SESLHD PROCEDURE COVER SHEET

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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Director Clinical Governance and Medical Services
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POSITION RESPONSIBLE FOR THE DOCUMENT	SESLHD Infection Prevention and Control Committee
FUNCTIONAL GROUP(S)	Infection Control
KEY TERMS	Outbreak, healthcare associated infections, case definition, gastroenteritis, respiratory pathogens, transmission based precautions
SUMMARY	To outline the procedure for suspected or identified outbreak of communicable diseases or significant micro-organisms

Feedback about this document can be sent to SESLHD-ExecutiveServices@health.nsw.gov.au

1. POLICY STATEMENT

The aim of this procedure is to optimise safety of patients, visitors and staff by implementing measures to identify potential risk and limit spread of communicable diseases or organisms of significance.

2. BACKGROUND

The plan is necessary to provide guidance for facilities in the management of suspected or confirmed transmission of communicable diseases or resistant micro-organisms.

The outbreak response may differ according to the nature of disease, the virulence of the organism and the vulnerability of the patients concerned.

Objective of Outbreak Management

The objective of outbreak management is to interrupt transmission of infection or colonisation as quickly as possible to prevent further cases. To accomplish this, it is necessary to:

- Recognise a suspected outbreak
- Identify and eliminate the source
- Stop further spread
- Prevent recurrence
- Ensure satisfactory communication between all concerned
- Disseminate lessons learnt.

3. RESPONSIBILITIES

3.1 Infection Prevention and Control (IP&C) or delegate will:

Alert the healthcare facility executive of suspected outbreak and make a notification to the Public Health Unit if required.

Ensure education is provided to the affected clinical unit/s.

When an outbreak of a communicable disease or new acquisition of a multiply resistant organism is confirmed or suspected, an outbreak team must be convened.

The outbreak team may include (depending on the communicable disease or significant micro-organisms):

- A member of the facility executive or their delegate
- Infection Prevention & Control team/member
- Staff Health/Immunisation & Surveillance
- Infectious Diseases Physician (and registrar)
- Microbiologist (and registrar)
- Nurse Managers and/or medical representatives from areas involved
- NSW Health Pathology
- Public Health Unit should be involved if there is a notifiable disease or where the outbreak gives rise to a broader public interest
- Central Sterile Services Department
- Administration Officer

- Housekeeping
- Food Services
- Pharmacy
- Media Officer
- Other individuals may be co-opted as necessary.

3.2   Employees will:
- Notify their manager and IP&C of potential outbreak on their wards or units
- Follow recommendations from the outbreak team
- Ensure that vaccination against vaccine preventable diseases, as outlined in NSW Health Policy are up to date
- Inform their line manager if they develop symptoms consistent with gastroenteritis, a febrile respiratory illness or symptoms consistent with a known current outbreak
- Ensure all mandatory learning for infection prevention and control is up to date
- Ensure rapid review of any patient affected by a medical officer, including any suspected cases.

3.2   Line Managers will:
- Notify IP&C of potential outbreaks on their wards or units
- Participate in outbreak team as appropriate
- Ensure that all staff can access education and resources to help them manage infection-related outbreaks and incidents
- Ensure that vaccination against vaccine preventable diseases, as outlined in NSW Ministry of Health policy are up to date
- Ensure all mandatory learning for infection prevention and control is up to date.

3.3   Senior Managers will:
- Ensure appropriate resources are supplied and available as required
- Prepare a brief to the Local Health District (LHD) executive.

3.4   Patient Flow Manager will:
- Advise the site executive concerning changes in outbreak status that impact on patient flow
- Seek and follow IPC advice for the management of patient placement.

4.   PROCEDURE

4.1   Definition of an outbreak is:
- Two or more cases of a communicable disease or organisms of significance within defined timeframe, or cases that are epidemiologically linked.

4.2   Causes of outbreaks may include:
- Pathogens transmitted by contact including multiply-resistant organisms (MROs) including Carbapenemase- producing Enterobacterales (CPE)
- Pathogens causing a diarrheal illness
- Pathogens causing acute respiratory illness

- Airborne acquired pathogens
- Blood borne pathogens
- Other organisms of Public Health Significance.

