



Outbreaks within Older People's Mental health

Shared Learning

Contents

- Introduction to Snowdrop Ward
- Summary of Outbreaks
- Good Practice Identified
- Learning Opportunities Identified
- Shared Learning
- Action Plan
- Idea showering



Introduction to Snowdrop Ward – Walton Hospital

- Snowdrop is an 18 bedded, mixed gender organic assessment ward, which covers the north of Derbyshire.
- Admission criteria is that the individual must have an organic mental health condition that is deteriorating rapidly with unstable symptoms which are difficult to manage, and their needs cannot be met in situ supported by the community teams. The patients are initially detained under the MHA (1983) presenting with escalating behaviours that challenge which can no longer be managed safely in the community.
- The ward have recently attained a CQC rating of Good and Quality always Gold award.
- The majority of the client group are over the age of 65.



Introduction to DCHS IPC team.

The team cover the whole of Derbyshire, which equates to 2,625 km² and offer a wide range of services.

- 7 inpatient wards,
- 4 UTC's,
- 3 LD core units,
- 5 GP surgery's,
- 2 Integrated Sexual Health Services,
- 28 Podiatry Clinics,
- 20 Complex Wound Care Clinics,
- Community Teams (Therapy and nursing),
- Specialist services. (i.e. Children's services, Health Psychology)

We offer support via,

- Generic IP&C inbox
- Triage line
- MS Teams channel
- Private Facebook group

The IP&C Team work
Mon-Fri 08:30-
16:30hrs

Summary of Outbreaks



Outbreak 1 – February 2024 Diarrhoea & Vomiting

- 8 out of 10 patients and 23 staff members were affected by the outbreak

Outbreak 2 – June 2024 COVID

- 13 patients and 26 staff members involved in the outbreak

Outbreak 3 – September 2024 Norovirus

- 14 staff members and 9 out of 17 patients involved in the outbreak
- 8 out of 9 affected patients had T5-7 stools. 3 out of 8 had stool samples obtained

Subsequent Outbreak 4 - Oct 2025 COVID

- 8 staff members and 6 patients were affected.

Summary of Good Practice Identified across all 3 outbreaks



Across all 3 outbreaks:

- Ward clean and tidy and free from clutter.
- Hand hygiene AMaT results consistently above 94%
- Adherence to PPE.
- Good consistent standard of IP&C identified on IP&C assurance visits.

Outbreak 3:

- 3 stool samples obtained.
- Attempts made to isolate 3 patients documented in the patients' notes.

Outbreak 1

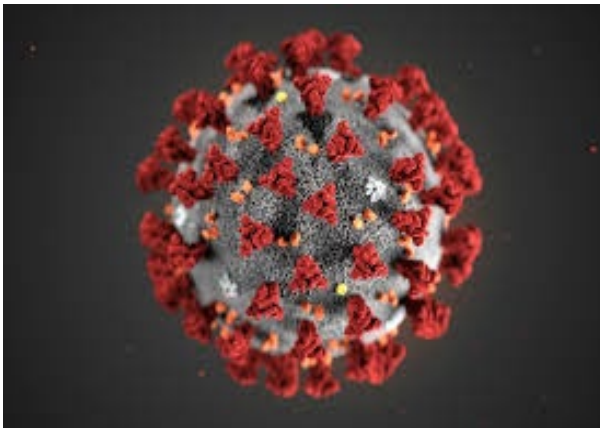
D & V – Learning Identified



- Improve knowledge around collecting stool samples, e.g., that stool samples did not have to be sterile, samples can be obtained from incontinence products and toilet liners.
- Improve understanding around obtaining samples and who is responsible.
- Improve understanding around isolation and ways of isolating.
- Communication/handovers must contain information in respect of infections, samples required etc.
- Increase availability of toilet liners and sample containers to prompt the obtaining of samples.
- Improve understanding on the use of aperients.
- Check understanding of when to escalate care or request medical reviews.

Outbreak 2

Covid – Learning Identified



- Missed opportunities for identifying early signs of COVID, testing and isolating. Opportunity to improve knowledge around early identification of symptoms, testing and isolation for infections.
- Patients were showing possible signs of COVID between the 20th-26th June. On the 26/06/24 the first staff member tested positive for COVID. The 1st patient to be tested for COVID was on the 28th (patient 1) with the remaining patients with symptoms not being tested until the 30/06/24. By the 30/06/24, 5 staff members were positive for COVID.
- To note learning from COVID identified that this cohort of patients can present with Type 5, 6, 7 stools as symptoms of COVID.
- Staff attended work when symptomatic – learning opportunity around infection transmission.
- Learning opportunity around medication reviews, for example patients with type 5, 6, 7 stools continuing to have aperients administered.
- To revisit previous learning from outbreaks on the unit during COVID where this cohort of patients presented with symptoms such as loose stools initially rather than respiratory symptoms.

