Guidance Objective

To ensure that Healthcare Workers (HCWs) are aware of the actions and precautions necessary to minimise the risk of cross-infection and the importance of diagnosing patients' clinical conditions promptly.

This guidance applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts.

KEY CHANGES FROM THE PREVIOUS VERSION OF THIS GUIDANCE

Document Control Summary

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Developed by	Infection Prevention and Control Policy Sub-Group
Related Documents	National IPC Manual NHSGGC Hand Hygiene Guidance NHSGGC SOP Cleaning of Near Patient Equipment NHSGGC SOP Terminal Clean of Ward/Isolation Room NHSGGC SOP Twice Daily Clean of Isolation Rooms
Distribution/ Availability	NHSGGC Infection Prevention and Control web page: www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control
Lead Manager	Director Infection Prevention and Control
Responsible Director	Executive Director of Nursing

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Meningococcal Disease Aide Memoire

Consult Guidance and isolate in a single room with:

- ✓ ensuite / own commode
- ✓ door closed
- ✓ IPC yellow sign on door
- ✓ dedicated equipment
- ✓ **Care Checklist** completed Daily

Patient Assessed Daily

Patient has completed 24 hours of antibiotic therapy

NO

YES

- ✓ Stop isolation
- ✓ undertake terminal clean of room

Guidance - for patients in isolation:

Hand Hygiene:
Liquid soap and water or alcohol based hand rub

PPE: A fluid resistant surgical mask (FRSM), disposable yellow apron and disposable gloves should be worn for all routine care of the patient. If there is a risk of splashing/spraying of blood or body fluid eye protection should be worn. Fit tested FFP3 mask must be worn if Aerosol Generating Procedures (AGPs) are undertaken and for appropriate fallow time period thereafter on a patient with a respiratory infection.

Patient Environment: Twice daily chlorine clean

Patient Equipment: Chlorine clean immediately after use and twice daily

Linen: Treat as infectious

Waste: Dispose of as Clinical / Healthcare waste

Incubation Period: 2 – 10 days

Period of Communicability: Long term carriage is possible, not infectious after 24 hours of antibiotic therapy

Notifiable disease: Yes

Transmission route: Droplet.

1. Responsibilities

Healthcare Workers (HCWs) must:

- Follow this guidance.
- Inform a member of the Infection Prevention and Control Team (IPCT) if this guidance cannot be followed.
- Notify the Public Health Protection Unit (PHPU) of probable and confirmed cases.
- Implement Care Checklist

Managers must:

- Support HCWs and Infection Prevention and Control Teams (IPCTs) in following this guidance.
- Alert Occupational Health Service (OHS) to any staff exposure.

Infection Prevention and Control Teams (IPCTs) must:

- Keep this guidance up-to-date.
- Provide education opportunities on this guidance.
- Provide advice during outbreaks and incidents.

Public Health Protection Unit (PHPU) must:

- Identify, risk assess and give advice on treatment of non-staff contacts.
- Provide advice and guidance to OHS, and where necessary, work with OHS to risk assess staff contacts.

Occupational Health Service (OHS) must:

- Provide advice to HCWs following possible exposure.
- Where necessary, work with PHPU to support risk assessment and treatment of staff contacts.

2. General Information on Patients with Meningococcal Disease

Agent	***Neisseria meningitidis* (meningococcus)** is a gram-negative diplococcus divided into several serogroups. There are 12 identified capsular groups of which Group B, C, W and Y are historically the most common in the UK. Carriage of this bacterium in the human nasopharynx is relatively common. Vaccination against groups B, C and ACWY is now included in the UK routine vaccination schedule.
Clinical Condition	Meningococcal disease caused by *Neisseria meningitidis* can cause a range of illnesses but most commonly presents as septicaemia, meningitis or both.
Mode of Spread	Person-to-person spread by droplet secretions from the respiratory tract. Transmission from the environment is considered insignificant.
Incubation Period	2-10 days, commonly 3-5 days.
Notifiable Disease	Yes Probable and confirmed cases should be notified by medical staff to PHPU. **Confirmed case:** Clinical diagnosis of meningitis, septicaemia or other invasive disease (e.g. orbital cellulitis, septic arthritis)*AND at least 1 of: • *Neisseria meningitidis* cultured from normally sterile site • Gram negative diplococci seen in normally sterile site • Meningococcal PCR in normally sterile site * *Although not meeting the definition of a confirmed case, meningococcal infection of the conjunctiva is considered an indication for public health action because of the high immediate risk of invasive disease.*
Period of Communicability	Long term carriage and infectivity is possible if not treated. Persons with Meningococcal Disease are not infectious after they have received 24-hours of effective antibiotic therapy which also eradicates naso-pharyngeal carriage.
Persons most At Risk	Age-specific attack rates are highest in infants, teenagers and young adults. The highest incidence occurs in winter months. Risk factors include smoking, passive smoking, preceding influenza A infection, upper respiratory infections and overcrowding.

In what areas does this guidance apply	All areas.

