



St Leonards Hospice

# COVID-19 Outbreak Plan

The definition of an outbreak in a COVID-19 scenario is where two or more people with confirmatory COVID-19 (positive test) are linked by a common setting. This could be a health or care setting, a workplace, a school or a business. Single cases may be investigated in high-risk settings such as healthcare settings but won't necessarily be declared as an outbreak.

The following flow charts detail how St Leonards Hospice will assure early detection, investigation and management of potential outbreaks within staff groups and secondly within the inpatient patient cohort. The action cards detail our response and guide actions before confirmation of an outbreak is received.



# Staff

Staff or volunteer experience symptoms of COVID

Ring line manager (or in their absence their senior manager) who advises test and self-isolation

Line manager notifies SMT via the [coronavirus@stleonardshospice.nhs.uk](mailto:coronavirus@stleonardshospice.nhs.uk) group email who record on COVID sickness database

On confirmation of positive result of 2 more staff COVID-19 Ops SMT 'Team' discuss and if two or more confirmed cases the Director of Clinical Services or Medical Director who notifies the

**York Covid-19 SPOC: [covid.SPOC@york.gov.uk](mailto:covid.SPOC@york.gov.uk)**

**Telephone: 01904 553005**

**Hours of operation: 09:00 to 17:00 7 days a week**

If defined as an outbreak an outbreak control team (OCT) may be mobilised within one working day (from the LA)

The OCT will agree and co-ordinate the management, investigation and control of the outbreak. The Medical Director or DCS will form part of the OCT as needed

Guidance on management of a potential outbreak (before confirmation) is included in the action cards - stored in forms and templates as printable documents

# Patient

More than one patient experience symptoms of COVID

Patient swabbed and isolated

If two or more positive swabs COVID-19 Ops SMT 'Team' notifies the SPOC at York  
**Covid-19 SPOC: covid.SPOC@york.gov.uk**  
**Telephone: 01904 553005**  
**Hours of operation: 09:00 to 17:00 7 days a week**

Local Authority escalate to PHE who will determine if defined as an outbreak

If defined as an outbreak an outbreak control team (OCT) may be mobilised within one working day

The OCT will agree and co-ordinate the management, investigation and control of the outbreak. The Medical Director or DCS or DDCS will form part of the OCT as needed

Guidance on management of a potential outbreak (before confirmation) is included in the action cards stored in forms and templates as printable documents



# COVID-19- Action Card

## Planning and managing in the event of COVID-19 outbreak

### Actions

### Background:

The COVID-19 Incident or outbreak control tool designed by Health Protection Scotland, and amended by Sue Ryder for the control of incidents and outbreaks in Social or Community Care and Residential Settings has been reviewed and adapted to be implemented across St Leonards Hospice services. The following definition will trigger the use of the action card and associated tools. See separate appendices 1 and 2.

### Definition:

COVID-19 outbreak:	Two or more (patients/staff) confirmed COVID positive within the same setting over 14 days
Confirmed case:	Any person who has tested positive for COVID-19

### Objectives:

To enable early detection, investigation and management of a potential outbreak.  
To enable the Local Authority and Public Health England (PHE) to determine if there is an issue with infection prevention and control (IPC) and other factors that is increasing the population's vulnerability or increasing the risk of cross-transmission.

## Infection Prevention and Control (IPC)

- In all instances follow and cascade the action card and associated tools within your service to ensure staff are aware and understand.
- Identify a lead in your service to implement and ensure your identified IPC lead is involved.
- Use the outbreak tools to minimise risk from an outbreak.
- In the event of a recognised outbreak (refer to definitions and confirmation from the Local Authority and Public Health England) the outbreak tools must be completed and daily actions checklist **MUST** be completed daily.

## Application in practice

The following tools should be commenced when two or more confirmed cases of COVID-19 occur within the same setting over 14 days.

### Tool 1

Immediate infection prevention and control checklist: (as soon as outbreak is suspected please complete) enables assurances that COVID-19 IPC guidance is in place and being adhered.

### Tool 2

COVID-19 Daily Actions Checklist: (in the event of an outbreak then this **MUST** be completed daily) enables daily monitoring of guidance and for situation analysis of improvement.

## Appendix 1

**Tool 1** – Immediate Infection Prevention and Control Checklist – Designate a Lead – (Complete as soon as outbreak identified and based on findings judge the frequency of completion daily/weekly and safely store)

