SOP Objective

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

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

KEY CHANGES FROM THE PREVIOUS VERSION OF THIS SOP

- Update to aide memoire: addition of section on symptoms
- Update Responsibilities Section 1.
- Update Section 2: Clinical condition
- Update Section 2: Period of communicability (5 to 6 days)
- Update : Section 3: Accommodation (5 to 6 days)

Document Control Summary

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<tr>
<th>Approved by and date</th>
<th>Board Infection Control Committee 11th August 2020</th>
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<tr>
<td>Date of Publication</td>
<td>12th August 2020</td>
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<tr>
<td>Developed by</td>
<td>Infection Control SOP/Policy Sub-Group</td>
</tr>
<tr>
<td>Related Documents</td>
<td>National IPC Manual</td>
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<td>NHSGGC Hand Hygiene SOP</td>
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<td>NHSGGC SOP Occupational Related Illnesses</td>
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<td>NHSGGC SOP Cleaning of Near Patient Equipment</td>
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<td></td>
<td>NHSGGC SOP Twice Daily Clean of Isolation Rooms</td>
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<td>NHSGGC SOP Terminal Clean of Isolation Rooms/ward</td>
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<tr>
<td>Distribution/Availability</td>
<td>NHSGGC Infection Prevention and Control Web site</td>
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<tr>
<td>Lead Manager</td>
<td>Board Infection Control Manager</td>
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<tr>
<td>Responsible Director</td>
<td>Board Medical Director</td>
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The most up-to-date version of this SOP can be viewed at the following website: www.nhsggc.org.uk/your-health/infection-prevention-and-control
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Aide Memoire - Rubella

Consult SOP and Isolate in a single room with:

- ensuite / own commode
- door closed
- IPC yellow sign on door
- dedicated equipment

Patient Assessed Daily

It has been 7 days since the onset of rash?

NO

YES

- Stop isolation
- undertake terminal clean of room

SOP - Guidelines for patients in isolation:

Hand Hygiene: Liquid Soap and Water or alcohol based hand rub

PPE: A fluid resistant Type IIR surgical mask and disposable yellow plastic apron and gloves should be worn for all routine care of the patient.

An FFP3 mask must be worn during AGPs and for up to 2 hours after the procedure depending on the air changes in the room.

Patient Environment: Twice daily chlorine clean

Patient Equipment: Chlorine clean after use and at least on a twice daily basis

Laundry: Treat as infected

Waste: Dispose of as Clinical / Healthcare waste

Incubation Period: 14 - 21 days

Period of Communicability: 7 days before, until 6 days after the onset of rash

Notifiable disease: Yes

Transmission route: droplet

Symptoms: can include rash (starting on face and moving across trunk to limbs); sore throat; fever; conjunctivitis; lymphadenopathy and arthralgia.
1. Responsibilities

Healthcare Workers (HCWs) must:
- Follow this SOP.
- Implement the IPC Care Checklist
- Inform their line manager if this SOP cannot be followed.

Clinicians must:
- Notify NHSGGC Public Health Protection Unit (PHPU) if they diagnose a clinical case of rubella.

Microbiologists must:
- Laboratory staff must notify NHSGGC PHPU if they make a laboratory diagnosis of rubella.

Senior Charge Nurses (SCN) / Managers must:
- Ensure staff are aware of the content of this SOP
- Support HCWs and Infection Prevention and Control Teams (IPCTs) in following this SOP.
- Advise HCWs to contact the Occupational Health Service (OHS) as necessary.

Infection Prevention and Control Teams (IPCTs) must:
- Keep this SOP up-to-date.
- Provide education opportunities on this SOP.
- Advise and support HCW to undertake a risk assessment if unable to follow this SOP

Occupational Health Service (OHS) must:
- Advise HCW regarding immune status, possible infection exposure and return to work issues as necessary.
- Support staff screening during an outbreak / incident as part of an IMT investigation

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2. General Information on Rubella

