	<p>POLICIES & PROCEDURES</p> <p>Number: 55-10</p> <p>Title: Outbreak Management - Acute Care Facility (ACF)</p>
<p>Authorization: <input checked="" type="checkbox"/> SHR Infection Prevention & Control Committee <input type="checkbox"/> Facility Board of Directors</p>	<p>Source: Infection Prevention & Control Date Initiated: December 9, 2002 Date Reaffirmed: June, 2003 Date Revised: February 2014 Scope: SHR Agencies & Affiliates</p>

Introduction

An outbreak is the occurrence of more cases, or clustering of cases, of a particular infection or infectious disease than is normally expected, the occurrence of an unusual organism, or the occurrence of unusual antibiotic resistance patterns. Definitions of cases and outbreak vary with each disease/infection; see specific diseases for details (i.e., scabies outbreak, influenza outbreak, etc).

Policy

1. Routine surveillance may identify an outbreak however it is the responsibility of all health care workers to isolate, investigate and communicate concerns about a possible outbreak promptly so that Infection Prevention & Control (IP&C) can determine next steps (Appendix A).
2. IP&C supports the ward in the investigation of outbreaks among patients. IP&C notifies Public Health and consults Occupational Health and Safety when staff cases are identified.
3. An outbreak control team will be assembled whenever an outbreak is confirmed and a planning meeting held (see membership and purpose below).

Purpose

1. To control and prevent further dissemination.
2. To identify factors that contributed to the outbreak.
3. To analyze those contributing factors and recommend preventative measures.
4. To facilitate clear communication.

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Procedure

1. Contact the Infection Control Professional (ICP) at your site whenever an unusual type or number of patients or staff with signs of infection/illness is recognized based on case finding to support an outbreak investigation (Appendix A and Appendix B).
2. Based on information from the unit, IP&C will determine if an outbreak exists and recommend control measures.
3. IP&C, in collaboration with the unit Manager, will assemble an outbreak control team consisting of the following members (this list is not exclusive, members will depend on the type and extent of outbreak):
 - Infection Control Officer
 - Administration representative &/or Site Manager
 - Unit/Department Manager/MoN & Educator
 - ICP for involved site
 - Occupational Health & Safety
 - Public Affairs
 - Risk Management
 - As appropriate: Public Health, Pharmacy, Laboratory, Facilities Services, CPAS, Human Resources, and other members as required.
4. A planning meeting of the outbreak control team is held when an outbreak is identified. The purpose of the meeting is to establish action plans that will:
 - Facilitate clear communication to staff, physicians, students, patients, volunteers and visitors,
 - Establish a media spokesperson,
 - Delegate responsibilities appropriately based on the specific disease outbreak guidelines,
 - Obtain or plan for obtaining anticipated resources- staff, supplies, medications, etc,
 - Determine in-service/education requirements and how to address them,
 - Make major decisions such as unit closure, visitor restrictions, procedure cancellations, initiation of the Emergency Preparedness Plan.

Subsequent meeting frequency will be determined by the team.

5. Internally, each affected department determines its resource requirements to contribute to the outbreak control effort and may require its own planning meeting or outbreak response plan.
6. The affected unit maintains a line list of cases, both patients and staff members, which will be communicated to IP&C or OH&S as arranged. Unit staff assists with other data collection, culturing, notification or other outbreak control duties as required by the control team.

References:

1. APIC Curriculum for Infection Control Practice (2000).
2. Strategies for Pandemics and Disasters. International Infection Control Council, 2002.

55-10 – Outbreak Management – Acute Care
 Appendix A: Suspect Outbreak Job Aide for Acute and Rural Acute Care
 January 2014

Operation: Suspect Outbreak Management – Acute and Rural Acute Care

Supplies: IPC policy section 55 – Outbreak Management and section 30-40 – Signage


	What?	How?	Why?
Unit Initiated Activities	Don't Wait – Isolate	Use the correct additional precaution	Stop transmission
	Complete line lists	Obtain history from client and chart	Confirm infection
	Review & compare	Compare the line list with the correct outbreak P&P	Confirm outbreak
Unit or Manager Initiated Activities	<i>Call</i>	<i>Use the IPC Outbreak Call List</i>	<i>Discuss next steps</i>

IPC Outbreak Call List

	Contact Information
Monday – Friday (0800 – 1630h)	Site ICP:
	RUH: 1164; 1780; 1760
	SPH: 0511; 5668
	SCH / Rural Acute: 8284
	Call Switchboard to have your site ICP paged if you cannot reach them.

Monday – Friday (after hours), Weekends and Stat Holidays	Step #1: Site On-call Manager → Site On-call Director → IP&C Director → Infectious Disease Doctor On-call
	Step #2: Leave a message for Site ICP



 WORK STANDARD	Title: Suspect Outbreak Management Role: Various healthcare workers, managers, directors, Infection Prevention and Control, Occupational Health & Safety		
	Location: SHR Acute and Rural Acute Care; Long Term Care (LTC)	Department: Variable	
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Date Prepared: January 17, 2014		Date Revised: June 9, 2014	Date Approved:

Essential Tasks:	
1.	<u>Unit Initiated Activities</u> Don't wait - Isolate the suspect infection, infectious disease, unusual organism or unusual antibiotic resistance patterns using the correct additional precaution to stop the transmission. Do not wait for a confirmed laboratory result, isolate based on client symptoms.
2.	<u>Unit Initiated Activities</u> Confirm if the client meets the case definition by completing the appropriate client line lists (e.g., SHR and Affiliate IPC Policy and Procedure Manual; LTC GI and Respiratory Outbreak Manuals) with information from the client and the client chart. Staff line lists are provided to department managers by OH&S for Acute, Rural Acute, and LTC owned and operated sites during an outbreak.
3.	<u>Unit or Facility Initiated Activities</u> Acute and Rural Acute: Confirm if there is an outbreak by reviewing the information on the client line lists with the appropriate SHR and Affiliate IP&C outbreak policy definitions LTC: Confirm if there is an outbreak by reviewing the Public Health "Don't Wait - Isolate" poster for outbreak definitions for Gastrointestinal or Respiratory.
4.	<u>Unit or Manager Initiated Activities</u> Acute and Rural Acute: Call the appropriate contact using the IPC Outbreak Call List to discuss the information gathered and next steps. LTC: Call CDC nurse at 306-655-4612 and ICP at 306-655-3813. Refer to the LTC outbreak manuals for Gastrointestinal or Respiratory on SHR external website for ongoing management.