Guidance for the Notification of Patients, Visitors, and Healthcare Personnel Affected by Outbreaks Identified in the Acute Care Hospital Setting

PURPOSE

This document provides guidance for Acute Communicable Disease Control (ACDC) staff working with acute care hospitals regarding communicating information to patients, visitors, and healthcare personnel (HCP) affected by an outbreak (suspected or confirmed) identified at an acute care hospital that has possible risk of transmission within their hospital setting. While there are currently no national guidelines on communicating outbreaks to patients and families, clinicians should provide clear and effective communication. Although the circumstances surrounding outbreaks may vary, communication is critical for controlling and preventing further disease transmission and needs to be truthful, clear, and timely (e.g., ideally as soon as an outbreak has been identified so changes or enhancements in infection control practice can be adhered to by patients, visitors, and HCP). This guidance also includes templates and resources to facilitate the communication process.

WHEN TO USE

This guidance is to be used by ACDC staff when an outbreak or increase in infections is identified with the possible risk of transmission to patients within the acute care hospital setting. As assessment of the risk evolves during an investigation, information about those changes can be communicated to the affected patients, visitors, and HCP.

DEFINITIONS

A. "Outbreak" includes an outbreak as defined in 17 CCR § 2500[1] and could include but is not limited to the following:
   i. Two or more cases of a similar illness shown by investigation to result from a common exposure (e.g., invasive staphylococcal infection in patients undergoing same invasive procedure or postoperative bacterial or fungal infections in patients receiving same procedure).
   ii. Cluster with clear association between cases, with or without a recognized common source (examples could include: three or more cases of *Clostridium difficile* with evidence of transmission or common source (e.g., same room, shared bathroom, or same caregiver) with symptom onset within 7 days; or onset of two or more epidemiologically linked Norovirus cases within a 3-day

[1] 17 CCR § 2500: Occurrence of cases of a disease (illness) above the expected or baseline level, usually over a given period of time, in a geographic area or facility, or in a specific population group. The number of cases indicating the presence of an outbreak will vary according to the disease agent, size and type of population exposed, previous exposure to the agent, and the time and place of occurrence. Thus, the designation of an outbreak is relative to the usual frequency of the disease in the same facility or community, among the specified population, over a comparable period of time. A single case of a communicable disease long absent from a population or the first invasion by a disease not previously recognized requires immediate reporting and epidemiologic investigation.

period; or 3 or more cases of Influenza or Respiratory syncytial virus in a defined setting within a 3-day period).

iii. A single case that may constitute an indication for notification (e.g., legionellosis if the patient has been in the hospital for the entire incubation period of 10 days) and source control measures are going to be implemented (e.g., point of use filters on faucets and showerheads, provision of bottled water); or identification of a single case of an emerging nosocomial pathogen such as *Candida auris* where patient notification is indicated as part of a public health investigation and response.

iv. Increase in the number of healthcare-associated cases of disease among patients over and above the usual number of cases—this could vary from facility to facility—over a comparable time period (e.g., multidrug-resistant organisms such as carbapenem-resistant *Enterobacteriaceae*, methicillin-resistant *Staphylococcus aureus*, *Acinetobacter*, *Pseudomonas*).

v. Scabies: One confirmed (positive skin scraping) and at least two clinically suspect cases identified in patients, healthcare workers, volunteers and/or visitors during a two-week period; or at least two clinically suspect cases identified in patients, healthcare workers, volunteers and/or visitors during a two-week period; and considering the epidemiologic links including the defined geographical location (e.g., nursing unit, floor or wing).

B. Healthcare personnel or "HCP" includes both direct and indirect care personnel affected by the outbreak:

i. Direct care (hands-on patient contact): including but not limited to physicians, interns, residents, fellows, nurses, nurses' aides, physician assistants, respiratory therapists, nursing and medical students, phlebotomists, radiology technicians, physical and occupational therapists, volunteers, transportation staff

ii. Indirect care: including but not limited to environmental services, housekeeping, janitors/custodians, laboratorians, food service staff, laundry services, social workers

C. "Notification" means written and/or verbal communication regarding an identified outbreak or increase in infections to patients, visitors, and HCP on the affected floor(s), unit(s), ward(s), or other hospital location(s).