<b>Environment, Equipment and Practice (please tick to confirm completed)</b>	
Are confirmed and possible cases isolated or cohorted; doors should be closed where possible; and appropriate signage in place?	<input type="checkbox"/>
Have confirmed and possible staff cases been sent home from work for a minimum of 10 days?	<input type="checkbox"/>
Has the service actively promoted and communicated to all individuals in the service the importance of hand hygiene?	<input type="checkbox"/>
Have staff who may be at increased risk due to underlying health conditions, immunosuppression or pregnancy been provided with appropriate advice from line management?	<input type="checkbox"/>
Has the service ensured that staff are aware of the correct personal protective equipment (PPE) to use; when it must be worn and removed, and that it must not be used inappropriately?	<input type="checkbox"/>
Has a cleaning/disinfection regime been established for the isolation area and equipment in it? This must be undertaken with detergent then disinfectant (or combined detergent/disinfectant) at a dilution of 1000 parts per million available chlorine (or whatever product has been recommended for use by the service)	<input type="checkbox"/>
Are cleaning and disinfection schedules of all frequently touched surfaces in place and being adhered to?	<input type="checkbox"/>
Is there dedicated reusable care equipment available for use for individuals with confirmed COVID-19?	<input type="checkbox"/>
If it is not possible to have dedicated items of reusable equipment for isolation areas, is any equipment removed from isolation areas cleaned and disinfected before any use elsewhere?	<input type="checkbox"/>
Has the environment been decluttered and all non-essential items and equipment removed (or disposed of) from the room ensuring that when it is removed it is cleaned and disinfected before being placed in a storage area?	<input type="checkbox"/>
Have portable cooling fans been removed from areas? (risk of airborne dissemination of virus)	<input type="checkbox"/>
Are hand washing facilities available for symptomatic patients; consider patients needs when unable to maintain their own care? Ensure foot-operated bins are available for disposal of clinical waste and all waste disposed of correctly?	<input type="checkbox"/>

<b>Movement restrictions</b>	
Has all non-essential visiting to the facility been restricted?	<input type="checkbox"/>
Is the service closed to admissions?	<input type="checkbox"/>
Have symptomatic staff or those who live in the same household as symptomatic cases been reminded to follow 'stay at home' advice as per COVID-19 guidance?	<input type="checkbox"/>
Have all non-essential movements within the service been cancelled or rescheduled?	<input type="checkbox"/>
<b>Individual care assessment</b>	
Have swabs been collected from identified patient / staff	<input type="checkbox"/>
<b>Knowledge and Information</b>	
Have all staff in the service been informed of the COVID-19 outbreak and IPC requirements?	<input type="checkbox"/>
Has this been recorded on the daily SITREP report to <a href="mailto:Coronavirus@stleonardshospice.nhs.uk">Coronavirus@stleonardshospice.nhs.uk</a> ?	<input type="checkbox"/>
Have all individuals (and relatives/carers as appropriate) been informed of the situation, precautions/restrictions and risks as per COVID-19 guidance?	<input type="checkbox"/>
If the service is closed to admissions, is an approved notice in place on entry to the area?	<input type="checkbox"/>
Is the visiting guidance up to date on the website?	<input type="checkbox"/>
Has the Hospice Comms team been informed in preparation for any media interest?	<input type="checkbox"/>
Has footfall onto the IPU been reviewed? This should include a review of all staff and volunteers and include a review of appropriateness of home working	<input type="checkbox"/>
Criteria to discontinue isolation: Patients should continue to be isolated as per COVID-19 guidance and stepdown guidance – Service should consider a deep clean plan before opening to admissions.	
Completed by (name/designation):	Date:



## Appendix 2

**Tool 2** – COVID-19 Daily Actions Checklist – Identify a Lead – (MUST be completed daily in the event of suspected outbreak)

COVID-19 Daily Actions Checklist (please complete and tick to confirm completed, safely store)				
Service Name:	Date:			<input type="checkbox"/>
	Completed by (initials):			<input type="checkbox"/>
	Total number of confirmed cases today:			<input type="checkbox"/>
Date of symptom onset in first case:	New symptomatic cases today:			<input type="checkbox"/>
Comments:	Total possible staff cases today:			<input type="checkbox"/>
	Total number of staff on sick leave with possible COVID-19 today			<input type="checkbox"/>
	Total number of staff on sick leave with confirmed COVID-19 today			<input type="checkbox"/>
<b>Individual Placement:</b> Isolation/cohort procedures are established, doors are closed where possible and signage is clear				<input type="checkbox"/>
<b>Transfer Restrictions:</b> Any non-essential service transfers have been cancelled or postponed. Where the transfer is essential, receiving services have been notified of the COVID-19 outbreak and the necessary measures to be taken on transfer				<input type="checkbox"/>
<b>Virology investigations:</b> Swabs have been taken as appropriate under COVID-19 guidance				<input type="checkbox"/>
<b>Staff practices / restrictions:</b> Staff on duty are asymptomatic and are present in sufficient numbers for all areas. Consider temperature monitoring on site				<input type="checkbox"/>
<b>Environment:</b> All areas are clutter free, frequently touched surfaces have been decontaminated at least twice today				<input type="checkbox"/>
<b>PPE:</b> There are sufficient supplies for safe practice				<input type="checkbox"/>
<b>Terminal decontamination</b> of isolation room has been carried out following transfer, discharge or once the patient is no longer considered infectious, this includes removal and laundering of all curtains				<input type="checkbox"/>
<b>Equipment:</b> is dedicated to the isolation area where possible				<input type="checkbox"/>
<b>All reusable equipment:</b> is decontaminated after each use				<input type="checkbox"/>
<b>Knowledge:</b> for patients discharged, GP's and carers have been informed of any additional ongoing monitoring and actions required				<input type="checkbox"/>

<p><b>Is the outbreak now considered closed:</b> as a minimum there should be no new symptomatic cases for a period of 14 days, existing cases should be isolated and symptoms should be resolving, and there should be sufficient staff to enable the care to operate safely and a planned deep clean of service</p>			<input type="checkbox"/>
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