Document Control

Title			
Viral Haemorrhagic Fever Policy			
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Directorate Nursing		**Department** Infection Prevention & Control	
Version	**Date Issued**	**Status**	**Comment / Changes / Approval**
1.0	Mar 2010	Final	Version published on Tarkanet
1.1	April 2012	Revision	Document control report added to existing PDF document. Review date extended by one year to allow for update into Trust template, consultation and approval of document. Review date extension approved by Infection Prevention and Control Committee on 3rd April.
1.2	Oct 2012	Revision	Revision following updating of national guidance
2.0	Oct 2012	Final	Approved by Infection Prevention and Control Committee on 2nd October following consultation.
2.1	Dec 2012	Revision	Minor amendments by Corporate Governance to document control report and updating to latest template. Formatted for document map navigation and semi-automatic table of contents. Update to Equality Impact assessment.
2.2	Aug 2014	Revision	
2.3	Sept 2014	Revision	Specification of inpatient areas, minor injuries units (MIUs), walk in centres (WICs), community staff in patients own homes, community staff in other areas.
3.0	Sep 14	Final	Approved by September IPCC and published on Bob
3.2	Dec 14	Revision	Updated ACDP guidance and risk assessment flow chart
3.3	Dec15	Revision	Updated ACDP guidance and risk assessment flow chart. Changes to: • areas at risk of VHFs • categorisation & management of contacts • Laboratory processes inc waste disposal • management of accidental exposure • storage of waste from high risk patients • fumigation of patient areas
3.4	March 2019	Revision	New Trust template Reviewed national guidance (unchanged)

4.0	March 2019	Final	Approved at IPDG 26th March 2019

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Superseded Documents Viral Haemorrhagic Fevers Protocol NDHT	

Issue Date	**Review Date**	**Review Cycle**
April 2019	April 2022	Three years

Consulted with the following stakeholders:

- Infection Prevention & Decontamination Group
- Pathology Health & Safety Committee

Approval and Review Process

- Infection Prevention & Decontamination Group

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Policy categories for Trust's internal website (Bob)	**Tags for Trust's internal website (Bob)**
Infection Control	VHF, Ebola, Lassa fever, Crimea Congo haemorrhagic fever, CCHF

CONTENTS

1. PURPOSE

This document sets out Northern Devon Healthcare NHS Trust's system for management of patients with suspected and confirmed Viral Haemorrhagic Fever (VHF). It provides a robust framework to ensure a consistent approach across the whole organisation, and supports our statutory duties as set out in the NHS Constitution.

The purpose of this document is to ensure adherence to National guidance: https://www.gov.uk/government/publications/viral-haemorrhagic-fever-algorithm-and-guidance-on-management-of-patients

The policy applies to all Trust clinical staff caring for in-patients and facilities staff who clean in-patient rooms, provide food to in-patients or maintain ventilation or drainage systems to in-patient rooms.

Implementation of this policy will ensure that:

Patients with suspected VHF are cared for safely and managed correctly.

Staff, visitors and the public are protected from acquiring VHF.

2. DEFINITIONS

2.1 VHF

Viral Haemorrhagic Fever. VHFs are severe and life-threatening viral diseases that have been reported in parts of Africa, South America, the Middle East and Eastern Europe such as Ebola, Lassa fever, Crimea Congo haemorrhagic fever.

3. RESPONSIBILITIES

3.1 Role of the Chief Nurse

The Chief Nurse is responsible for:

- Acting as a second point of contact to support
- Ensuring that a replacement main contact is identified should the original author be re-deployed or leave the organisation

3.2 The Infection Prevention and Decontamination Group

- Monitoring compliance with the policy
- Ensuring that the policy is approved after review and prior to publishing

3.3 Ward/ Departmental Managers

Responsibility for implementation of this policy lies with the Senior Nurse (usually Ward Sister) or Departmental Manager in Charge of the areas to which these statements apply unless specifically stated otherwise in the text.

3.4 Infection Prevention and Control Team

The Infection Prevention and Control Team are responsible for providing support to managers in the implementation of this policy

3.5 Clinical Staff

It is the responsibility of all Trust Clinical Staff to follow the guidance contained in this Policy and report any problems with compliance to their line manager.

