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Purpose

This document provides principles and guidance for managing an outbreak/incident with the aim of containing the micro-organism and preventing its transmission to other patients, staff and visitors

Policy

During an outbreak or incident, a co-ordinated incident management (CIMS) process should be used to manage the situation thereby keeping key stakeholders informed of changing requirements

Scope

- All Canterbury DHB staff
- Contracted services as appropriate
- Community and Public Health

Definitions

Outbreak: An increase in occurrence of an infectious disease above the background rate within a specific area.

Incident: An event that interrupts normal procedures or precipitates a crisis.

Associated Documents

- CDHB Major Incident and Emergency Plan: Section 5.5.1 Co-ordinated Incident Management System (CIMS): [CDHB Policies and Documentation - Volume 7 Major Incident and Emergency Planning](#)
- [Divisional Policies](#) – second line manuals

- [Christchurch Hospital Campus Pandemic Plan](#)
- [CDHB Quality & Patient Safety Incident Management Policy](#)
- [CDHB Infection Prevention and Control \(including but not limited to\):](#)
 - [Transmission-Based Precautions Policy](#)
 - [A-Z list of Diseases](#)
 - [Guidelines for the Management of influenza and respiratory Viral Illness](#)
 - [Norovirus Outbreak Guidelines](#)

Outbreak investigation and management

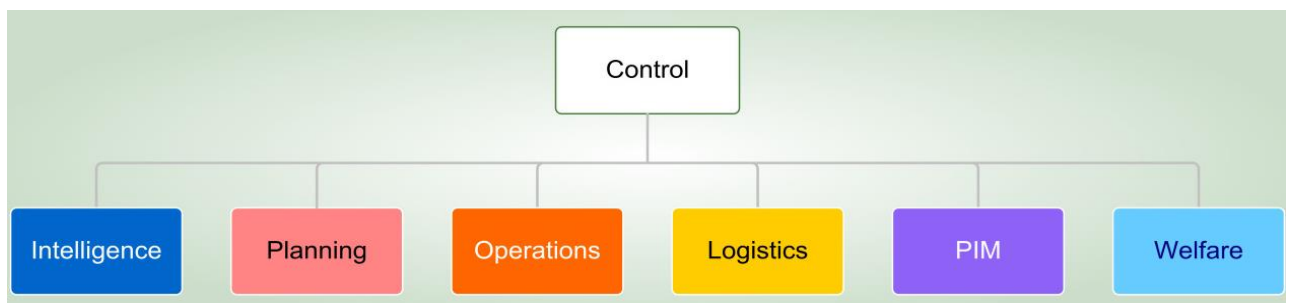
A suspected outbreak or incident may be identified by the Clinical Nurse Specialist- Infection Prevention & Control (CNS-IPC), Community and Public Health, Infectious Diseases or senior staff member in the clinical area concerned.

When an infectious disease outbreak or incident is suspected or detected the IPC Service must be notified promptly so that an investigation and control measures can be initiated. After hours contact the microbiologist on-call or refer to the organisational CIMS structure.

- The responsibility for investigation will vary according to the outbreak/incident type and circumstances.
- The level of response may vary according to the nature of disease, the virulence of the organisms and the vulnerability of the patients concerned. The principles that underlie an outbreak investigation are:
 - Identification of the infective agent
 - The route(s) of transmission
 - Exposure factors
 - The population at risk

The CIMS structure will be utilised as required and an outbreak/incident action plan developed. This plan is generally overseen by the General Manager or designated controller according to the CIMS structure.

The CIMS Structure



Function	Responsibilities
Control	Coordinates and controls the response
Intelligence	Collects and analyses information and intelligence related to context, impact and consequences; also distributes intelligence outputs
Planning	Leads planning for response activities and resource needs
Operations	Provides detailed direction, coordination, and supervision of response elements on behalf of the Control function
Logistics	Provides personnel, equipment, supplies, facilities, and services to support response activities
Public Information Management	Develops and delivers messages to the public, directly and through the media, and liaises with the community if required
Welfare	Coordinates the delivery of emergency welfare services and resources to affected individuals, families/whānau, and communities

Example of how CIMS could be used in outbreaks

Control

- General Manager or delegated manager will lead the CIMS response

Planning/Intelligence

- CNS – IPC
- Clinical Director of IPC/Clinical Microbiologist
- Infectious Disease Physician
- Medical Officer of Health

Operations

- CNS - IP&C
- Director of Nursing/Midwifery/Nursing Director of Cluster
- Service Manager/Charge Nurse Manager/Midwife Manager (of Unit/Ward/Service/Department)
- Clinical/Medical Director/Consultant (of Unit/Service)
- Allied Health Professional Leaders

Logistics

- Cleaning Service Manager
- Food Service Manager
- Pharmacy representative
- Supply department representative
- Laundry Manager
- Orderly services
- Radiology

Public Information Management Representative

- Communications

Other staff co-opted as required

Management of Patient Contacts

A list of contacts used for communication and follow up purposes shall include the follow details:

- Surname, Given (Christian) name and title
- Phone numbers – landline and mobile
- Address
- Ethnicity
- GP and practice

Dissemination of Information

The CIMS Committee will coordinate the development and/or distribution of documentation relating to the required response of staff and management via email, Intranet, social media and/or hard copy as required, and may include;

- A fact sheet for clinical staff about the micro-organism, including a general description, method of spread, how it is controlled and potential impact for patients and the health service
- Specific information about the outbreak for Units/Wards/Services/Departments immediately affected
- A fact sheet for patient / public information
- Information in the daily communication bulletin.
- Media releases as directed by Communications

Information is to be disseminated promptly to all levels of staff. Line management at all levels are to ensure this has actually occurred.

Measurement or evaluation

Debrief meetings will be held with members of the team to assess the response and outcomes. There are two main types of debrief:

- Hot debrief (during the incident)
 - End of shift or at least daily during the event
 - Identify any urgent concerns
 - Update action plan
 - Support for each other
- Cold debrief
 - After event
 - Focus on lessons learnt
 - May be presented as a formal written summary
- Notification of an outbreak is reported to the Divisional / CDHB IP&C Committees / CPH / MOH (if relevant)

References

- [New Zealand Coordinated Incident Management System, 2nd edition, April 2014](#)
- [NHMRC. \(2010\). Australian Guidelines for the Prevention and Control of Infection in Healthcare. Section B3.2 Outbreak Investigation and Management.](#)
- Jarvis, W.R. (2004) Investigation of outbreaks. Hospital epidemiology and infection control. 3rd Ed. Ed C.G. Mayhall. Lippincott Williams & Wilkins: USA.