D. "Disclosure" means the forthright and empathetic discussion of clinically-significant facts between healthcare providers and patients or their representatives about the occurrence of a harmful adverse event, or an adverse event that could result in harm in the foreseeable future.

E. "Epidemiologic Investigation" means the study of potentially-affected populations with the intent to ascertain a linkage between health effects (e.g., an infection) and a cause (e.g., an exposure).

F. "Exposure" means the proximity to, or contact with, an environmental condition (e.g., an infectious pathogen) in such a manner that transmission of pathogen or harmful effects may occur.

G. Public notification" means broader communication outside the acute care hospital facility for public health purposes (e.g., for case finding, risk communication, disease prevention)

OVERARCHING PRINCIPLES

- The healthcare provider/patient relationship is built on a foundation of trust, honesty and openness. Transparency regarding outbreaks fosters this relationship, whereas the appearance of secrecy can undermine it. The provider/facility has the primary responsibility of providing patients with information and education about outbreaks.

- Transparency is paramount because it builds trust and credibility, thus increasing the likelihood that people will accept advice and comply with prevention and control measures. When information regarding potential risk is provided, those at increased risk can take appropriate actions, while those not at increased risk can be reassured.

- Facilities do not have complete control of information that may be shared during an outbreak; therefore, people may take inappropriate or unnecessary actions or feel they had been misled if information regarding their care is withheld (e.g., communicate basis for obtaining surveillance cultures, cohorting patients, enhanced infection control precautions).Transparency means releasing or making available upon request any information that is not required to be withheld (e.g., confidential patient information). Explain the rationale for any decision to withhold information and explain the basis to the extent possible.

- If there are no implications for the patient's future health, unaffected patients may not need to be notified since it could cause a burden associated with unnecessarily worrying or confusing patients with inconsequential information. This needs to be balanced with the possibility that unaffected patients may become aware of or hear about an outbreak and think that the hospital is hiding information from them or become concerned that they should be taking precautions.

STANDARD COMMUNICATION PRACTICE RECOMMENDATIONS

Acute care hospital responsibilities[2]

- Communicate information regarding the increase in infections to affected patients (both to cases and those potentially exposed), visitors, and HCP; verbal and written communication is recommended. Provide affected patients and family members education and guidance in plain language regarding

[2]Healthcare facilities may already have policies in place for disclosure of adverse events, the standard practices in this guidance are to complement existing practices, if not already in place. Healthcare facilities should also follow existing regulatory reporting requirements for reporting and notification.

how the pathogen is transmitted, risk to others, protecting themselves from transmission, and what the facility is doing to protect patients, families, and HCP.

- Notification should begin within 24 hours of when the outbreak is identified. Patients who have been infected should be notified first and notification to other prioritized groups should follow immediately/as soon as it's feasible. Notifications may occur simultaneously instead of sequentially.
- Information should be presented in a format that is appropriate and easy to understand for each audience. Verbal messages and written communication to patients, families and visitors should be presented in plain language and may be accompanied by illustrations to aid clarity. Messages for HCP may include medical or technical terminology that may not be appropriate for more general audiences.

- If directed by ACDC, post visible written communications[3,4], on hospital letterhead about the increase in patient infections and post it in common areas of affected wards/units (content to be approved by ACDC prior to posting). If a hospital-wide increase is identified or the infections are not isolated to a specific ward/unit, public health will give further guidance (e.g., lobby area or front desk postings).

- Report additional cases promptly to ACDC.

- Post signage of precautionary measures that should be followed by patients and visitors to prevent further disease transmission.

- Disseminate information on a regular basis to affected HCP regarding the infection control measures (e.g., educational sessions, huddles, written communication such as emails or handouts, and signage for enhanced precautions).

- Document outbreak-related training and education of HCP on measures to prevent transmission.

- Report outbreaks or any usual occurrence that threatens the safety or health of others in the facility to ACDC and to the California Department of Public Health (CDPH) Licensing & Certification District Office[5] (L&C DO).

