



# Policy & Procedure

<b>Policy Title:</b>	Outbreak Management	
<b>Applies To:</b>	All Nova Scotia Health Team Members	
<b>Location Applicability:</b>	All Nova Scotia Health Zones and Sites	
<b>Related Procedure(s):</b>	<a href="#">IPC-RP-001 Routine Practices and Additional Precautions</a> <a href="#">IPC-RP-005 Routine Practices</a> <a href="#">IPC-RP-010 Contact Precautions</a> <a href="#">IPC-RP-015 Droplet Precautions</a> <a href="#">IPC-RP-025 Airborne Precautions</a> <a href="#">IPC-RP-020 Hand Hygiene</a>	
<b>Approved:</b>	<b>Effective:</b>	<b>Next Review:</b>
September 29, 2022	October 7, 2022	September 29, 2026
<b>Sponsor:</b>	Senior Director, Quality Improvement & Safety	
<b>Approval Authority:</b>	VP, Medicine	
<b>Number:</b> IPC-CD-001	<b>Manual:</b>	Infection Prevention and Control

## PURPOSE

The policy outlines Nova Scotia’s Health procedures to responding to and managing outbreaks within its facilities.

## POLICY STATEMENTS

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

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## PRINCIPLES AND VALUES

### People Centred Care

- Early identification, investigation and control measures are critical to contain and curtail outbreaks within Nova Scotia Health Facilities.

## PROCEDURE

1. At the first suspicion of an outbreak (See Definition) among patients/residents/clients, 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/clients/residents 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 team member illness to Occupational Health Safety and Wellness (OHSW) to receive direction on required leaves of absence, return to work, etc.
4. Unit team members are to implement additional precautions based on symptoms/illness (see [IPAC Disease Index](#)) to prevent further transmissions.
  - 4.1. Record date, time and type of precautions initiated on the line list.
  - 4.2. Only Infection Prevention and Control (IPAC) may discontinue additional precautions.
5. Infection Prevention and Control will conduct an outbreak investigation following standard epidemiological principles and departmental protocols.
6. Infection Prevention and Control (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 team member in

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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. The following may occur to help bring the outbreak under control and reduce the risk to patients/residents/clients, families, team members, Essential Care Partners, and visitors:
  - Place restrictions on visitation,
  - Notify patients, Essential Care Partners, and families,
  - Review employee assignments,
  - Modify volunteer placements,
  - Restrict admissions to (or transfers from) the affected unit, patient placement and communal activities.
- 7.1. These decisions 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.
  - 8.1. IPAC will ensure communication to the affected area(s.)
  - 8.2. IPAC discontinues restrictions and additional precautions when appropriate and completes summary outbreak report.
  - 8.3. 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

- APIC Text of Infection Control and Epidemiology. APIC text on-line (2014). Washington D.C.- Association for Professionals in Infection Control and Epidemiology. Online Edition. <https://text.apic.org/>
- Nova Scotia Department of Health and Wellness (2016). Nova Scotia Communicable Disease Manual: Outbreak Response Plan. <http://novascotia.ca/dhw/cdpc/cdc/documents/Outbreak-Management.pdf>
- Public Health Services, Nova Scotia Department of Health, and Wellness (2012). [It's the Law. Reporting Notifiable Diseases and Conditions.](#)

## RELATED DOCUMENTS

### Policies

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

[IPC-RP-005 Routine Practices](#)

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[IPC-RP-015 Droplet Precautions](#)

[IPC-RP-025 Airborne Precautions](#)

[IPC-CD-001 Outbreak Management](#)

[IPC-RP-020 Hand Hygiene](#)

[IPC-RP-025 Airborne Precautions](#)

[ENV-WS-001 Waste Management](#)

[IPC-CL-001 Cleaning and Disinfection of Non-Critical Reusable Patient Care Equipment](#)

## **Patient Teaching Pamphlet**

[Preventing the Spread of Infections- Routine Practices and Additional Precautions](#)

[Infection Prevention and Control](#)

[Clostridioides difficile](#)

[Hand Hygiene](#)

## **Videos**

[Essential Care Partners in Acute Care](#)

## **Appendices**

[Appendix A – Definitions](#)

[Appendix B- Sample Line List \(Influenza\)](#)

[Appendix C- Sample Line List \(GI\)](#)

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## Appendix A: Definitions

<b>Essential Care Partner</b>	An essential care partner is a person who provides physical, psychological and emotional support, as deemed important by a patient, resident, or client.
<b>Outbreak:</b>	The occurrence of more cases of a disease/event than expected during a specific period in each 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.
<b>Outbreak Management Team:</b>	<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"> <li>● Infection Prevention and Control (IPAC)</li> <li>● Public/Media Relations/Communications</li> <li>● Senior Administration as required</li> <li>● Affected clinical area(s)</li> <li>● Manager, charge nurse</li> <li>● Nursing staff</li> <li>● Unit aide</li> <li>● Medical staff/attending physician</li> <li>● Food and Nutritional Services</li> <li>● Porter Services</li> <li>● Diagnostic Imaging</li> <li>● Environmental Services</li> <li>● Laboratory</li> <li>● Occupational Health, Safety and Wellness</li> <li>● Public Health/ Medical Officer of Health as required</li> </ul>
<b>Unique Patient Identifier:</b>	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.



# Policy & Procedure

## 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							



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## 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				

**VERSION HISTORY**

Version:	Effective:	Approved by:	What's changed:
Original	2017-08-08	[Issuing Authority]	N/A
Standard Review	2022-10-07	VP Medicine	Minor revision that does not affect content.