Infection Prevention and Control (IPC)

Standard Operating Procedure (SOP)

MENINGOCOCCAL DISEASE IN A HEALTHCARE SETTING

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<table>
<thead>
<tr>
<th>Title of document:</th>
<th>Standard Operating Procedure (SOP) for Meningococcal Disease in a Healthcare Setting</th>
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<tbody>
<tr>
<td>Document reference:</td>
<td>Issue 6, October 2015</td>
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<tr>
<td>Scope:</td>
<td>Organisation Wide</td>
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<tr>
<td>Controlled document:</td>
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<tr>
<td>Expiry date:</td>
<td>October 2017</td>
</tr>
<tr>
<td>Author:</td>
<td>Gillian Rankin, Infection Control Nurse</td>
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<tr>
<td>Policy application / Target Audience</td>
<td>Throughout NHS Ayrshire and Arran</td>
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<tr>
<td>Policy Statement:</td>
<td>It is the responsibility of all staff to ensure that they consistently maintain a high standard of infection control practice.</td>
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<tr>
<td>Last reviewed:</td>
<td>September 2015</td>
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<tr>
<td>Agreed by:</td>
<td>Infection Prevention and Control Policy Review Group</td>
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<tr>
<td>Electronic approval by:</td>
<td>Dr Alison Graham</td>
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<tr>
<td>Medical Director</td>
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<td>Date:</td>
<td>26 October 2015</td>
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**REFERENCES**

1. Health Protection Scotland (2015), HPS National Infection Control Manual version 2.4

1.0 **GENERAL INFORMATION**

| Organism       | Neisseria meningitidis, Streptococcus pneumoniae and Haemophilus influenzae type B (HiB) are thought to cause 75% of all bacterial meningitis, and 90% of bacterial meningitis in children. Asymptomatic carriage of N. meningitidis (meningococcus) occurs in up to 10% of the population with nasopharyngeal colonisation. Acute bacterial meningitis is characterised by sudden onset of fever, headache, nausea/vomiting, stiff neck and photophobia. Petechial rash with pink macules, or occasionally, vesicles may be observed. Invasive disease is characterised by one or more clinical syndromes including meningitis, bacteraemia and sepsis. The importance of early recognition, prompt antibiotic treatment and timeous referral to hospital when meningococcal disease is suspected is paramount. |
| Incubation period | 2 to 7 days |
| Period of communicability | People remain infectious to others until 24 hours after commencement of appropriate antibiotics have been taken |
| Individuals most at risk | • Infants  
• Adolescents / Young Adults  
• Immunocompromised |
| Vaccination | • Information on the vaccination programme can be accessed via [Green Book Chapter 22](#)  
• From September 2015, Meningitis B vaccination will be offered to babies, teenagers and first time university students |
| Notifiable disease | This is a notifiable disease. Initial notification should be made by telephone to the Health Protection Team (HPT) at Afton House, Ailsa Campus on 01292 885858 or, out of hours, the on-call Consultant in Public Health Medicine (CPHM) via University Hospital Crosshouse switchboard (01563 521133). The HPT should then also be formally notified within 3 days using the Scottish Care Information (SCI) system or SCI form. |
| Informing the IPCT | Following implementation of all relevant infection prevention and control precautions you must inform the Infection Prevention and Control Team (IPCT) by phoning (01563) 825765 or by emailing the IPCT mailbox [InfectionControl@aapct.scot.nhs.uk](mailto:InfectionControl@aapct.scot.nhs.uk). |
2.0 INFECTION CONTROL PRECAUTIONS FOR DISEASE

2.1 Standard Infection Control Precautions (SICPs)

Standard Infection Control Precautions (SICPs), Section 1 of the Health Protection Scotland (HPS) National Infection Prevention and Control Manual, must be used by all staff, in all care settings, at all times, for all patients whether infection is known to be present or not to ensure the safety of those being cared for, as well as staff and visitors in the care environment.

SICPs are the fundamental IPC measures necessary to reduce the risk of transmission of infectious agents from both recognised and unrecognised sources of infection.

Potential sources of infection include blood and other body fluids secretions or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment that could have become contaminated.

2.2 Transmission Based Precautions (TBPs)

TBPs are implemented in addition to SICPs to provide further protection when Meningococcal Disease is known or suspected. TBPs are categorised by the route of transmission of the infectious agents (some infectious agents can be transmitted by more than one route). Meningococcal Disease is cross transmitted via the contact and droplet routes.

- **Contact**
  Used to prevent and control infections that spread via direct contact with the patient or indirectly from the patient’s immediate care environment (including care equipment). This is the most common route of cross-infection transmission.

- **Droplet**
  Used to prevent and control infections spread over short distances (at least 3 feet (1 metre)) via droplets (>5μm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Droplets penetrate the respiratory system to above the alveolar level.