[3] Pursuant to California Health and Safety Code, Section 120175: Each health officer knowing or having reason to believe that any case of the diseases made reportable by regulation of the department, or any other contagious, infectious or communicable disease exists, or has recently existed, within the territory under his or her jurisdiction, shall take measures as may be necessary to prevent the spread of the disease or occurrence of additional cases.

[4] Pursuant to Title 17 of the California Code of Regulations § 2501: Upon receiving a report made pursuant to Section 2500 or 2505, the local health officer shall take whatever steps deemed necessary for the investigation and control of the disease, condition, or outbreak reported.

[5] Title 22 CCR § 70737

ACDC responsibilities

- Reinforce the responsibilities of the acute care hospital in communicating information about outbreaks to patients, visitors, and HCP.
- Consider directing a facility to post written communications and signage including the time course and size of the outbreak and method of spread of the pathogen (e.g., airborne vs contact).
- Review and approve written communications; verify that it has been posted in visible areas (e.g., request that photos be sent to ACDC showing where notice was posted).
- Provide CDPH L&C DO with a copy of the recommendations made to the facility to prevent and control further disease transmission, including the recommendations (when issued) to post written communications in the hospital to notify affected patients, visitors, and HCP.
- Communicate with the hospital regarding further recommendations based on the epidemiologic investigation.
- Coordinate with LAC DPH Public Information Officers (PIOs) and the acute care facility PIO as needed (e.g., written posting or when broader public notification is conducted).
- Communicate with the hospital when the notice can be removed.

BROADER PUBLIC NOTIFICATION

Goal

The primary goal of broader public notification is for public health purposes to control and prevent disease transmission.

Considerations

Consider the following for all types of notifications including if proceeding with broader public notification:

- Avoid creating a false sense of alarm out of proportion to actual risk.
- Address if the investigation is not completed to avoid drawing erroneous conclusions, for example implicating the wrong source and prematurely assigning blame, with potential associated costs.
- Clearly present what is known and not known and who is at risk versus not, to limit potential confusion among affected persons and/or public.
- Avoid unintended stigmatization of persons/groups affected by the outbreak or investigation.
- Avoid unintentional identification of affected persons (confidentiality breach).

Examples

Examples of when broader public notification may be indicated include:

- A novel illness is emerging, or has occurred, or is anticipated (e.g., first case of Middle East Respiratory Syndrome confirmed in the jurisdiction).
- Inability to reach those exposed that need to be notified (e.g., measles exposure).
- Case finding is needed outside the acute care hospital where the infections were identified (e.g., *Mycobacterium chimera*).
- The increase in infections has attracted public attention, and pertinent facts are needed to allay concerns and anxiety or to more effectively communicate risks; could include incidents that involve a person or event in the news (e.g., Ebola).
- The increase in infections provides an important opportunity to communicate risks or advocate actions to a broader audience.
- The illness is severe; large number of cases are affected; or there have been associated deaths.
- Notification of other healthcare facilities could prevent further disease transmission.

Templates

- Written notification template for hospitals to post in affected unit(s) or wards(s) and common areas (e.g., lobby, nursing station, entry doors to ICU)
  See attached samples:
  - Sample A: Generic Written Notification Letter (Template)
  - Sample B: Example of a Written Notification for CRE (Template)

- Healthcare Facility Transfer Forms: These documents serve as templates that your facility can use to document and share important patient information upon transfer.
  - Los Angeles County Department of Public Health—Healthcare Facility Transfer Form: www.publichealth.lacounty.gov/acd/docs/FacilityTransferForm.pdf
  - CDPH Healthcare-Associated Infections (HAI) www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/Interfacility%20Transfer%20Form%20061417.pdf

Resources

- Centers for Disease Control and Prevention (CDC)
  - Patient notification toolkit due to an unsafe practice or infection control breach www.cdc.gov/injectionsafety/pntoolkit/index.html

- CDPH
  - Patient Education—Me and My Family, What Can We Do to Prevent HAI? www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MeAndMyFamily.aspx

