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		Effective From	October 2022
	MUMPS GUIDANCE TRANSMISSION BASED PRECAUTIONS	Review Date	October 2024
		Version	7
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Guidance 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 guidance 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 GUIDANCE

Important Note: The version of this policy found on the Infection Prevention & Control (eIPC Manual) on the intranet page is the only version that is controlled. Any other versions either printed or embedded into other documents or web pages should be viewed as uncontrolled and as such may not necessarily contain the latest updates, amendments, or linkages to other documents.

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 Twice Daily Clean of Isolation Rooms NHSGGC SOP Terminal Clean of Ward/Isolation Room
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 of Infection Prevention and Control
Responsible Director	Executive Director of Nursing

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Mumps 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**

NO

It has been 5 days since the onset
of parotid swelling

YES

- ✓ Stop isolation
- ✓ undertake terminal clean of room

Guidance - Guidelines for patients in isolation:

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

PPE:
A fluid repellent Type 11R surgical mask and disposable yellow plastic apron and gloves should be worn for all routine care of the patient. Where there is a risk of splashing of blood/body fluids to the face, eye protection should be considered and worn during AGPs

An FFP3 mask must be worn during AGPs and the appropriate fallow time 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: 17 days within a range of 14 - 25 days

Period of Communicability: 7 days before, until 5 days after the onset of parotid swelling

Notifiable disease: Yes

Transmission route: direct, indirect droplet.

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1. Responsibilities

Healthcare Workers (HCWs) must:

- Follow this guidance.
- Implement care checklist
- Inform their line manager if this guidance cannot be followed.

Clinicians must:

- Notify NHSGGC Public Health Protection Unit (PHPU) if they diagnose a clinical case of Mumps.

Microbiologists must:

- Laboratory staff must notify NHSGGC PHPU if they make a laboratory diagnosis of Mumps.

Senior Charge Nurses (SCN) / Managers must:

- Support HCWs and Infection Prevention and Control Teams (IPCTs) in following this guidance.
- Advise HCWs to contact the Occupational Health Service (OHS) as necessary.

Infection Prevention and Control Teams (IPCTs) must:

- Keep this guidance up-to-date.
- Provide education opportunities on this guidance.

Occupational Health Service (OHS) must:

- Advise HCWs regarding immune status, possible infection exposure and return to work issues as necessary.

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2. General Information on Mumps

Communicable Disease/ Alert Organism	Mumps virus (<i>Paramyxovirus</i> an enveloped virus)
Clinical Condition	A respiratory disease caused by the mumps virus. After an incubation period of about 17 days within a range of 14-25 days clinical features include fever and headache (day 1- 6) followed by swelling of the parotid glands on one or both sides which usually lasts for up to 10 days or more. Up to 30% of cases in children have no symptoms. Occasionally complications other than diagnostic symptoms can present: Aseptic meningitis, transient hearing loss, pancreatitis, or orchitis If a clinical case of mumps is suspected, clinicians should seek advice from a paediatric/ adult ID physician.
Incubation period	Usually about 16-18 days. Full range 14-25 days.
Mode of Spread	The virus is present in saliva and respiratory secretions. <u>Droplet transmission</u> – droplets are dispersed in the air when the patient coughs, sneezes or talks. Droplets from an infected case land on the mucous membranes of the eyes, nose or mouth of a susceptible person. <u>Direct contact</u> – Direct contact with the saliva of an infected person. <u>Indirect contact</u> – Hands touching a contaminated surface then touching the mucous membranes of the eyes, nose or mouth of a susceptible person.
Notifiable disease	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.
Period of communicability	Several days prior to the onset of the parotid swelling until several days after.
Persons most at risk	Anyone without immunity to the mumps virus. A history of mumps or 2 doses of MMR immunisation is considered evidence of immunity. Mumps in adulthood is more likely to cause severe disease.

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3. Transmission Based Precautions for Patients with Mumps

Accommodation (Patient Placement)	A single room preferably with en-suite facilities until 5 days after the onset of parotid swelling.
Clinical/ Healthcare Waste	All non-sharps waste from patients with Mumps should be designated as clinical healthcare waste and placed in an orange bag. See NHSGGC Waste Management Policy
Domestic Services/ Facilities	Only staff who have had mumps or who have demonstrated immunity to mumps should enter the room to provide domestic services. A history of measles or 2 doses of MMR immunisation is considered evidence of immunity. Domestic staff must follow the SOP for Twice Daily Clean of Isolation Rooms. Cleans should be undertaken at least four hours apart. Please refer to NHSGGC SOP Twice Daily Clean of Isolation Rooms
Equipment	Take only 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 (patients)	Seek advice from IPCT. Exposed patients should be isolated in a single side room or cohorted.
Exposure (staff)	Prevent exposure by allowing only HCWs who are immune to mumps to care for patients during the infectious period using Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs). Refer to NHSGGC Occupational Health Pregnant staff or staff who have been exposed and are unsure of their immunity status should contact Occupational Health and/or their own GP for advice as soon as possible.
Hand Hygiene	Mumps can be transmitted by direct/indirect contact. 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

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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 bag used in Mental Health areas) Please 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 Washing Clothes at Home 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 and the IPCT. 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 repellent (Type 11R) surgical mask, gloves, eye protection 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 the recommended fallow time depending on the air changes in the room. Goggles/visor must be worn during AGPs.
Precautions required until	Precautions are required until 5 days after the onset of parotid swelling.
Specimens required	Mouth/ buccal swab in viral medium.
Terminal Cleaning of Room	See NHSGGC Terminal Clean of Ward/Isolation Room SOP
Visitors	Clinical staff should explain the risk of Mumps exposure to visitors. A history of mumps or 2 doses of MMR immunisation is considered evidence of immunity. Close contacts of the patient who are not immune could potentially be incubating the infection and should be advised against visiting. Contact the IPCT for advice.

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4. Evidence Base

Immunisation against infectious disease 'Green Book' (2013). Department of Health
<https://www.gov.uk/government/publications/mumps-the-green-book-chapter-23>

NICE: National Institute for Healthcare and Excellence (2018), Health topics A-Z, Mumps
<https://cks.nice.org.uk/topics/mumps/>

A-Z of pathogens

National Infection Prevention and Control Manual.
<https://www.nipcm.scot.nhs.uk/a-z-pathogens/#m>

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