Outbreak 3

Norovirus – Learning Identified



- Learning opportunity to ensure stool samples are obtained upon a patient having 3 or more episodes of T5-7 stools.
- Delays in Isolation/barrier nursing of symptomatic patients. Learning opportunity regarding methods for isolating/barrier nursing patients.
- Learning opportunity regarding documentation. T5-7 stools were recorded in the patient's notes but not on the patient's stool chart. Conflicting information recorded by the doctors in one patient's notes.
- Missed opportunities for identifying early signs of COVID, testing and isolating. Opportunity to improve knowledge around early identification of symptoms, testing and isolation for infections.
- Missed opportunities for hand hygiene and decontamination of equipment. Opportunity to improve knowledge regarding the chain of infection and how correct decontamination of hands and equipment can prevent onward transmission of infection.
- Mixed symptoms unsure of diagnosis/possible mixed outbreak due to samples not being obtained

Shared learning

– Suggestions for patient isolation

Advice sought from peers in the Midlands IPC Community and Mental Health Trust IPC Forum.

- Provide an “isolation pack”. This may include jigsaws, books etc. The aim is to reduce boredom, anxiety, and isolation-induced distress by providing meaningful distraction and cognitive stimulation during the period of restricted movement.
- Designated Zone: Where possible, section off a part of the ward exclusively for the isolated patient. This gives them space to mobilise and maintain some degree of physical activity, which is important for both mental and physical health.
- Another effective strategy involves staff members actively serving as mobile barriers themselves. By assigning a dedicated staff member to the patient, it becomes possible to not only support their needs but also to maintain a safer environment. This staff member can accompany the patient during necessary movements, promptly wipe down any surfaces the patient touches, and gently guide interactions to minimise contact with other patients. Such a role enhances infection control while providing reassurance and practical assistance, further strengthening the holistic approach to isolation care.



Action Plan

12 Face to face training sessions May-October 2024, hosted by the IP&C Team. Sessions covered:

- Management of Diarrhoea & Vomiting
- Chain of infection – Diarrhoea & Vomiting. COVID-19
- How to take a stool sample
- Requesting a stool sample
- Learning identified from recent outbreaks
- 5 step cleaning process – detergent and water and then a chlorine-based solution (Actichlor)
- IP&C and the law
- Idea showering



Idea showering – What we discussed



- How can you improve communication between qualified nurses, HCAs and domestic staff?
- How can you facilitate isolating patients?
- How can you ensure that equipment is to hand to collect stool samples

Subsequent outbreak Oct 25



Outbreak 4 – October 2025 Covid

- 8 staff members involved in the outbreak 2 tested positive via LFT
- 6 patients involved in the outbreak all tested positive via PCR.

Learning identified



- Patients 1 & 2 delay in obtaining PCR swab.
- Patient 2 – Not documented in the notes that PCR swab was obtained.
- Patients 2,3,4 & 5 – swabs not labelled. PCR swabs had to be repeated the following day.

Good practice identified/progress

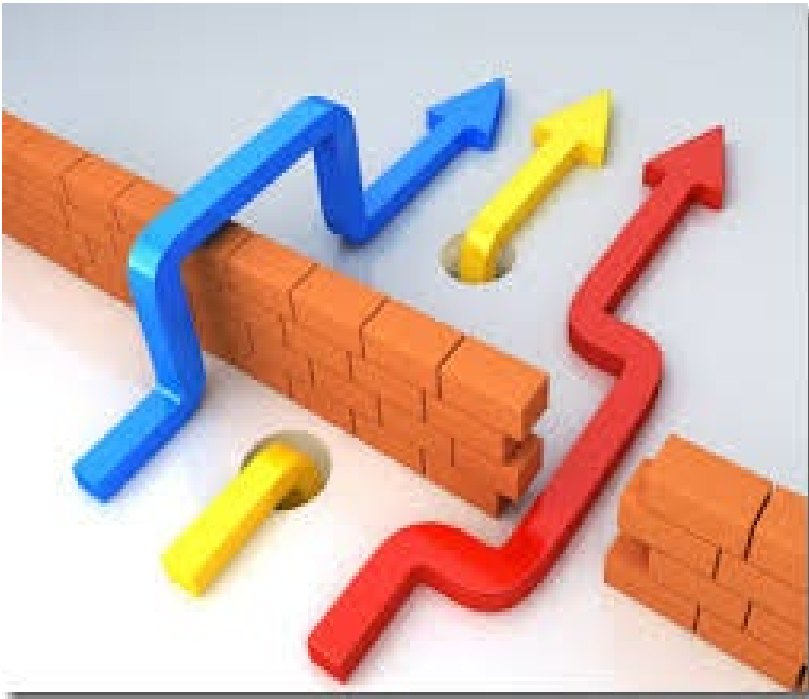


- Prompt implementation of universal masking once outbreak suspected.
- Clear documentation in patient notes with rationale for implementing/not implementing barrier nursing/mobile barrier nursing. Importance of documenting decision making rationale recognised.
- For all Covid positive patients, documented rationale for being unable to barrier nurse provided in the patients' notes.

Average scores for assurance visits for Q2:

- IP&C Standards 94%
- Environment 94%
- Compliant with AMaT audit submissions.
- Combined hand hygiene and PPE audit 96.3%
- How safe is your space 98.4%

Conclusion



- Staff were receptive to feedback and intervention
- Lots of engagement and discussion at sessions
- Solutions to previous barriers implemented- sample equipment in bathrooms, communication improved to IPC team and within the ward (handovers)
- Positive improvements in response to recent outbreaks- timely sampling, documentation, reporting, implementation of IPC precautions promptly.