



Notification of Infectious Disease Outbreaks to Departments of Public Health in Community Settings Declaration of an Outbreak and Closure of an Outbreak

Policy Procedure Protocol Guideline

Insert Service Name(s), Directorate and applicable Location(s): **Community – Long Term Care Facilities**

Title of PPPG Development Group:		Antimicrobial Resistance and Infection Control (AMRIC) Team	
Approved by:		Clinical Lead HCAI AMR (AMRIC)	
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2	March 2019	Aligned to HSE PPPG Format	Clinical Lead

1.0 INITIATION

1.1. Purpose

The purpose of this protocol is to outline a process to support medical officers, GPs and managers of long-term care facilities to ensure compliance with statutory obligations with respect to notification of outbreaks of infectious diseases. Notification of all outbreaks of infectious disease to Departments of Public Health also serves to provide an assurance of transparency in that a person with relevant expertise and authority who is independent of the long-term care facility is informed of the incident. This process should also support Departments of Public Health in ensuring that they update the Computerised Infectious Diseases Reporting (CIDR) system on status and closure of outbreaks in a timely manner.

To facilitate this process, a Computerised Infectious Disease Reporting (CIDR) system is in place, which allows local Departments of Public Health to upload information on outbreaks and onwards to the Health Protection Surveillance Centre (HPSC). The HPSC collates the national data and provides regular reports to all stakeholders. The pathway is through Public Health in compliance with the statutory requirement for notification.

Implementing this guidance requires that it is disseminated by Community Operations to their managers, quality and patient safety personnel, clinical and IPC personnel and risk managers and others as appropriate. This will assist staff in the process of notification, management and closure of outbreaks of infectious diseases. This contributes to enhance patient safety systems.

1.2 Scope

1.2.1 Target Users

This protocol is intended for use in identifying, notifying and managing outbreaks of infectious diseases in HSE Long Term Care settings. It will be used by managers, clinical teams, IPC teams and risk managers to support outbreak management

1.2.2 Populations to whom it applies

All patients that access healthcare in HSE Community Long Term Care Facilities.

1.3 Objectives

To support managers, clinical and IPC teams and risk managers to assist in the process of notification, management and closure of outbreaks of infectious diseases. This will improve patient safety.

1.4 Outcomes

To have processes in place to recognise outbreaks of infectious diseases, to improve management and support timely notification, thus improving patient care.

1.5 PPPG Development Group

Antimicrobial Resistance and Infection Control Implementation Team.

1.6 PPPG Development Governance Group

Antimicrobial Resistance and Infection Control Oversight Group.

1.7 Glossary of Terms

AMRIC – Antimicrobial Resistance and Infection Control.

CEO - Chief Executive Officer.

CIDR - Computerised Infectious Disease Reporting.

GM - General Manager.

GP - General Practitioner.

IPC – Infection Prevention and Control.

HCAI – Healthcare Associated Infection.

HIQA – Health Information and Quality Authority.

HSE – Health Service Executive.

LTCF – Long Term Care Facility.

MOH - Medical Officer of Health.

OCT - Outbreak Control Team.

2.0 DEVELOPMENT OF PPPG

The purpose of the protocol is to outline a process to support General Practitioners or other medical practitioners attending to patients in HSE LTCFs, and LTCF management to ensure compliance with the statutory obligations with respect to notification of outbreaks of infectious diseases. Notification of all outbreaks of infectious disease to the Department of Public Health also serves to provide an assurance of transparency in that a person with relevant expertise and authority who is independent of the facility is informed of the incident. This process should also support Departments of Public Health in ensuring that they update the Computerised Infectious Diseases Reporting (CIDR) system on status and closure of outbreaks in a timely manner.

To facilitate this process, a Computerised Infectious Disease Reporting (CIDR) system is in place, which allows labs to upload information on the notifiable diseases and send it to their local Department of Public Health and onwards to the Health Protection Surveillance Centre (HPSC). The HPSC collates the national data and provides regular reports to all stakeholders. Labs cannot upload information on outbreaks directly. The pathway is through Public Health in compliance with the statutory requirement.