4.3   Outbreak management may include:

- Confirmation of the outbreak by collecting clinical, epidemiological and laboratory information as a line list for review
- Production of an epi curve
- Establishment of a case definition and use this to verify known cases
- Assess the mode of transmission and potential source
- Identification of the number of confirmed or suspected cases (refer to outbreak definition)
- Identification of the size and the nature of the population at risk
- Identification of the potential impact on consumers at risk and disruptions to service delivery i.e. closure of wards
- Clarification of the response and escalation strategies to manage and control the outbreak & allocate relevant tasks
- Decision about the requirement for testing or screening (Close liaison with NSWHP required)
- Education requirements
- Plans for monitoring the effectiveness of strategies
- Plans for documentation, development of resources and recordkeeping
- Communication with all relevant parties (based on escalation plan):
    - Executive
    - Public Health Unit
    - Patients
    - Visitors
    - Healthcare workers
    - Volunteers and contractors
    - Media Officer
- Requirement of resources and logistics
- Requirements of isolation and/or cohorting for patients and contacts
- Restriction of patient movement (e.g. to gymnasium)
- Restricting or cancelling visiting hours for patients in outbreak areas
- Staffing Considerations (i.e. immunocompromised/immunosuppressed)
- Potential exclusion or redeployment of staff
- Environmental cleaning (e.g. extra cleaning required, disinfectants)
- Determination of when to declare the conclusion of the outbreak
- Evaluation, debriefing and feedback:
    - Identify achievements and any issues encountered
    - Recommendations for revisions required for facility specific outbreak management plans or procedures
    - Prepare a final report.

(See Appendix 1 – Outbreak Summary Flowchart)

5. DOCUMENTATION

May include:
- Healthcare record
- Outbreak team minutes
- Outbreak reports
- Executive brief
- Incident reports (IIMs+)
- Communication with the public health unit.

6. REFERENCES
- NSW Ministry of Health Policy Directive PD2017_013 - Infection Prevention and Control Policy
- NSW Ministry of Health Policy Directive PD2007_075 - Lookback Policy
- NSW Ministry of Health Policy Directive PD2020_020 - Incident Management Policy
- NSW Ministry of Health Viral Gastroenteritis information
- NSW Ministry of Health Policy Directive PD2017_010 - HIV, Hepatitis B and Hepatitis C – Management of Health Care Workers Potentially Exposed
- NSW Ministry of Health Policy Directive PD2019_026 - HIV, Management of health care workers with a blood borne virus and those doing exposure prone procedures
- NSW Ministry of Health Policy Directive PD2014_028 - Open Disclosure Policy
- NSW Ministry of Health Guideline GL2019_013 -Triggers for Escalation Following Detection of Infection Outbreak or Clusters
- NSW Ministry of Health IB2013_010 - Notification of Infectious Diseases under the Public Health Act 2010
- Australian Commission on Safety and Quality in Healthcare: Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)

7. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
September 2020	DRAFT	Drafted by the SESLHD Infection Control Policy Working Party. Approved by the SESLHD Infection Prevention and Control Committee and Executive Sponsor.
December 2020	DRAFT	Draft for comment period.
January 2021	DRAFT	Draft for comment period ended, no feedback received. Processed by Executive Services for progression to Clinical and Quality Council for approval to publish.
February 2021	DRAFT	Approved by Clinical and Quality Council.
March 2021	1	Published by Executive Services.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
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Appendix 1: Outbreak Summary Flowchart

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┌─────────────────────────────────────────────────────────────────┐
│                Outbreak identified within a Ward/Unit             │
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        │                                          │
        ▼                                          ▼
┌──────────────────────────────┐    ┌──────────────────────────────────┐
│ Implement appropriate         │    │ In-hours Inform Manager and       │
│ Infection Prevention          │    │ Infection Prevention and Control  │
│ and Control measures          │    │ Out of hours Inform site nurse    │
│                               │    │ manager or manager                │
└──────────────────────────────┘    └──────────────────────────────────┘
        │                                          │
        ▼                                          ▼
┌──────────────────────────────┐    ┌──────────────────────────────────┐
│ Collect specimens for         │    │ If Notifiable contact Public      │
│ Microbiological               │    │ Health Unit                       │
│ sampling                      │    │ (Office Hours 9382 8333 after     │
│                               │    │ hours ring switch Randwick        │
│                               │    │ Campus 9382 222 ask to be put     │
│                               │    │ through to the Public Health      │
│                               │    │ on-call officer)                  │
└──────────────────────────────┘    └──────────────────────────────────┘
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                                     ┌──────────────────────────────────┐
                                     │ Convene Outbreak Management Team  │
                                     └──────────────────────────────────┘
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                                                   ▼
                                     ┌──────────────────────────────────┐
                                     │ Establish case definition         │
                                     └──────────────────────────────────┘
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                                                   ▼
                                     ┌──────────────────────────────────┐
                                     │ Data collection and analysis      │
                                     └──────────────────────────────────┘
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                                     ┌──────────────────────────────────┐
                                     │ Containment and communication     │
                                     │ (escalation and response)         │
                                     └──────────────────────────────────┘
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                                                   ▼
                                     ┌──────────────────────────────────┐
                                     │ Conclusion of the outbreak        │
                                     │ declared                          │
                                     └──────────────────────────────────┘
                                                   │
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                                     ┌──────────────────────────────────┐
                                     │ Debriefing, feedback and          │
                                     │ documentation                     │
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