

OUTBREAK MANAGEMENT

KEY POINTS

If you suspect an outbreak (two or more cases of the same syndrome / organism)

ON FIRST SUSPICION, ward staff should:

- Record all the cases, noting the time of onset of symptoms in each suspected case, and dates of admission to the hospital and ward
- Inform the Infection Control Team
- Collect appropriate microbiology specimens after consultation
- Isolate the index cases where possible

Make a list of those affected with admission dates and date of onset of the infection
(contact tracing sheets are available at www.infectioncontrolservices.co.uk/forms.htm)

INTRODUCTION

Two or more cases of infection with indistinguishable organisms in one area constitute an outbreak and suggest a breakdown in normal hygiene practice. The infections may manifest themselves in patients on the same ward. However, different wards may be involved, the patients having a common source of infection.

It is usually impossible to be absolutely certain that two isolates of bacteria or viruses are the same, so they are generally referred to as indistinguishable.

Commonly detected outbreaks involve:

- Methicillin resistant *Staphylococcus aureus* (MRSA) (see MRSA policy)
- Aminoglycoside or multiply resistant coliforms or pseudomonads
- Diarrhoeal or respiratory pathogens (see Food Poisoning & Outbreak Management Policies)
- *Clostridium difficile* enterocolitis (see Antibiotic Associated Diarrhoea Policy)
- Legionnaires' disease (see Legionnaire's Disease Policy)
- Tuberculosis in AIDS wards (see Tuberculosis Policy)

ACTION

Decisions as to what action to take are made in consultation with the Infection Control Team, sometimes with Unit Administration and Consultants involved.

The urgency of a situation is determined by the virulence of an organism, by the nature of the

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disease involved, and by the vulnerability of the patients concerned.

It may be necessary to close a high risk ward to admissions if isolation is not possible (e.g. more than 2 cases of diarrhoea).

MOVEMENT OF STAFF OR PATIENTS

Visiting may need to be restricted. No movement of staff or patients from the outbreak ward is allowed until the outbreak is over, except for discharge home. Nursing staff (permanent, students and agency) should remain permanently attached to the ward if at all possible. Extra domestic cleaning support may be needed.

The microbiologists may wish to screen patients, staff and the environment for a particular organism if an outbreak has occurred.

Most outbreaks are dealt with on a day-to-day basis by the Infection Control Team, but in the case of large, serious or community-associated outbreaks or epidemics, an *ad hoc* working committee will be formed and will meet daily to determine action. This will be convened by Microbiologists with Consultants in Communicable Disease Control and appropriate administrator, and will co-opt appropriate personnel (eg A/E Consultants, Occupational Health Physicians), depending on the nature of the outbreak and will be rapidly disbanded when the problem is resolved.

For more specific details see policies on Food Poisoning, MRSA, and tuberculosis.

INVESTIGATION OF SUSPECTED FOOD POISONING

Definition:

Food poisoning may be suspected because staff are ill (particularly with vomiting, diarrhoea or both), because more than one patient in a ward becomes ill or because indistinguishable isolates from staff or patient are identified in the microbiology laboratory. Remember that some food poisons are toxins which may cause unusual symptoms.

Staff must report episodes of diarrhoea and/or vomiting to Occupational Health. Diarrhoeal stool specimens should be sent to Microbiology for examination either directly from the place of work or via Occupational Health. Indicate clearly on the form that the specimen is from STAFF, so that confidentiality can be preserved.

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If food poisoning is suspected:

- In a ward patient: the **Nurse-in-charge** should report to the Infection Control Team
- In a staff member: **Occupational Health** should report to the Infection Control Team

Individual staff are encouraged to report directly to the Infection Control Team.
(See Lines of Communication for your hospital)

Action:

The Infection Control Team will investigate the suspected outbreak. If preliminary investigations confirm the suspicion, the following will be notified:

- Consultant in Communicable Disease Control or nominated Proper Officer
- Unit Manager / Chief Operations Officer for site
- Unit Catering / Hotel Services Manager for site
- Unit General Manager
- Local Public Health Laboratory Director

These or their delegates will form the nucleus of a flexible **ad hoc committee** to decide on further action to be taken. Chairman will be appointed by the committee at the time. General Manager or deputy will be secretary, and will deal with Press liaison. Where appropriate, the following may be co-opted into this committee:

- Senior Medical Staff
- Senior Nursing Staff
- Representative from CSSD
- Representative from Central Stores
- Representative from Laundry
- Representative from Pharmacy
- Engineer

If appropriate, help will be requested from the Communicable Diseases Surveillance Centre at an early stage. This will enable proper and efficient epidemiologic studies to be carried out.

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