



Title	Clinical Staff Viral Gastroenteritis Outbreak Action Card
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10.5 CLINICAL STAFF OUTBREAK ACTION CARD

Nurse in Charge of affected unit [see also 'Ward Nursing Staff' below]

- ensure all staff are familiar with, and know how to access, the Infection Control Manual and this viral gastroenteritis/ Norovirus outbreak management section
- work with the Infection Control Nurse's (ICN's) and Consultant Microbiologist in the initial investigation
- attend the Outbreak Control Team (OCT) meeting representing the affected ward or unit, or designate deputy
- ensure access to daily email update and other related communiqués
- work with the ICN's in the daily review of progress, identifying new patients, each patients condition and any affected patient giving cause for concern
- ensure staff know how to access to all relevant documentation for recording. See appendix 1 viral gastroenteritis recording sheet
- ensure staff maintain accurate and up to date records of symptomatic patients in an outbreak, including stool and patient detail charts
- lead with the implementation of precautions at ward level, as agreed at OCT meeting
- raise concerns to the Infection Prevention & Control Team (IPCT) or OCT
- ensure staff are aware of cleaning responsibilities and the correct products to use
- facilitate coordinated completion, with general services, of any terminal cleans when required
- contribute to the Outbreak Report and assist in the implementation of any recommendations for the affected ward
- ensure that supplies department are aware of any extra usage requirements of consumables such as gloves aprons etc [although they will have already been contacted by IPCT of general situation]
- **if ward is closed:** facilitate access for ward based, non-uniformed staff [in particular medics] to scrub suits **[01896 826187]**
- ensure staff know which specimens are required and how to request them (See section 4.2 of the Infection Control Manual – Guidelines for Microbiology Specimen Collection)
- ensure staffing levels are meeting patient requirements
- ensure provision of medical care required (in particular hydration)
- ensure liaison with operational manager for area if there are general concerns, including that of staffing

- minimise staff movement, in particular that of bank or agency staff (see section 10.1)
- if staff should begin to feel unwell, they should report to the nurse in charge immediately
- if affected, ensure all staff in their team report to the Occupational Health Service (OHS) and do not return to work until 48 hours after the last symptomatic episode, including stomach cramps and nausea
- Discuss with OCT any patients affected who are seriously ill or have died within the affected areas, regardless of the causes.

Ward Nursing Staff

Actions to include:

- observe and encourage strict hand hygiene for all staff, patients and visitors
- in conjunction with the ICN's, implement guidance regarding isolation and patients' movements within the ward and between other wards and departments
- collect appropriate specimens from all affected patients. (See section 4.2 of the Infection Control Manual – Guidelines for Microbiology Specimen Collection)
- ensure rapid transportation to the laboratories
- clean equipment according to local policy recommendations ([See section 2.1 of the Infection Control Manual – Roles and responsibilities for cleaning furniture/ equipment in patient areas](#))
- check stock levels of plastic aprons, gloves, linen, laundry bags etc and ensure adequate supplies can be obtained
- In addition to the individual risk assessments or existing exclusions in high risk areas, cut flowers are not permitted in wards, bays or rooms that have been closed for infection control purposes, in particular for the management of an outbreak of viral gastroenteritis
- when answering telephone enquiries:
 - check the identity of the caller
 - ensure that any information given is appropriate to the person making the enquiry.

Clinical Consultant On-Call

Actions to include:

- ensure access to daily email update and other relevant communiqués
- restrict admissions of patients with gastroenteritis by considering other methods of care

- expedite patient discharges where appropriate, including completion of diagnostic tests/ procedures
- be aware how to access the guidance contained in document [‘death and the procurator fiscal’](#)
- discuss with Consultant Microbiologist any patients affected who are seriously ill or have died

Consultants with patients on affected wards

Actions to include:

- ensure access to daily email update and other relevant communiqués
- attend the OCT meetings if requested
- discuss with Consultant Microbiologist any concerns regarding the placement of patients affected and otherwise during an outbreak
- expedite patient discharges to appropriate locations, including completion of diagnostic tests/ procedures
- ensure discharges are to appropriate locations during the outbreak
- if affected, ensure junior and other medical staff in their team do not return to work until 48 hours after the last symptom episode and that they report to the OHS
- review the urgency for diagnostic procedures that require transfer of patients in the affected areas to areas out-with the ward
- discuss with Consultant Microbiologist any concerns about patient condition among those affected
- be aware how to access the guidance contained in document [‘death and the procurator fiscal’](#)
- discuss with Consultant Microbiologist any patients affected who are seriously ill or have died
- following discussion with Microbiologist, Inform the Procurator Fiscal of deaths of affected patients or patients when required.

Associate Medical Director (or Deputy) for affected Board

Actions to include:

- ensure access to daily email update and other related communiqués
- ensure guidance from the IPCT (or OCT) are communicated and acted upon by all medical staff
- support minimising movement of symptomatic patients
- support the expedition of patient discharges where appropriate

- ensure adequate medical cover is available to manage the situation whilst limiting staff movement between areas where possible

Other Medical Staff

Actions to include:

- in consultation with ICN's, Consultant Microbiologist, understand requirements and collect or request relevant specimens from affected patients
- review the urgency for diagnostic procedures that require transfer of patients in the affected areas to areas out-with the ward
- seek advice from the IPCT about admission, transfer and discharge of patient(s)
- request extra staff assistance if appropriate through relevant Clinical Consultant
- be aware how to access the guidance contained in document ['death and the procurator fiscal'](#)

Service Manager & Senior Nurses/ Operational Managers

Actions to include:

- once alerted of a potential outbreak, visit ward as soon as possible to appraise situation
- ensure access to daily email update and other related communiqués
- liaise with other senior nurses/ operational managers to monitor staff and patients in other wards and departments for similar outbreak symptoms and advise IPCT of findings
- attend OCT or arrange a deputy
- support OCT by implementing control measures as agreed at OCT, including consideration of business continuity
- consider deployment and placement of Bank staff to minimise movement of staff between areas [see section 10.1]
- ensure bank or agency staff working on an affected ward understand the restrictions on working elsewhere for 48 hours
- in the event of extreme bed pressures, discuss with the Consultant Microbiologist or OCT chair, the placement of affected patients or placement of patients on the affected wards and potential discharges
- update senior nursing, administration and paramedical staff of situation
- where necessary assist ward staff to ensure adequate supplies are available on the ward

- liaise with ward nursing staff to ensure staffing needs are met
- liaise with ward nursing staff to determine any patient concerns
- liaise with IPCT to discuss any operational and patient concerns
- Identify, inform and discuss with a senior member of the IPCT or OCT any patients affected who are seriously ill or have died
- discuss with a senior member of the IPCT or OCT any patient deaths associated with an affected area
- following discussion with the IPCT, ensure removal of signage from front of closed ward that has been reopened.