2.1 Statutory Obligation

There is a statutory obligation on Medical Practitioners to report individual cases of notifiable diseases and outbreaks of disease or unusual patterns of disease to the Medical Officer of Health.

A medical practitioner and a clinical director of a diagnostic laboratory shall notify to the medical officer of health any unusual clusters or changing patterns of any illness, and individual cases thereof, that may be of public health concern. The medical officer of health shall in turn notify the Health Protection Surveillance Centre. (Amendment S.I. No 707 of 2003); (Amendment S.I. No 865 of 2004)

Furthermore,

On becoming aware, whether from a notification or intimation under these Regulations or otherwise, of a case or a suspected case of an infectious disease or of a probable source of infection with such disease, a medical officer of health, or a health officer on the advice of a medical officer of health, shall make such enquiries and take such steps as are necessary or desirable for investigating the nature and source of such infection, for preventing the spread of such infection and for removing conditions favorable to such infection Regulation 11.

In addition, HIQA had developed guidance for registered providers and persons in charge of designated centres for older persons, effective February 2018, which states under NF02 that the Office of the Chief Inspector must be notified of an outbreak of any notifiable disease.

2.2 Steps to be taken once an outbreak of an infectious disease is identified or suspected

- A medical practitioner (hospital clinician or laboratory director) is legally obliged to notify the local Public Health Department by phone or in writing. This includes medical practitioners in LTCFs. To facilitate the notification, a template notification form is available in Appendix 1. A worked up example is available in Appendix 3.
- The person suspecting an outbreak should inform the Director of Nursing and Manager of the facility and relevant Medical Practitioner(s) immediately.
- The statutory obligation with respect to notifying the outbreak rests with the Medical Practitioner though it may be that in some cases a member of the staff of the nursing home may inform the Department of Public Health on behalf of the Medical Practitioner.
- The Manager/Director of Nursing should inform the office of the Chief Officer of the Community Health Organisation by forwarding a copy of the completed form (Declaration of an Outbreak Appendix 1) used for the Department of Public Health or by telephone call, if appropriate.
- Although long-term care facilities will generally not have the comprehensive skill mix involved in managing an outbreak a lead person or small group should be identified to lead on managing the outbreak (An Outbreak Control team).
- The person /group leading on action must have access to the Manager of the facility or their deputy with executive authority.
- The local Department of Public Health should be invited to advise on the management of the outbreak and to join the OCT if an OCT is convened.
- Management of the outbreak includes ensuring all necessary actions are taken which may include contact tracing, screening tests, isolation or cohorting of patients, hand hygiene training and auditing, environmental cleaning, visitor restrictions, ward closures, restriction of activity and compliance with national guidance.
- In the event that the facility management forms a view that the advice of the Infection Prevention and Control Practitioners cannot be implemented the rationale should be specified in writing and the justification should be on grounds of competing patient safety demands. Any decision not to implement IPC Guidance on the grounds of competing patient safety pressures must be approved by a relevant senior clinician.
- If appropriate, the outbreak should be escalated in accordance with the HSE Escalation Procedure for Outbreaks/Incidents/Situations of Healthcare Associated Infection (HCAI) Feb 2018.
- The situation should be reviewed regularly (daily) until the outbreak is declared over.
- The person/group leading on management of the outbreak should inform the Department of Public Health when the outbreak is declared over using the Closure of Outbreak Form (Appendix 2). A worked up example is available in Appendix 4.
- The long term care facility should prepare a very brief final report which should include lessons learnt using the Closure of Outbreak Form which should be sent to the Department of Public Health and the Chief Officer of the CHO.

2.3 Actions for Departments of Public Health

The Department of Public Health on notification of an outbreak in a Long Term Care Facility should confirm the status of the outbreak with the Manager or Director of Nursing of the facility:

- Open an outbreak report on CIDR, ensure the outbreak code is made available to the DON/Manager if agreed, and appropriate.
- Form an opinion on the apparent scale of the risk to public health.
- Escalate the issue promptly to the Director of Public Health if there is an apparent major risk to public health. Depending on the scale of risk, it may need to be further escalated to the Assistant National Director of Public Health and National Director of Health and Wellbeing.