All staff working with blood, body fluids and/ or clinical sharps are required to take all reasonable steps by employing safe systems of work to protect themselves and others from the risk of injury. Any personnel noting shortfalls within this policy should highlight these directly to their manager. The line manager should forward any such concerns to the Infection Control Team in writing

4. CONTACTING THE INFECTION PREVENTION AND CONTROL TEAM

The Infection Prevention and Control Team can be contacted in hours on 01271 322680 (ext 2680 internal at North Devon District Hospital), via bleep 011 or out of hours by contacting the on-call Medical Microbiologist via North Devon District Hospital switchboard.

5. VIRAL HAEMORRHAGIC FEVER GUIDANCE

Trust VHF guidance is on the Trust intranet 'BOB' at
http://ndht.ndevon.swest.nhs.uk/?page_id=38525

This includes links to national guidance and local SOPs

5.1 Management of VHF

This policy is based on guidance from Department of Health and Health & Safety Executive issued in November 2015 which is available at:

https://www.gov.uk/government/publications/viral-haemorrhagic-fever-algorithm-and-guidance-on-management-of-patients

VHFs are severe and life-threatening viral diseases that have been reported in parts of Africa, South America, the Middle East and Eastern Europe. VHFs are of particular public health importance because they can spread within a hospital setting; they have a high case-fatality rate; they are difficult *to* recognise and detect rapidly; and there is no effective treatment.

Environmental conditions in the UK do not support the natural reservoirs or vectors of any of the haemorrhagic fever viruses, and all recorded cases of VHF in the UK have been acquired abroad, with the exception of one laboratory worker who sustained a needle-stick injury. Evidence from outbreaks strongly indicates that the main routes of transmission of VHF infection are direct contact (through broken skin or mucous membrane) with blood or body fluids, and indirect contact with environments contaminated with splashes or droplets of blood or body fluids.

The Department of Health and Health and Safety guidance identify that VHFs are of particular public health importance because:

- They can spread readily within a hospital setting
- They have a high case-fatality rate.
- They are difficult to recognise and detect rapidly.
- There is no effective treatment.

There have been no cases of person to person transmission of VHF in the UK within a hospital setting to date of publication of this policy

5.2 Assessment and management

This guidance only applies to VHFs that are caused by pathogens classified as ACDP Hazard Group 4. These are detailed in the main document and include the viruses causing Ebola, Lassa and Crimea Congo haemorrhagic fever.

The most important aspect is to perform a risk assessment on any patient who has had a fever [> 37.5^{o}C] or history of fever in the previous 24 hours and a relevant travel history or epidemiological exposure within 21 days.

The risk assessment (using algorithm in Appendix A) must be performed to place the patient in to one of the following four categories. In inpatient areas, MIUs & WICs the risk assessment must be performed by a senior clinician. In community settings (e.g patient's own home, or a clinic / physio department

etc. within a community hospital) this risk assessment must be done by the patient's GP.

Categories:

- Unlikely to have VHF.
- Low possibility of VHF.
- High possibility of VHF.
- Confirmed VHF.

A detailed travel history is required to complete the risk assessment. Detailed maps showing which areas of which countries are known to be high risk for VHFs are also on the PHE website

https://www.gov.uk/viral-haemorrhagic-fevers-origins-reservoirs-transmission-and-guidelines

Advice on management is given in the main document (see Appendix B) in sections 2, 3, 4 & 5.

The risk assessment must be repeated daily or if the patient's condition deteriorates unless a clear diagnosis has been made. Remember that VHF can occur with other conditions.

If VHF is suspected in a patient, **EVERY** person coming in to contact with that patient or the local environment must be made aware of the risks and the correct precautions to be taken.

The senior clinician in charge of the patient must discuss any patient in the following categories with the Consultant Medical Microbiologist (on call via switchboard) or Public Health England (PHE) for GPs

- Low possibility of VHF.
- High possibility of VHF.
- Confirmed VHF.

5.3 Patient Isolation and Infection Prevention and Control Precautions

A patient who is suspected of having a low or high possibility or confirmed VHF must be isolated in a side room. The location of this will depend upon the patient's

- clinical condition
- symptoms
- category

Clinical areas of the acute trust designated for short term / temporary isolation of patients suspected of having VHF patients are listed below. The Consultant Medical Microbiologist on call must be contacted urgently to discuss and arrange movement of the patient to an appropriate isolation facility if necessary.

- A & E
- Lundy Ward
- Glossop Ward
- Alexandra Ward
- Caroline Thorpe Ward
- Bassett Ward
- ICU

If a patient who is suspected of having VHF attends a community hospital, MIU or WIC they must be moved to an area within that hospital / department that is away from other patients and isolation precautions instituted as per algorithm and guidance. The microbiologist on call must then be contacted urgently to discuss and arrange movement of the patient to an appropriate isolation facility if necessary (which may be within NDHCT or at another NHS trust)

The use of PPE will also vary depending on the patient's risk category and condition/symptoms.

The decision regarding which clinical area the patient will be isolated in, and the level of personal protective equipment required will be made following risk assessment by the following team of people.

- Consultant Medical Microbiologist
- Infection Prevention & Control Nurse
- Clinical Site Manager
- Duty Manager

Further details, including up to date guidance is available on the Public Health England website
https://www.gov.uk/government/publications/viral-haemorrhagic-fever-algorithm-and-guidance-on-management-of-patients

5.4 Recrudescence of VHF in survivors

Transmission events and surveillance show that the virus of Ebola and other VHFs can persist in survivors for many months after clinical recovery. The Advisory Committee on Dangerous Pathogens (Department of Health) has issued guidance relating to the transmission of VHF from survivors. It covers survivors who require medical treatment including surgery or donate blood or tissue.
Details of guidance are in appendix C.

6. MONITORING COMPLIANCE WITH AND THE EFFECTIVENESS OF THE POLICY

Standards/ Key Performance Indicators

6.1 Key performance indicators comprise:

Number of incidents of non-compliance with this policy reported through Trust Incident Reporting System.

6.2 Process for Implementation and Monitoring Compliance and Effectiveness

After final approval, the author will arrange for a copy of the policy to be placed on the Trust's intranet. The policy will be referenced on the home page as a latest news release.

Information will also be included in the Chief Executive's Bulletin which is circulated electronically to all staff.

Line managers are responsible for ensuring this policy is implemented across their area of work.

Monitoring compliance with this policy will be the responsibility of the Infection Prevention and Control Team.

7. EQUALITY IMPACT ASSESSMENT

The author must include the Equality Impact Assessment Table and identify whether the policy has a positive or negative impact on any of the groups listed. The Author must make comment on how the policy makes this impact.

Table 1: Equality impact Assessment

Group	Positive Impact	Negative Impact	No Impact	Comment
Age			X	
Disability			X	
Gender			X	
Gender Reassignment			X	
Human Rights (rights to privacy, dignity, liberty and non-degrading treatment), marriage and civil partnership			X	
Pregnancy			X	
Maternity and Breastfeeding			X	
Race (ethnic origin)			X	
Religion (or belief)			X	
Sexual Orientation			X	

8. REFERENCES

- PHE guidance including the Advisory Committee on Dangerous Pathogens guidelines:

  https://www.gov.uk/government/collections/viral-haemorrhagic-fevers-epidemiology-characteristics-diagnosis-and-management

- Maps showing which areas of which countries are known to be high risk for VHFs, Public Health England websitehttps://www.gov.uk/viral-haemorrhagic-fevers-origins-reservoirs-transmission-and-guidelines

  http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/ViralHaemorrhagicFever/VHFMaps/

9. ASSOCIATED DOCUMENTATION

Outbreak of Infection policy

Standard Infection control Precautions Policy

Appendix A

Link to: Viral Haemorrhagic Fevers Risk Assessment (version 6; 15.11.15)

Appendix B

Link to document: Management of Hazard Group 4 viral haemorrhagic fevers and similar human infectious diseases of high consequence – Guidance by the Advisory Committee on Dangerous Pathogens. November 2015

Appendix C

Link to CMO letter 2 December 2015. Risk of Ebola Virus Disease (EVD) transmission from Ebola Survivors