Trust Policy	Worcestershire Acute Hospitals NHS Trust

High Consequence Infectious Diseases Policy for Initial Management and Investigation of Possible Cases

Department / Service:	Infection Prevention Team
Originator:	Tracey Cooper, DIPC
Accountable Director:	Paula Gardner, Chief Nursing Officer
Approved by:	Infection Prevention & control Steering Group
Date of approval:	20th May 2022
First Revision Due: **This is the most current document and should be used until a revised version is in place**	21st May 2026
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All departments, but primarily admission areas
Target staff categories	All staff

Policy Overview:

This document provides guidance on initial management and investigation of patients with possible high consequence infectious diseases (HCIDs). These are rare in the UK, and national guidance on the management of a variety of HCIDs is regularly updated.

This guidance therefore provides initial advice, as up-to-date regional and national guidance will be available in the event a case is identified.

This replaces WAHT-INF-014: Severe Acute Respiratory Syndrome (SARS) Avian Influenza and other severe viral respiratory infections. It links to the viral haemorrhagic fever quick guide, as VHF are HCIDs.

Up to date advice on HCIDs is available at: Gov.uk
https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid

Key amendments to this document

Date	Amendment	Approved by:
May 2022	New document approved	IPCSG
November 2025	Document extended for 6 months to allow for review and approval process	Liz Watkins

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1. Introduction

This document provides guidance on initial management and investigation of patients with possible high consequence infectious diseases (HCIDs). These are rare in the UK, and national guidance on the management of a variety of HCIDs is regularly updated.
This guidance therefore provides initial advice, as up-to-date regional and national guidance will be available in the event a case is identified.

This links to the viral haemorrhagic fever quick guide, as VHF are HCIDs.

2. Scope of this document

This applies to all staff in all departments, though will primarily be applicable to staff in admission areas including the Emergency Departments.

3. Definitions

In the UK, a high consequence infectious disease (HCID) is defined according to the following criteria:

- acute infectious disease
- typically has a high case-fatality rate
- may not have effective prophylaxis or treatment
- often difficult to recognise and detect rapidly
- ability to spread in the community and within healthcare settings
- requires an enhanced individual, population and system response to ensure it is managed effectively, efficiently and safely

Classification of HCIDs

HCIDs are further divided into contact and airborne groups:

- contact HCIDs are usually spread by direct contact with an infected patient or infected fluids, tissues and other materials, or by indirect contact with contaminated materials and fomites
- airborne HCIDs are spread by respiratory droplets or aerosol transmission, in addition to contact routes of transmission

List of high consequence infectious diseases as of 13-05-22

A list of HCIDs has been agreed by a joint UK Health Security Agency (UKHSA) and NHS England HCID Programme:

Contact HCID	Airborne HCID
Argentine haemorrhagic fever (Junin virus)	Andes virus infection (hantavirus)
Bolivian haemorrhagic fever (Machupo virus)	Avian influenza A H7N9 and H5N1
Crimean Congo haemorrhagic fever (CCHF)	Avian influenza A H5N6 and H7N7
Ebola virus disease (EVD)	Middle East respiratory syndrome (MERS)
Lassa fever	Monkeypox
Lujo virus disease	Nipah virus infection
Marburg virus disease (MVD)	Pneumonic plague (Yersinia pestis)
Severe fever with thrombocytopaenia syndrome (SFTS)	Severe acute respiratory syndrome (SARS)*

*No cases reported since 2004, but SARS remains a notifiable disease under the International Health Regulations (2005), hence its inclusion here

**Human to human transmission has not been described to date for avian influenza A(H5N6). Human to human transmission has been described for avian influenza A(H5N1), although this was not apparent until more than 30 human cases had been reported. Both A(H5N6) and A(H5N1) often cause severe illness and fatalities. Therefore, A(H5N6) has been included in the airborne HCID list despite not meeting all of the HCID criteria.

The list of HCIDs will be kept under review and updated by UKHSA if new HCIDs emerge that are of relevance to the UK.

Up to date advice on HCIDs is available at: Gov.uk
https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid

4. Responsibility and Duties

All staff are responsible for following this guidance as it relates to their role.

