

INFECTION PREVENTION AND CONTROL MANUAL

Policy and Procedure

TITLE:	Outbreak Management	NUMBER:	IPC-CD-001
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POLICY STATEMENTS

1. To ensure early detection and prompt management, outbreaks occurring within Nova Scotia Health Authority (NSHA) facilities will be managed collaboratively involving the active participation of many individuals and stakeholders.
2. Healthcare providers are to adhere to the procedures as outlined in this policy to aid in the identification and management of an outbreak.
3. Outbreaks are reportable to local Public Health departments as per [“It’s the Law. Reporting Notifiable Diseases and Conditions”](#).

GUIDING PRINCIPLES AND VALUES

Early identification, investigation and control measures are critical to contain and curtail an outbreak.

PROCEDURE

1. At the first suspicion of an [Outbreak](#) among patients, notify the Infection Prevention and Control Department. This may be identified through laboratory results or clinical presentation.
 - 1.1 If discovered after hours, on weekends or holidays- contact the Nursing Supervisor or Administrator on-call for your site.
 - 1.2 Provide notification to Public Health Services in your area as per [It’s the Law Reporting Notifiable Diseases and Conditions](#).
2. Be prepared to provide the following information: Refer to Sample Line lists Appendices B & C
 - 2.1 Which patients are ill? (names, [Unique-Patient Identifier](#), and room number)
 - 2.2 What symptoms are the patients exhibiting?
 - 2.3 What date did each patient start showing symptoms?
 - 2.4 Which patient was affected first?
3. Report any staff illness to Employee Health to receive direction on required leaves of absence, return to work, etc.
4. Unit staff are to implement additional precautions based on symptoms/illness. This prevents further transmissions.
 - 4.1 Record on line list date, time and type of precautions initiated.
 - 4.2 Only Infection Prevention and Control (IPAC) may discontinue additional precautions.

5. IPAC will conduct an outbreak investigation following standard epidemiological principles and departmental protocols.
6. IPAC:
 - 6.1 Compiles an initial Outbreak report
 - 6.2 May request specimens and testing in consultation with the attending physician, IPAC Medical Director/Infectious Diseases or Public Health.
 - 6.3 Initiates a line list of symptomatic patients as required which is then continued by the Health Care Providers (HCP) most responsible for the patient daily.
 - 6.4 Assembles an [Outbreak Management Team](#) as required. The Outbreak Management Team members communicate outbreak specific information to the staff in their department/area and are involved in decision making. IPAC will record and distribute the minutes from the outbreak management team meetings.
 - 6.5 Notifies the Public Health Department of the outbreak and provides updates of status.
7. Restrictions on visitation, notification of patients and families, employee assignments, volunteers, admissions to (or transfers from) the affected unit, patient placement and communal activities may be made to help bring the outbreak under control and reduce the risk to patients, families, staff and visitors. This decision would be made by members of the Outbreak Management Team.
8. IPAC will determine when the outbreak is over in conjunction with the IPAC Medical Director and the Outbreak Management Team, and will ensure communication to the affected area(s). IPAC discontinues restrictions and additional precautions when appropriate and completes summary outbreak report.
 - 8.1 In Long Term Care areas the decision to declare the outbreak over is made in conjunction with Public Health/ Medical Officer of Health.
9. A debriefing session is held with the team after the outbreak is declared over to discuss things that went well, areas for improvement, etc.

REFERENCES

Association for Professionals in Infection Control and Epidemiology. (2014). Outbreak Investigations. In *APIC Text of Infection Control and Epidemiology*. Online Edition.

Nova Scotia Department of Health and Wellness. (2015) Infection Prevention and Control: Guidelines for Long-Term Care Facilities. Retrieved from:
[https://ipc.gov.ns.ca/sites/default/files/IPCNS%20Infection%20Prevention%20and%20Control%20LTC%20Final\(1\).pdf](https://ipc.gov.ns.ca/sites/default/files/IPCNS%20Infection%20Prevention%20and%20Control%20LTC%20Final(1).pdf)

Nova Scotia Department of Health and Wellness. (2015). Nova Scotia Communicable Disease Manual: Outbreak Response Plan. Available at:
<http://novascotia.ca/dhw/cdpc/cdc/documents/Outbreak-Management.pdf>

Nova Scotia Department of Health and Wellness. (2012). It's the Law. Reporting Notifiable Diseases and Conditions. Available at:
http://novascotia.ca/dhw/cdpc/documents/06026_ItsTheLawPoster_En.pdf

RELATED DOCUMENTS

Policies

[NSHA IPC-RP-001 Routine Practices and Additional Precautions](#)

Brochures

[Outbreaks](#) CDHA (2010) [Pamphlet #: 1364]

Appendices

Appendix A – Definitions

Appendix B- Sample Line List (Influenza)

Appendix C- Sample Line List (GI)

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APPENDIX A

DEFINITIONS

Outbreak	The occurrence of more cases of a disease/event than expected during a specific period of time in a given area or among a specific group of people. It may be a steady increase over time or a rapid increase over a few days or weeks. Even a single case of a very rare disease can be considered an outbreak, e.g. Ebola Virus Disease.
Outbreak Management Team	<p>A team which may be assembled at the time of an outbreak, and whose primary responsibilities include decision-making and information sharing about the outbreak. An outbreak management team may include, but is not limited to representatives from:</p> <ul style="list-style-type: none">• Infection Prevention and Control (IPAC)• Public/Media Relations/Communications• Senior Administration as required• Affected clinical area(s)• Manager, charge nurse• Nursing staff• Unit aide• Medical staff/attending physician• Food and Nutritional Services• Porter Services• Diagnostic Imaging• Environmental Services• Laboratory• Employee Health• Public Health/ Medical Officer of Health as required• Others as required
Unique Patient Identifier	A unique number assigned to a patient to ensure proper documentation on the health record. This can include hospital unit numbers, medical record numbers, provincial health card numbers, etc. depending on processes within facilities.

APPENDIX B

Sample Line List (Respiratory- Influenza like Illness)

Name	Unit #	Room	Date of onset	Yearly flu vaccine	Temp >38°C	Chills	Headache	Myalgia	Sore throat	Cough	NP swab result
J. Smith	XXXX	28	Feb 6	Y							+
J. Doe	XXXX	29	Feb 5	N							

APPENDIX C
Sample Line List (Enteric-Gastrointestinal Illness)

Name	Unit #	Room	Date of onset	Vomiting	Diarrhea	Temp	Comments (lab specimen collected, antibiotics, etc)
J. Smith	XXXX	28	Feb 6				
J. Doe	XXXX	29	Feb 5				

District Health Authority/IWK Policies Being Replaced

Annapolis Valley District Health Authority

Facility Outbreak Management 282.010

Visitor Restriction During Outbreak 282.001

Capital District Health Authority

Outbreak Management IC 03-002

Colchester East Hants Health Authority

Outbreak Management 115-008

Guysborough Antigonish Strait Health Authority

Outbreak Investigation 2-20

Visitors Restriction during Outbreak Management 9-o-10

Pictou County Health Authority

Outbreak Management Policy 2-21

South Shore Health

Outbreak Management IC-210-008

Visitor Restriction During an Outbreak IC-210-007

South West Health

Outbreak Management 1207.

Version History

(To Be Completed by the Policy Office)

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)