- Ensure CIDR is updated on regular basis to reflect status of outbreak.
- Ensure a member attends OCTs/ Incident meetings as necessary to provide advice and support. When attendance is not required at these meetings, the meeting minutes should be reviewed to monitor progress.
- In the event of an on-going outbreak (CPE), check status of outbreak at least weekly with facility management.
- Once the outbreak has been declared over, the Dept of Public Health should then close the outbreak on CIDR using the information provided in the Closure of Outbreak Form (Appendix 2).

3.0 GOVERNANCE AND APPROVAL

- AMRIC Implementation Team.
- AMRIC Oversight Group.

4.0 COMMUNICATION AND DISSEMINATION

- This protocol is circulated through the Community Operations Office to all CHOs and relevant GMs.
- This protocol is also available on line www.hse.ie/infectioncontrol.

5.0 IMPLEMENTATION

Implementation of this protocol is the responsibility of all community managers, community clinical directors, directors of nursing, quality and risk managers, IPC professionals/teams where present and clinical teams (with primary responsibility for care of the patient).

6.0 MONITORING, AUDIT AND EVALUATION

The learning from this protocol (Notification of Infectious Disease Outbreaks to Departments of Public Health - Declaration of an Outbreak and Closure of an Outbreak in the community setting) should be shared with relevant professionals at team meetings.

7.0 REVISION/UPDATE

The AMRIC Implementation Team will review this protocol every two years.

8.0 REFERENCES

- HSE National Framework for developing Policies, Procedures, Protocols and Guidelines (PPPGs, 2016).
- SI No. 707 of 2003 - Infectious Diseases (Amendment) (No. 3) Regulations 2003 (added disease clusters and changing patterns of illness that may be of public health concern to the conditions that must be notified to the Medical Officer of Health).

9.0 Appendices

Appendix 1	DECLARATION OF INFECTIOUS DISEASE OUTBREAK FORM
Appendix 2	CLOSURE OF OUTBREAK FORM
Appendix 3	WORKED EXAMPLE - DECLARATION OF OUTBREAK FORM
Appendix 4	WORKED EXAMPLE - CLOSURE OF OUTBREAK FORM

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Appendix 1 DECLARATION OF INFECTIOUS DISEASE OUTBREAK FORM

**Infection Prevention and Control
XXX Healthcare Facility
Declaration of Outbreak
(Disease Name)**

Outbreak Code Public Health (CIDR) once available		Date outbreak declared	
Staff Member identifying outbreak		Units involved	
Lead for Outbreak			

OUTBREAK DETAILS		
1.	Date of detection of first case	
2.	Name of units/wards affected	
3.	Date of Notification of Outbreak to Public Health	
4.	Date Management informed of outbreak	
5.	Laboratory confirmation	Yes No
6.	Date for 1 st Outbreak Control Team or Incident Meeting ¹	
CONTROL MEASURES (AS APPLICABLE FOR DISEASE)		YES/NO
7.	Closure of bays/ wards.	
8.	Patients isolated/cohorted	
9.	Management of visiting/- restriction	
10.	Clinical specimens sent to lab	
11.	Alert notices in place	
12.	Increase cleaning frequency to at least twice daily cleaning - Clean and disinfect vomit/faeces spillage promptly - Disinfect with 1000ppm hypochlorite	
13.	Personal Protective Equipment (PPE) availability	
14.	Alcohol Hand rub availability	
15.	Affected staff receive appropriate care and are off duty if required	
16.	Ward/Unit closed to new admissions if appropriate	
17.	Restricted patient movements (should have controls on transfer of affected patients to unaffected areas or to other residential/nursing institutions)	
18.	Appropriate advice to staff regarding visiting affected and unaffected areas	
19.	Appropriate management of catering and food	
20.	Appropriate timing of reopening of wards/units if closed	
21.	Patient record flagged if indicated	

¹ Once an outbreak is identified, the Healthcare facility may have a meeting and seek advice from a Community Infection Prevention Control Nurse or from their local Department of Public Health. A formal Outbreak Control Team Meeting may not be held depending on the facility involved and type of outbreak

