

	<p>POLICIES & PROCEDURES</p> <p>Number: 55-20</p> <p>Title: Outbreak Management – Long-Term Care Facility (LTCF)</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: June, 2003 Date Reaffirmed: Date Revised: November, 2006 Scope: SHR Agencies & Affiliates</p>

Introduction

An outbreak is the occurrence of more cases of a particular infection than is normally expected, the occurrence of an unusual organism, or the occurrence of unusual antibiotic resistance patterns.

Policy

1. The Infection Prevention & Control Department, in conjunction with Public Health Services (PHS), is responsible for the investigation of outbreaks.
2. Although routine surveillance should serve to identify most outbreaks, it remains the responsibility of all health care workers to communicate concerns promptly so the Infection Prevention & Control Department can initiate action.

Purpose

1. To control and prevent further disease.
2. To provide guidelines for the investigation of a suspected outbreak.
3. To identify factors that contributed to the outbreak.
4. To analyze those contributing factors and recommend preventative measures.

Procedure

Refer to Outbreak Management Protocol in Long Term Care manual for step by step on-site outbreak management guidelines.

A number of elements of outbreak investigation often occur simultaneously and the importance and sequence may vary with the particular problem.

The elements are listed as follows:

1. Establish the existence of an outbreak.
 - Verify the diagnosis and identify the infectious agent.
 - Institute control measures based on a tentative hypothesis - the likely reservoir, source(s), and mode of transmission of the disease. Identify available resources (equipment, personnel, and laboratory supplies).
 - A specific, written definition characterizing the cases occurring should be developed. The case definition is a standard set of criteria for deciding whether an individual should be classified as having the infection that is under investigation. A case definition includes clinical criteria and restrictions by time, place and person.
 - The case definition should be used to identify cases and compare rates with the normal incidence.
 - Prevailing practices related to the outbreak should be documented. Appropriate laboratory specimens should be collected to identify the causative agent.
2. Communication regarding the outbreak should be established with the site Director of Care and the site Administrator, the attending physician, General Manager, Continuing Care & Geriatrics, SHR Medical Department Head-Long-term Care, and the medical microbiologist on-call.
3. Identify additional cases.
 - Cases should be identified that may have occurred prior to the outbreak being identified or that may continue to occur.
4. Describe the outbreak according to time, place and person.
 - Provide line listings to PHS so that an epidemic curve can be plotted for the period of the outbreak and an attempt made to determine source.
 - Any geographic clustering that may help to identify the source or population at risk should be reported to PHS.
 - Characteristics of cases that help to identify the population at risk should be reported to PHS.
 - Attack rates should be calculated.
5. Develop a hypothesis.
 - Based on the above findings, postulate the cause for the outbreak i.e. a reservoir of the organism, method of spread. Review the literature about a similar outbreak.
 - Review control measures put in place initially, and ensure they are appropriate to the hypothesis. The effect of the intervention should be recorded.

6. Test the hypothesis.

- Take measures to test the hypothesis i.e. collect samples for culture of material/equipment epidemiologically linked to the outbreak. Whether or not these are conducted depends on the severity of the problem and the personnel/resources available.

7. Refine and finalize the hypothesis.

- Evaluation of control measures should determine the need to correct or implement any measure, which may prevent a future outbreak.
- Evaluation of the success with which the facility managed the outbreak should determine the need to adjust the contingency plan.
- A final written report of the management and outcome of the outbreak should be forwarded to the appropriate individuals.

References:

1. Health Canada. *Infection Control Guidelines. Long-Term Care Facilities*. 1994.
2. APIC Curriculum for Infection Control Practice (2000).