<table>
<thead>
<tr>
<th><strong>Communicable Disease/ Alert Organism</strong></th>
<th>Rubella virus. A rubivirus of the Togaviridae family. An enveloped virus.</th>
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<tbody>
<tr>
<td><strong>Clinical Condition</strong></td>
<td><strong>Rubella:</strong> A mild disease characterised by a non-specific erythematous, maculopapular rash, generalised lymphadenopathy and slight fever. (Extremely rare complications are retinitis, cataract, hepatosplenomegaly and thrombocytopenia. Infection during pregnancy (up to 20 weeks gestation) carries a considerable risk of foetal malformations referred to as Congenital Rubella Syndrome (CRS), foetal death and abortion). If a clinical case of Rubella is suspected, clinicians should seek advice from a paediatric/ adult ID physician.</td>
</tr>
<tr>
<td><strong>Incubation period</strong></td>
<td>Usually 14-17 days, full range 14-21 days.</td>
</tr>
<tr>
<td><strong>Mode of Spread</strong></td>
<td>The virus is present in respiratory secretions and urine. <strong>Droplet transmission</strong> – Droplets are dispersed in the air when the patient coughs, sneezes or talks. Droplets from an infected person may land on the mucous membranes of the eyes, nose or mouth of a susceptible person. <strong>Direct contact</strong> – Direct contact with respiratory secretions or urine from an infected person. <strong>Indirect contact</strong> – Hands touching a contaminated surface, then touching the mucous membranes of the eyes, nose or mouth of a susceptible person. <strong>Vertical transmission</strong> – Mucous membrane cells become infected and spread the virus to the blood via lymph nodes. Infection can then be spread to a foetus if the mother is not immune. Babies infected in utero with <strong>congenital rubella</strong> can excrete the virus for up to one year in urine and faeces.</td>
</tr>
<tr>
<td><strong>Notifiable disease</strong></td>
<td>Yes. Cases should be notified by medical staff to: PHPU Consultant in Public Health Medicine (CPHM) via switchboard - Gartnavel Royal Hospital, West House, 1055 Great Western Road, Glasgow, G12 0XH.</td>
</tr>
</tbody>
</table>
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### Period of communicability
From 7 days before and up to 6 days after the development of the rash.

### Persons most at risk
Non-immune women of childbearing age are most at risk. Two doses of MMR immunisation is considered evidence of immunity.

### 3. Transmission Based Precautions for Patients with Rubella

<table>
<thead>
<tr>
<th>Accommodation (Patient Placement)</th>
<th>A single room preferably with en-suite facilities until 6 days after the onset of the rash.</th>
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<tbody>
<tr>
<td>Clinical/ Healthcare Waste</td>
<td>All non-sharps waste from patients with Rubella should be designated as clinical healthcare waste and placed in an orange bag see NHSGGC Waste Management Policy.</td>
</tr>
<tr>
<td>Domestic Services/ Facilities</td>
<td>Refer to NHSGGC SOP Twice Daily Clean of Isolation Rooms.</td>
</tr>
<tr>
<td>Equipment</td>
<td>Take only into the room that which is necessary. Where practical allocate individual equipment and decontaminate as per NHSGGC Decontamination SOP. Please refer to NHSGGC Decontamination SOP.</td>
</tr>
<tr>
<td>Exposure (patients)</td>
<td>Seek advice from an Infection Specialist. Contact Infectious Diseases at QEUH or the on-call consultant in paediatric infectious diseases at Royal Hospital for Sick Children (RHSC) via switchboard.</td>
</tr>
<tr>
<td>Exposure (staff)</td>
<td>Prevent exposure by allowing only HCWs who are immune to rubella to care for patients during the infectious period using Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs). Refer to NHSGGC Occupational Related Illnesses SOP. Pregnant staff or staff who have been exposed and are unsure of their immune status should contact Occupational Health and/or their own GP for advice as soon as possible.</td>
</tr>
<tr>
<td>Hand Hygiene</td>
<td>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, providing hand wipes if required. Please refer to NHSGGC Hand Hygiene Policy.</td>
</tr>
<tr>
<td>Last Offices</td>
<td>See National guidance for Last Offices</td>
</tr>
</tbody>
</table>

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## Linen
Treat used linen as soiled/infected, i.e. place in a water soluble bag, then a secondary plastic/polythene bag tied and then into a hamper style laundry bag. (Brown polythene bag used in Mental Health areas)

Refer to [National Guidance on the safe management of linen](#).

Any soiled clothing for home laundering should be placed into a specific water soluble bag then into a patient clothing bag before being sent home. All soiled clothing for home laundering should be accompanied with a [Home Laundering Information Leaflet](#) and staff should alert relatives/carers to the condition of the laundry. NB it should be recorded in the nursing notes that both advice and the information leaflet has been issued.

## Moving between wards, hospitals and departments (including theatres)
Patient movement should be kept to a minimum. Prior to transfer, HCWs from the ward where the patient is located must inform the receiving area of the patient’s infection status. When patients need to attend other departments the receiving area should put in place arrangements to minimise contact with other patients and arrange for additional domestic cleaning if required.

## Notice for Door
Yes, yellow IPC isolation sign.

## Personal Protective Equipment (PPE)
A fluid resistant (Type 11R) surgical mask, gloves and disposable yellow plastic apron should be worn for all routine care of the patient.

An FFP3 mask must be worn during AGPs and for up to 2 hours after the procedure depending on the air changes in the room.

## Precautions Required until
Precautions are required until 6 days after the onset of the rash.

## Screening Staff
See [Occupational Health Related Illness SOP](#).

## Specimens required
Throat/buccal swab or nasal pharyngeal aspirate (NPA) in viral medium.

## Terminal Cleaning of Room
See [SOP Terminal Cleaning of Ward and Isolation Rooms](#).

## Visitors
Clinical staff should explain the risk of Rubella exposure to visitors. Only those with a history of rubella, or 2 doses MMR should be allowed to visit.
4. Evidence Base

Public health England (2019): Rubella (German measles): Guidance, Data and Analysis 


European Centre for Disease Control 

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