<table>
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<tr>
<th>Patient Placement</th>
<th>• Patients with suspected/confirmed infection should be isolated in a single room with ensuite facilities and:</th>
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<td>- The door should remain closed. If this is not possible, a risk assessment <strong>must</strong> be included in the nursing notes e.g. patient at risk of falls</td>
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<td>- An isolation notice must be placed on the outside of the door</td>
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<td>• Isolation must continue until the patient has received <strong>24 hours</strong> of appropriate antibiotics</td>
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| Personal Protective Equipment | • Plastic aprons and disposable gloves should be worn when in direct contact with the patient or the patient’s immediate environment  
• Face protection: Surgical facemask and, if risk of splashing or spraying of blood/body fluids, include goggles or full face visor  
• FFP3 respirator for Aerosol Generating Procedures (AGPs) |
| Hand Hygiene | Hands must be decontaminated as per your 5 moments for Hand Hygiene:  
1. Before touching a patient  
2. Before clean/aseptic procedure  
3. After body fluid exposure risk  
4. After touching a patient  
5. After touching patient surroundings |
| Patient Care Equipment | • Where available, use single use/single patient use equipment. All single use/single patient use equipment must be discarded as clinical waste  
• Equipment should be kept to a minimum  
• All shared or reusable equipment must be decontaminated between patients using a chlorine releasing agent e.g. Actichlor Plus™ 1 x 1.7g Actichlor tablet in 1 litre of water (concentration = 1,000 PPM). Please refer to manufacturers instructions for compatibility of product  
• Communal facilities such as baths, bidets and showers should be cleaned and/or decontaminated between all patients |
| Environmental cleaning by Hotel Services | • Enhanced routine cleaning of the patient’s accommodation with a chlorine releasing agent e.g. Actichlor Plus™ 1 x 1.7g Actichlor tablet in 1 litre of water (concentration = 1,000 PPM), should be undertaken by hotel service staff until instructed otherwise (see Actichlor Plus™ General Environment Poster). It is the responsibility of nursing staff to ensure that domestic assistants are aware of this requirement  
• Following the removal of the patient, the room should have a terminal clean carried out prior to the next patient being admitted  
• Once all affected patients have been removed from a cohort area, the room should have a terminal clean carried out prior to the next patient being admitted |
| Clinical Waste | All waste must be discarded as clinical waste. |
### Linen
- All linen should be discarded as infected i.e. placed in a water soluble bag then into a clear plastic bag and lastly into a red laundry bag
- Labels should be attached to each red linen bag on sealing, clearly stating:
  - Hospital of origin
  - Ward or Department
  - Date and Time of bagging
  - Signature / initials

### Safe management of blood and body fluid spillages
Spillages must be decontaminated immediately with a chlorine releasing agent e.g. Actichlor Plus™ using the following dilutions:
- Blood spillages (or bodily fluid with associated blood); 10 x 1.7g Actichlor tablets in 1 litre of water (concentration = 10,000 parts per million (PPM))
- Body fluid spillages (with no associated blood); 1 x 1.7g Actichlor tablet in 1 litre of water (concentration = 1,000 PPM). *Remove spillage with disposable paper roll prior to applying a chlorine releasing agent to reduce the risk of chemical reaction*

### Occupational exposure
- Occupational exposure to Meningococcal Disease can be prevented by adhering to precautions outlined above
- Contact the Occupational Health Department if you have any concerns regarding exposure to Meningococcal Disease or require information regarding your current immunisation status, if applicable
- Staff who fall under the category of pregnant, non-immune or immunocompromised should not provide care to patients with confirmed or suspected Meningococcal Disease

### Respiratory Hygiene and Cough Etiquette
- Patient should be encouraged to cover their nose and mouth with a tissue when coughing, sneezing or blowing their nose
- When transferring patient, request patient to wear a surgical face mask, unless patient is wearing an oxygen mask

### 3.0 OTHER RELEVANT INFORMATION

#### Transferring Patients
- If possible, do not transfer patient until TBPs are no longer required
- Prior to transfer, staff must inform any receiving ward/department that the patient has a suspected/confirmed infection, as well as a history of specimens taken and Infection Prevention and Control precautions taken
- Prior to transfer, you must ensure the ward receiving the patient has suitable accommodation
| Specimens | Send specimens as clinically indicated (also refer to the **Laboratory Handbook**)
|-----------|--------------------------------------------------------------------------------------------------------------------------|
|           | • Although CSF offers the best chance of yielding the organism for culture, lumbar puncture should not be carried out until the patient’s condition is stable and assessment made to rule out raised intracranial pressure
|           | • Where appropriate, specimens should be taken for alternative diagnosis e.g. for viral culture |
| Care After Death | A body bag is not required. |
| Patient Clothing | Laundry going home, must be placed into a clear bag and then into a patient clothing bag. The **Washing Clothes at Home Information Leaflet** must be issued. |
| Visitors | Those who are immunocompromised, pregnant women and small children should be advised not to visit. |
| Documentation | Ensure that the patient is fully aware of their infectious status and that the provision of this information has been documented in the notes. |
| Action to be taken | Patient confidentiality must be maintained at all times. Information concerning any infection must only be given to others on a need to know basis. |
| Additional information | • Contact tracing may be required where there has been a failure to isolate a patient prior to confirmation of Meningococcal Disease from laboratory samples, or where there has been non-adherence to the use of appropriate PPE. This tracing will involve staff and patient contacts and may result in treatment and isolation/exclusion during the incubation period. This will be carried out by the Incident Management Team (IMT)
|           | • The principle reason for offering prophylactic antibiotics is to eliminate nasopharyngeal carriage in household members and other close contacts, thereby reducing transmission to susceptible individuals |