3. Precautions for Patients with suspected and/or confirmed Meningococcal Disease

Accommodation (Patient Placement)	Place a patient with suspected Meningococcal Disease into a single room with en suite facilities if available, until a bacterial cause is excluded or following 24-hours of appropriate antibiotic therapy. If the patient is clinically unsuitable for isolation, a risk assessment must be undertaken, by the clinical team in conjunction with a member of the IPCT, and documented in the patient's notes and IPCT Failure to isolate risk assessment. If a single room is not available, contact the bed manager in the first instance and if necessary, consult a member of the IPCT.
Clinical Waste	All non-sharps waste should be designated as clinical healthcare waste and placed in an orange bag. See NHSGGC Waste Management Policy
Contacts	PHPU will advise regarding provision of prophylaxis, vaccination, information and advice to contacts within the community. **For PROBABLE and CONFIRMED Meningococcal Disease only**: Most people who develop Meningococcal Disease will have acquired the organism from an asymptomatic individual sometime during the week before they become ill. The aim of public health intervention is to prevent further linked cases, by eradicating the organism from these carriers, and the case, before it causes more illness in susceptible people, and also to prevent follow-on infection to others. Antibiotic prophylaxis is recommended for those who have had close prolonged contact with the case in the **7 days prior to symptoms** developing, irrespective of vaccination status including: (a) Those who have had *transient close contact* with a case *only* if they have been directly exposed to large particle droplets / secretions from the respiratory tract of a case around the time of admission to hospital.

Contacts (cont/…)	• The case should also receive chemoprophylaxis, unless already treated with IV or IM cefotaxime or ceftriaxone • In an outbreak or cluster, chemoprophylaxis for persons other than in the high-risk groups may be recommended by the CPHM. Those with prolonged contact in childcare, nursery or school for several hours a day may be considered contacts and a risk assessment will be carried out by PHPU. The parents will be provided with a letter from NHSGGC informing them of the risk and the symptoms to look out for. Paediatric Hospitals / Units contacts of the case are risk assessed by PHPU, and parents / carers should be prescribed chemoprophylaxis via the GP. All contacts who receive chemoprophylaxis and their GPs are sent information by letter from PHPU. Schools, nurseries, colleges and universities receive information by letter as required.
Domestic Advice	Domestic staff must follow the NHSGGC SOP Twice Daily Clean of Isolation Rooms while transmission based precautions are required. Cleans should be undertaken at least four hours apart.
Equipment	Only take into the room that which is necessary. Where practical allocate individual equipment and decontaminate as per NHSGGC Decontamination Guidance. Please refer to NHSGGC Decontamination Guidance
Exposures	Prevent further cases by using Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) while the patient remains in isolation.
Hand Hygiene	Hand hygiene is the single most important measure to prevent cross-infection. Hands must be decontaminated before and after each direct patient contact, after contact with the environment, after exposure to body fluids and before any aseptic tasks. Patients should be encouraged to carry out thorough hand hygiene. Please refer to NHSGGC Hand Hygiene Guidance
Last Offices	See National guidance for Last Offices
Linen	Treat used linen as infectious, i.e. place in a water soluble bag, then into a clear plastic bag (place water soluble bag in the brown plastic bags used in Mental Health areas) tied, then into a red laundry hamper bag. Please refer to National Guidance on the Safe Management of Linen
Moving between wards, hospitals	• Prior to transfer, inform any receiving ward that the patient has confirmed/suspected meningococcal disease and if appropriate

and departments (including theatres)	specimens have been taken. • Patient movement should be kept to a minimum unless clinically essential. Prior to transfer, HCWs from the ward where the patient is located must inform the receiving ward, theatre or department of the patient's infectious condition.
Notice for Door	The yellow IPC isolation sign must be placed on the door to the patient's room. The door should remain closed and if the door cannot be closed, then an IPCT risk assessment should be completed and reviewed daily.
Patient Clothing	**Home Laundering** If relatives or carers wish to take personal clothing home, staff must place clothing into a domestic water soluble bag then into a patient clothing bag and ensure that a Washing Clothes at Home Leaflet is issued. **NB** It should be recorded in the nursing notes and care checklist that both advice and the information leaflet has been issued.
Personal Protective Equipment (PPE)	Yellow apron and gloves before 24-hours of appropriate antibiotics have been completed, the highest risk of transmission to HCWs is by exposure to respiratory secretions. To prevent spread through direct contact PPE (disposable gloves and yellow apron) and fluid resistant surgical facemask (FRSM) must be worn for all direct contact with the patient or the patient's environment/equipment. If there is a risk of splashing/spraying of blood or body fluid eye protection should be worn. **AGP'S** Fit tested FFP3 mask, disposable yellow apron and gloves & eye protection must be worn if Aerosol Generating Procedures (AGPs) are undertaken on a patient with a respiratory infection. A visor is recommended if a risk of spray of blood or body fluid is anticipated. For AGPs a face fit tested FFP3 should be worn.
Patient information	Provide information on meningococcal disease to the patient / parent / guardian / next-of-kin as appropriate and document in the notes.
Precautions Required	Until 24-hours after appropriate antibiotic therapy or meningococcal disease is no longer considered to be a diagnosis. See **Accommodation**.

Terminal Cleaning of Room	Clean all surfaces and underneath surfaces with chlorine based detergent and a disposable cloth. See Terminal Clean of Ward/Isolation Room SOP
Visitors Paediatric Hospitals / Units	Only parents / designated guardians may visit whilst in isolation.
Visitors Adult Hospital	No specific restrictions. Encourage any visitors to undertake hand hygiene before and after visiting. Visitors are not required to wear apron and gloves, unless they are participating in patient care.

4. Evidence Base

PHE - Guidance for the public health management of meningococcal disease in the UK. (2018)
https://www.gov.uk/government/publications/meningococcal-disease-guidance-on-public-health-management

Meningococcal disease: guidance on public health management - GOV.UK (www.gov.uk)

Immunisation against infectious diseases 'The Green Book' (2006) Updated edition 2016
https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

Meningococcal: the green book, chapter 22 - GOV.UK (www.gov.uk)