- The group should meet frequently to monitor the changing impact of Norovirus/Influenza on the hospital, its staff and patients, and to assess the success or otherwise of their actions. They should also review any information about the prevalence in the community if available.
- To reduce the number of closed wards, consider opening a dedicated ward for all patients with possible or confirmed infection. [Appendix 1](#) and [Appendix 2](#) contain guidance on setting up a Norovirus or Influenza Ward.
- Issue patient/ visitor information regarding Norovirus/Influenza and visiting hospital. The group should consider issuing a public health statement in the media.
- The IMT should assess the situation at each team meeting using the Hospital Infection Incident Assessment Tool (HIIAT).
- Consider restricting all but essential visitors if the situation is escalating.
- Maintain effective communication with patients, staff, visitors, wider organisations and the community.
- Provide Emergency Department staff with clinical criteria and care pathways for patients with suspected confirmed Norovirus/Influenza.

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Appendix 1: Loose Stools/Norovirus Cohort Nursing Aide Memoire

Planning and communications	On each hospital site, wards with suitable bed bays (and whole wards) will be identified to support a surge in admission of patients suspected of viral gastroenteritis as part of a pathway agreed from ED to discharge. This should be communicated to the appropriate staff (huddles/briefs) to support patient/bed management. Daily updates on bed spaces on cohort wards/bays should be available to support patient transfers from ED and acute receiving. Wards with cohort bays will not be closed to other admissions.
Definition of a cohort ward or bay	A cohort area is a bay/ward in which a group of patients (cohort) with the same infection are placed together. Patient cohorting may be appropriate when single rooms are not available and there is more than one patient with the same confirmed infection. NB if a patient in the cohort tests positive for any other virus or bacteria then they should be removed from the cohort and placed in a single room with transmission based precautions (TBPs) in place.
Creating a cohort	If a ward has bed bays and a number of patients with viral gastroenteritis, those patients should be nursed in a single bay as a cohort. If there are empty beds in that cohort they can be used for patients with viral gastroenteritis from other areas.
Setting up the cohort	As far as possible dedicate equipment such as blood pressure, oxygen saturation and temperature recording devices. A trolley with tissues, waste bags etc can be placed inside the cohort.
Staffing (cohort nursing)	Cohort nursing (dedicated teams) should be implemented to minimise the risk of contamination between groups of symptomatic and non-symptomatic patients <u>if</u> there is adequate staff resource available to do so. If staffing is not available to achieve this, contact the IPCT who will help undertake a risk assessment.
Bed spacing	Patients should be separated by at least 3 feet/1 metre from each other in a cohort area.
Cohort patients	Patients who are considered to have gastric viral infection can be nursed in a dedicated cohort until they have been asymptomatic / returned to normal bowel function for at least 48 hours. Patients who remain symptomatic but are well enough to be discharged can be sent home with advice on caring for themselves at home (not to a care/residential home). Patients who also have other infections/symptoms such influenza or MRSA should be nursed in a single room. Ensure that all bowel motions are recorded on the Bristol Stool Chart so that accurate daily assessments can be made.
Testing for Norovirus	Either vomit or diarrhoeal specimens can be sent to the microbiology/virology laboratory to confirm norovirus or other virus. It is not necessary to test prior to discharge. Patients who are asymptomatic should not be tested.
Personal Protective Equipment (PPE)	For entering the cohort ward/bay it is not necessary to wear PPE unless about to undertake patient care. For all direct care or contact with the patients environment staff must don a disposable plastic yellow apron and disposable gloves. Hand hygiene on removal is important. Eye protection should be used if there is any risk of splash.
Equipment	As far as possible dedicated equipment should remain in the cohort bay for use on cohort patients only and cleaned between uses. For equipment that cannot be dedicated, items should be cleaned with a solution containing 1,000ppm active chlorine, i.e. Actichlor Plus if visibly clean. Equipment must be cleaned between patients.
Ward rounds	Ward rounds within a cohort will consist of one member of the medical team entering the cohort in appropriate PPE to examine the patients. Once examination is completed PPE should be removed and hand hygiene should be performed. Any equipment used will either stay in the cohort or be decontaminated before removal.
Linen	Bed linen should be managed as per infected linen.
Waste	Waste should be managed as healthcare waste.
Cleaning of Environment	Domestic services should clean the cohort bed bay/ward twice per day (≥4 hours between cleans) with a solution containing 1,000ppm active chlorine, i.e. Actichlor Plus. Consideration should be given to a dedicated outbreak cleaning team on each site.
Visitors	Two visitors per bed space are allowed. It may be necessary to restrict visiting temporarily if the situation warrants this.

