



Disease Outbreak Investigation & Control Procedure

Procedure Number

CHC-IC-0008

Version Nos:

6

1. Purpose

The purpose of this Procedure is to document the pathway for dissemination of information to staff in the event of an outbreak, which may possibly lead to the temporary closure, or partial closure of services. This Procedure outlines the process for the investigation of a disease outbreak within a West Coast District Health Board (WCDHB) facility and the process for controlling such outbreaks.

2. Application

This Procedure is to be followed by all staff throughout the WCDHB.

3. Definitions

For the purposes of this Procedure:

A ***Disease Outbreak*** is defined as the occurrence of disease at a rate greater than the expected rate within a specific area.

4. Responsibilities

For the purposes of this Procedure:

General Manager – Secondary Health Services is required to:

- oversee all aspects of this Procedure

Clinical Nurse Specialist - Infection Control is required to:

- monitor the performance of WCDHB staff members in relation to this Procedure;

Staff Members are required to:

- ensure they abide by the requirements of this Procedure;
- abide by all WCDHB Infection Control Policy and Procedures;
- abide by all WCDHB Health and Safety Policy and Procedure.

5. Resources Required

This Procedure requires no specific resources.

6. Process

1.00 Introduction

1.01 The existence of a disease outbreak is to be brought to the immediate attention of the Chairman of the Infection Control Committee & CNS Infection Control who is then to inform;

- General Manager – Secondary Health Service;
- Director of Nursing & Midwifery;
- Risk and Quality Manager;
- OSH Advisor;
- Infectious Disease Physician.
- Manager Primary Health Services (if Community Facilities)



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- 1.02 An Outbreak Control Team (OCT) may need to be formed. The decision to form an OCT is to be made by the Chairman of the Infection Control Committee and in conjunction with the staff members stated in Section 1.00. The OCT is to consist of:
- i) CNS -Infection Control;
 - ii) Infectious Disease Physician;
 - iii) Clinician in Charge of the Ward/Unit/Department concerned;
 - iv) GM –Secondary Health Service (or nominee);
 - v) a Microbiologist;
 - vi) Medical Officer of Health.
- Other experts such as the Hospital Engineers may need to be involved depending on the circumstances.
- 1.03 The GM –Secondary Health Service is to delegate responsibility for coordinating all control activities to one staff member. This should also include active surveillance for future cases.
- 1.04 Actions taken may include isolation of cases, surveillance of all contacts, investigation of possible sources of infection, restriction of admissions or closure of wards depending on the circumstances.
- 1.05 The CNS Infection Control is to ensure that there is regular communication with patients, contacts, hospital administration, health authorities and liaise with the Media Liaison Officer
- 1.06 The fact sheet about the organism concerned including its general description and potential impact to patients and the health service is to be distributed by the CNS Infection Control to the affected areas.

2.00 Investigation of Outbreaks

- 2.01 When investigating an outbreak the following steps must be considered:
- i) Confirm the diagnosis and develop a case definition.
 - ii) Prove an outbreak exists (are current rates higher than pre outbreak rates).
 - iii) Institute temporary control measures and emphasize the importance of utilizing Personal Protective Equipment (PPE) and Hand Hygiene
 - iv) A literature search may be required
 - v) Maintain a diary of key events.
 - vi) Undertake descriptive epidemiology.
 - vii) Review medical records of infected patients, collect data on potential risk factors and identify any previous testing for the infectious disease in an attempt to pinpoint possible exposure times.
 - viii) Contact tracing and testing of health care workers involved as indicated
 - ix) Testing of patients who had procedures in the same area of the index case if indicated
 - x) Formulate hypotheses about the likely reservoir/s and mode/s of transmission, considering the following
 - (a) Testing of health care workers involved in any suspected sessions, such as surgery;
 - (b) Testing of patients who had procedures in the same session as the case (if case a patient) and previous / following sessions.
 - (c) Perform a analytical study to develop epidemiologic evidence and confirm a hypothesis.



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- 2.02 Control measures are to be regularly monitored by the CNS Infection Control through continued surveillance.
- 2.03 The CNS Infection Control is to report to the GM – Secondary Health Services and provide an evaluation and summary of the outbreak with relevant recommendations
- 2.04 Patients affected by the disease outbreak are to receive education from nursing staff in the principles needed to provide a safe barrier against cross infection.
- 2.05 Nursing staff are to ensure that the special needs and problems of loneliness, fear / anxiety, lack of stimulation in affected patients is addressed.
- 2.06 When a single room is not available, an infected patient can be placed with another patient who is infected with the same organism, (cohorting) providing that the patient is not infected with other potentially transmissible organisms and the likelihood of reinfection.
- 2.07 Infected patients should be isolated into single rooms, e.g.
 - i) Patients with infections that are highly transmissible or are caused by micro organisms that are likely to be virulent when transmitted.
 - ii) Patients with infections that could be transmissible when hygiene is poor, i.e. infants, small children and patients who have altered psychological status.
 - iii) Patients colonized with microorganisms of special or clinical or epidemiological significance, i.e. multi drug resistant organisms e.g. MRSA, ESBL
 - iv) Patients where profuse loss of body fluids is likely to cause environmental contamination or if hygiene is poor.
- 2.08 Single rooms for patients with infectious pathogens should ideally contain ensuite toilet and bathing facilities. (Otherwise a nominated isolation toilet and shower within area)

7. Precautions and Considerations

- ➔ The existence of a disease outbreak is to be brought to the immediate attention of the Chairman of the Infection Control Committee. The GM –Secondary Health Services is to delegate responsibility for coordinating all control activities to one staff member.
- ➔ Control measures are to be regularly monitored by the CNS Infection Control through continued surveillance.

8. References

New Zealand Standard – Infection Control (NZS 8142:2008)

Australian Infection Control Guidelines – for the prevention of transmission of infectious diseases in the health care setting. (2004)

9. Related Documents

WCDHB Infection Control Procedure Manual



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