SUMMARY. BRIEF KEY DETAILS

Signed _____

Date _____

CLOSURE OF OUTBREAK FORM

**Infection Prevention and Control
 XXX Healthcare Facility
 Closure of Outbreak - Summary Report
 (Disease Name)**

OUTBREAK DETAILS		
1.	Total number of patients affected	
2.	Number of laboratory confirmed cases	
3.	Number of staff affected (if any)	
4.	Number of wards/units affected	
5.	Cohort ward used	Yes No
6.	Number of patients isolated in single rooms	

SUMMARY. BRIEF KEY DETAILS AND LEARNING POINTS

Signed _____

Date _____

Appendix 3 WORKED EXAMPLE – DECLARATION OF OUTBREAK FORM

**Infection Prevention and Control
XX CNU Healthcare Facility
Declaration of Outbreak
(Influenza)**

Outbreak Code Public Health (CIDR) once available	2019-S0106	Date outbreak declared	20.01.2019
Staff Member identifying outbreak	B Moore	Units involved	St Brigid St Bernadette St John
Lead for Outbreak	DON A Moore		

OUTBREAK DETAILS		
1.	Date of detection of first case	16.01.2019
2.	Name of units/wards affected	3
3.	Date of Notification of Outbreak to Public Health	20.01.2019
4.	Date Management informed of outbreak	19.01.2019
5.	Laboratory confirmation	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
6.	Date for 1st Outbreak Control Team or Incident Meeting²	21.01.2019
CONTROL MEASURES (AS APPLICABLE FOR DISEASE)		YES/NO
7.	Closure of bays/ wards.	Yes
8.	Patients isolated/cohorted	Confined to units affected
9.	Management of visiting/- restriction	Yes
10.	Clinical specimens sent to lab	Yes
11.	Alert notices in place	Yes
12.	Increase cleaning frequency to at least twice daily cleaning - Clean and disinfect vomit/faeces spillage promptly - Disinfect with 1000ppm hypochlorite	Yes Yes
13.	Personal Protective Equipment (PPE) availability	Yes
14.	Alcohol Hand rub availability	Yes
15.	Affected staff receive appropriate care and are off duty if required	Yes
16.	Ward/Unit closed to new admissions if appropriate	Yes
17.	Restricted patient movements (should have controls on transfer of affected patients to unaffected areas or to other residential/nursing institutions)	Yes
18.	Appropriate advice to staff regarding visiting affected and unaffected areas	Yes
19.	Appropriate management of catering and food	Yes
20.	Appropriate timing of reopening of wards/units if closed	To be agreed at OCT
21.	Patient record flagged if indicated	Not indicated

² Once outbreak identified, the Healthcare facility may have meeting and seek advice from local Infection Prevention Control Nurse in Community or from Department of Public Health. A formal Outbreak Meeting may not be held depending on the facility involved and type of outbreak

SUMMARY. BRIEF KEY DETAILS		
<p>1st symptomatic patient on 16th Further cases on 17th and 18th – total of 5 GP visited and spoke to Public Health – 2 swabs sent</p> <p>Swab results back on 20th confirmed Influenza A Spoke to Public Health and notified as outbreak OCT planned for 21st on site</p>		

Signed _____

Date _____

Appendix 4 WORKED EXAMPLE – CLOSURE OF OUTBREAK FORM

**Infection Prevention and Control
XX CNU Healthcare Facility
Closure of Outbreak - Summary Report
(Influenza)**

OUTBREAK DETAILS		
1.	Total number of patients affected	8
2.	Number of laboratory confirmed cases	2
3.	Number of staff affected (if any)	2
4.	Number of wards/units affected	3
5.	Cohort ward used	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
6.	Number of patients isolated in single rooms	All
SUMMARY. BRIEF KEY DETAILS AND LEARNING POINTS		
<p>1st case presented on 16.01.2019 8 cases in total – 6 patients and 2 staff 3 Units affected All residents were vaccinated Not all staff vaccinated – unsure of uptake Vaccination recommended for staff Control measures put in place including hand hygiene, cleaning, visitor restriction and exclusion of symptomatic staff Outbreak declared over on 30th Jan 2019</p>		

Signed _____

Date _____