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Appendix 2: Influenza (Flu) Cohort Nursing Aide Memoire

Planning and communications	On each hospital site, wards and wards with suitable bed bays will be identified and a respiratory pathway agreed from ED to discharge. This should be communicated to the appropriate staff (huddles/briefs) to support patient/bed management. Daily updates on bed spaces on cohort wards/bays should be available to support patient transfers from ED and acute receiving. Wards with cohort bays will not be closed to other admissions.
Definition of a cohort ward or bay	A cohort area is a bay/ward in which a group of patients (cohort) with the same infection are placed together. Patient cohorting may be appropriate when single rooms are not available and there is more than one patient with the same infection. NB if a patient in the cohort tests positive for any other virus or bacteria then they should be removed from the cohort and placed in a single room with transmission based precautions (TBPs) in place.
Decision to create a flu cohort	If a ward has bed bays and a number of confirmed flu patients, those patients should be nursed in a single bay as a cohort. If there are empty beds in that cohort they can be used for flu patients from other areas. Flu A and B cases can be nursed together if absolutely necessary.
Setting up the cohort	As far as possible dedicate equipment such as blood pressure, oxygen saturation and temperature recording devices. A trolley with tissues, waste bags etc can be placed inside the cohort.
Staffing (cohort nursing)	Cohort nursing (dedicated teams) should be implemented to minimise the risk of contamination between groups of symptomatic and non-symptomatic patients <u>if</u> there is adequate staff resource available to do so. If staffing is not available to achieve this, contact the IPCT who will help undertake a risk assessment.
Bed spacing	Patients should be separated by at least 3 feet/1 metre from each other in a cohort area and bed curtains can be drawn as an additional physical barrier if safe to do so.
Cohort patients	Patients who have <u>confirmed Influenza (any type although if at all possible attempts should be made to nurse separately)</u> can be nursed in an influenza cohort until they have been asymptomatic / returned to normal respiratory function for at least 24 hours OR received 5 days of antiviral therapy. Patients who remain symptomatic but are well enough to be discharged can be sent home with advice on caring for themselves at home. Patients who also have other infections/symptoms such as diarrhoea and vomiting or MRSA, should be nursed in a single room.
Testing for influenza	Either laboratory or POCT testing is sufficient to identify patients with influenza. It is not necessary to test prior to discharge. Patients who are asymptomatic should not be tested.
Personal Protective Equipment (PPE)	For entering the cohort ward/bay, it is not necessary to wear PPE unless about to undertake patient care. For all direct care or contact with the patients environment (within 3 feet/1 metre of the patient) staff should don a disposable plastic yellow apron, disposable gloves and a surgical face mask. If patients require routine AGPs, consider placing this patient in a single room. Staff must wear FFP3 masks during AGPs; eye protection should be used if there is any risk of splash.
Equipment	As far as possible, dedicated equipment should remain in the cohort bay for use on cohort patients only and cleaned after use. For equipment that cannot be dedicated, items should be cleaned with a solution containing 1,000ppm active chlorine, i.e. Actichlor Plus, if visibly clean. Fans of any type should not be used in a cohort area.
Ward rounds	Ward rounds within a cohort will consist of one member of the medical team entering the cohort in appropriate PPE to examine the patients. Once examination is completed, PPE should be removed and hand hygiene should be performed. Any equipment used will either stay in the cohort or be decontaminated before removal and cleaned between patients.
Linen	Bed linen should be managed as per infected linen.
Waste	Waste should be managed as healthcare waste.
Cleaning of Environment	Domestic services should clean the designated area twice daily with a solution containing 1,000ppm active chlorine, i.e. Actichlor Plus. Consideration should be given to a dedicated outbreak cleaning team on each site.
Visitors	Visitors are allowed but no more than two per bed space. It may be necessary to restrict visiting temporarily if the situation warrants this.

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Appendix 3: Links to further information

- Useful [PECOS codes](#)
- [Terminal Clean of a Ward or Isolation Room](#)
- [Twice Daily Clean of an Isolation Room](#)