5. Checklist of Initial Actions To Be Taken If A HCID Is Suspected

a)	Patient Placement	• If possible do not bring into the Emergency Department until an initial assessment has been completed. • As soon as a HCID is suspected, place the patient into a single room. This should have negative pressure ventilation. • The patient must not leave this room, so a commode may need to be provided if the room is not ensuite.
b)	PPE	• Until a diagnosis is made staff must wear maximum PPE for all contact with the patient: airborne/ respiratory precautions: ○ Long sleeved gown ○ Apron ○ Gloves ○ FFP3 mask or FFP3 hood ○ Visor or goggles ○ A disposable hat can also be worn if desired • A PPE buddy should be assigned to support donning and doffing
c)	Staff	• A minimum number of staff should be in contact with the patient. • As a precaution, pregnant staff should not provide care for the patient. • A list of staff in contact with the patient must be kept for contact tracing purposes should it be needed.
d)	Advice	• Staff should look up the latest guidance on the suspected HCID from the Gov.uk website • Microbiology and Infection Prevention must be informed immediately, preferable before admission takes place if the diagnosis is suspected. • Microbiology will guide testing, in conjunction with Public Health, who must also be informed.
e)	Waste and Linen	• Treat all waste as Category A infectious waste (yellow bag) • Treat all linen as infectious. • Both waste and linen should be quarantined in a holding area pending confirmation of diagnosis • Helpdesk should be contacted to arrange this.
f)	Crockery and Cutlery	• Arrange for disposable crockery and cutlery and bottled water to be available until the diagnosis is confirmed.
g)	Cleaning	• Cleaning staff and other ancillary staff must not enter the care area until the diagnosis has been made, and a management plan agreed.

h)	Samples	• Contact the consultant microbiologist about appropriate samples for investigation of possible HCIDs. • All clinical specimens should be labelled as High-Risk and securely transported to the designated laboratory using special transport equipment. Danger of Infection labels must be used. • A minimum of samples should be taken and sent until a diagnosis is confirmed.

Seek Specialist advice

The Imported Fever Service provides 24-hour, 7-days a week telephone access to expert clinical and microbiological advice. Hospital doctors across the UK can contact the IFS after discussion with the local microbiology, virology or infectious disease consultant.

Call 0844 778 8990 for direct access to one of the on-call experts or see the enquiries process and list of patient details you need before you access the IFS.

If you are seeking information about testing samples from patients with a possible viral haemorrhagic fever (VHF), read Viral haemorrhagic fever: sample testing advice before contacting the IFS.

Hospital management of confirmed HCID cases

Once an HCID has been confirmed by appropriate laboratory testing, cases in England should be transferred rapidly to a designated HCID Treatment Centre. Occasionally, highly probable cases may be moved to an HCID Treatment Centre before laboratory results are available.

Contact HCIDs

There are 2 principal Contact HCID Treatment Centres in England:

- the Royal Free London High Level Isolation Unit (HLIU)
- the Newcastle Royal Victoria Infirmary HLIU.

Further support for managing confirmed contact HCID cases is provided by the Royal Liverpool Hospital and the Royal Hallamshire Hospital, Sheffield. They will guide ongoing care.

6. Implementation

6.1 Plan for implementation

Implementation will be with immediate effect. This document will be used in the event a possible HCID is identified in a patient.

6.2 Dissemination

This will be published on the intranet, and communicated to key admission areas as well as via a Trust communication.

6.3 Training and awareness

Ad mission Areas will be asked to include this in their local training programmes. It will also link into EPRR plans and exercises.

7. Monitoring and compliance

In the event this policy needs to be used, it will be reviewed afterwards to include any updates on what could be improved.

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.

8. Policy Review

This policy is to be reviewed on a 3 yearly basis and is to be approved by Infection Prevention & Control Steering Group (IPCSG).

9. References

Code:

https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid	

10. Background

10.1 Equality requirements

NA

10.2 Financial risk assessment

NA

10.3 Consultation

This policy was consulted on by the members of IPCSG.

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
This has been circulated to all members of the Trust Infection Prevention & Control Steering Group May 2022

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Infection Prevention & Control Steering Group

10.4 Approval Process

This section should describe the internal process for the approval and ratification of this Policy.

10.5 Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment	By:

Supporting Document 1 – Equality Impact Assessment form

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

NHS Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	**Tracey Cooper**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Tracey Cooper	**DIPC**	
Date assessment completed	**20-05-22**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title:** High Consequence Infectious Diseases Policy for Initial Management and Investigation of Possible Cases			
What is the aim, purpose and/or intended outcomes of this Activity?	Patient and staff safety			
Who will be affected by the development & implementation of this activity?	❑ x❑ ❑ x❑	Service User Patient Carers Visitors	x❑ ❑ ❑ ❑	Staff Communities Other _____
Is this:	❑ Review of an existing activity x❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?			

What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	National guidance on Gov.uk website.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	IPCSG consulted, which includes Patient and Public Forum membership.
Summary of relevant findings	Nil relevant

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		
Disability		X		
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		
Sexual Orientation		X		
Other Vulnerable and Disadvantaged Groups (e.g. carers;		x		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	**At policy review**			

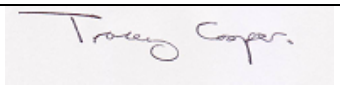
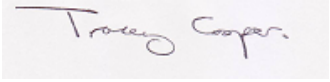
Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	 DIPC
Date signed	23-05-22
Comments:	
Signature of person the Leader Person for this activity	 DIPC
Date signed	23-05-22
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	-

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval