

Document Details		
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Author	Associate Director of Infection Prevention and Control	
Approval process		
Who has been consulted in the development of this policy?	This policy has been developed by the IPC team in consultation with appropriate senior Operations and Quality managers, Locality Clinical Managers, Specialist Nurses, Medicines Management and Public Health England	
Approved by (Committee/Director)	Infection Prevention and Control Committee	
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## 1 Introduction

High consequence infectious diseases (HCID), including viral haemorrhagic fevers (VHFs), are rare in the UK. When cases do occur, they tend to be sporadic and are typically associated with recent travel to an area where the infection is known to be endemic or where an outbreak is occurring. None of the HClDs listed in the national guidance are endemic in the UK, and the known animal reservoirs are not found in the UK.

The vast majority of these patients acquired their infections overseas, but secondary transmission of MERS and Mpox have occurred in the UK.

Avian influenza A(H5N1) has caused outbreaks in wild birds and captive birds in the UK in 2021 and 2022. In January 2022, the UK Health Security Agency (UKHSA) reported the first human case of avian influenza A(H5N1) in the UK. Animal-to-human transmission of avian influenza is very rare and the risk to human health is kept under frequent review. The epidemiology and genomics of A(H5N1) virus and human health risk is actively monitored by UKHSA, in collaboration with international partners.

## 2 Purpose

To identify patients who may present at a trust site, namely the minor injury units (MIUs) who may have a high consequence infection to ensure:

- 1) the patient is directed to the appropriate setting or source for healthcare support and appropriate risk assessment if required.
- 2) Advice is sought from the Microbiologist when a risk has been identified that the patient may have an HCID.

The policy also applies to individuals employed by agencies and other contractors.

## 3 Definitions

Term / Abbreviation	Explanation / Definition
CCR	Clinical Case Review
HCAI	Healthcare Associated Infection
High consequence infectious disease (HCID)	In the UK, a high consequence infectious disease (HCID) is defined according to the following criteria: <ul style="list-style-type: none"> <li>• acute infectious disease</li> <li>• typically has a high case-fatality rate</li> <li>• may not have effective prophylaxis or treatment</li> <li>• often difficult to recognise and detect rapidly</li> <li>• ability to spread in the community and within healthcare settings</li> <li>• requires an enhanced individual, population and system response to ensure it is managed effectively, efficiently and safely</li> </ul>
NIPCM	National Infection Prevention and Control Manual
IPC	Infection Prevention and Control
PIR	Post Infection Review
RCA	Root Cause Analysis
SIP	Service Improvement Plan

## 4 Duties

### 4.1 Responsibility for Infection Prevention and Control (IPC) outside the immediate scope of this policy

For duties and responsibilities for IPC practices outside the specific scope of this policy, please refer to the IPC Arrangements and Responsibilities Policy on the Staff Zone [SCHT Staff Zone \(shropcom.nhs.uk\)](#).

## 5 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

Further details including a list of HCID and related guidance are available here: [High consequence infectious diseases \(HCID\) - GOV.UK \(www.gov.uk\)](#)

## 6 Patients presenting at SCHT

The possible route by which patients with a potential HCID may have contact with the Trust are those that present at one of the Minor Injury Units.

## 7 Identifying patients with possible HCIDs

When a patient attends an MIU with a current fever or history of a fever, the receptionist will alert a nurse.

## 8 Placement

A patient who attends MIU with signs of a possible HCID should be advised to return home and contact their GP or 111.

## 9 Assessment of patient

If the patient has had a recent history of travel to any of the areas listed in the following guidance, [High consequence infectious disease: country specific risk - GOV.UK \(www.gov.uk\)](#) the microbiologist is to be consulted and any advice followed.

Inform the IPC team of the above and the advice given by the microbiologist.

## 10 IPC Precautions

Standard IPC Precautions must be always followed with every patient.

The additional IPC precautions for specific infections and conditions must be followed if the patient presents with a transmissible condition or infection in line with the NIPCM.

See the following links for placement and PPE for:

- Infectious conditions and infections – [Aide memoire for optimal patient placement and RPE for infectious agents in hospital inpatients](#)
- Potential HCID – [Aide memoire for optimal patient placement and respiratory protective equipment \(RPE\) for high consequence infectious diseases](#)

After use, the isolation room should be locked until a terminal deep clean has been conducted. Any waste generated should be handled in line with the NIPCM.

## 11 Consultation

This policy has been developed by the IPC team in consultation with appropriate Locality Clinical Managers, advisors/specialists IPC Operational Group Meeting members.

A total of three weeks consultation period was allowed, and comments incorporated as appropriate.

### 11.1 Approval Process

The IPC Operational Group Meeting members will review this policy and it will then be tabled at the IPCC for approval.

## 12 Dissemination and Implementation

This policy will be disseminated by the following methods:

- Managers informed via Datix who then confirm they have disseminated to staff as appropriate
- Staff – via Communications and IPC newsletters
- Awareness raising by the IPC team
- Published to the Staff Zone of the Trust website

The web version of this policy is the only version that is maintained. Any printed copies should therefore be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments. When superseded by another version, it will be archived for evidence in the electronic document library.

### 12.1 Advice

Individual Services' IPC Link staff act as a resource, role model and are a link between the IPC team and their own clinical area and should be contacted in the first instance if appropriate.

Further advice is readily available from the IPC team or the Consultant Microbiologist.

### 12.2 Training

Managers and service leads must ensure that all staff are familiar with this policy through IPC induction and update undertaken in their area of practice.

Mandatory IPC training includes Standard Infection Control Precautions. IPC Policies can be found on Staff Zone ([Document Library on SCHAT Staff Zone \(shropcom.nhs.uk\)](https://shropcom.nhs.uk)). Staff may require additional role specific essential IPC training, as identified between staff, their managers and / or the IPC team as appropriate.

## 13 Monitoring Compliance

Incidents involving a suspected HCID should be reported to the IPC Team and via the Trust incident reporting system (DATIX). Such incidents should be subject to a review to identify any learning which would be incorporated into this policy and its implementation.