SAMPLE A:
Generic Written Notification Letter

FACILITY LETTERHEAD
Date
Facility Name
Facility Address
City, State, Zip Code

Dear Patients, Visitors and Employees,

Recently, several patients at [INSERT FACILITY NAME] in the [INSERT LOCATION/WARD/UNITS e.g., hematology-oncology, CCU, NICU, ICU] developed infections with a [BACTERIA/VIRUS/FUNGUS] called [INSERT ORGANISM NAME]. The [INSERT NAME OF COUNTY/CITY PUBLIC HEALTH DEPT] is working closely with our staff to investigate these infections and to prevent new infections.

[INSERT ORGANISM NAME] is commonly found in the [INSERT WHERE IT CAN BE FOUND e.g., water, soil, environment]. It can be spread by [INSERT ROUTES OF TRANSMISSION e.g., contact with water that is contaminated or transmitted by inadequate handwashing]. In the hospital, [INSERT ORGANISM NAME] can cause serious infections especially in people with [TYPES OF PATIENTS AT RISK FOR THE INFECTION—e.g., those weakened immune systems].

[INSERT FACILITY NAME] has already taken the appropriate steps to investigate the increase in infections and has strengthened infection control practices. The risk of acquiring an infection at this facility, although low, is currently under investigation.

If you have any questions, please call our Infection Control Department at [INSERT FACILITY INFECTION CONTROL CONTACT PERSON'S NAME AND CONTACT NUMBER]

Sincerely,

FACILITY CONTACT PERSON
FACILITY NAME

SAMPLE B:
Example of Written Notification for CRE

FACILITY LETTERHEAD
Date
Facility Name
Facility Address
City, State, Zip Code

Dear Patients, Visitors and Employees,

Recently, several patients at [FACILITY NAME] in the [NAME OF WARD/UNIT] were diagnosed with a bacterium called *Klebsiella pneumoniae* resistant to multiple antibiotics. These multidrug-resistant bacteria are a type of Carbapenem Resistant Enterobacteriaceae (CRE). The [NAME OF LOCAL PUBLIC HEALTH DEPARTMENT] is working closely with our staff to investigate how these infections occurred and to prevent new infections from occurring in our facility.

CRE are sometimes found in healthcare settings on surfaces and equipment and on patients who are infected or colonized (carriers) with the bacteria. CRE can be from spread person to person in healthcare settings. This is why it is so important for healthcare workers and visitors to wash their hands and use contact precautions such as gloves and gowns as appropriate, and for equipment and surfaces to be cleaned regularly.

While it can usually be treated, CRE is resistant to all commonly used antibiotics. In healthcare settings, CRE can cause serious infections, especially in people with weakened immune systems, people with chronic illnesses, and people with invasive medical devices.

Sincerely,

FACILITY CONTACT PERSON
FACILITY NAME

SAMPLE C:
Example of Written Notification for COVID-19

FACILITY LETTERHEAD
Date
Facility Name
Facility Address
City, State, Zip Code

Dear Patients, Visitors, and Employees,

Recently, several patients at [INSERT FACILITY NAME] in the [INSERT LOCATION/WARD/ UNITS e.g., hematology-oncology, CCU, NICU, ICU] tested positive for COVID-19, an illness caused by the SARS-CoV-2 virus. Los Angeles County Department of Public Health is working closely with our staff to investigate these infections and to prevent new infections.

COVID-19 is commonly found in the community and spreads through respiratory droplets and very small particles that contain the virus when an infected person coughs, sneezes, or breathes. In some circumstances, these droplets may contaminate the surfaces they touch. In the hospital, COVID-19 can cause serious illness, especially in people who are older, have weakened immune systems, or have underlying health conditions.

[INSERT FACILITY NAME] has already taken the appropriate steps to investigate the increase in infections and has strengthened infection control practices. The risk of acquiring an infection at this facility, although low, is currently under investigation.

If you have any questions, please call our Infection Control Department at [INSERT FACILITY INFECTION CONTROL CONTACT PERSON'S NAME AND CONTACT NUMBER]

Sincerely,

FACILITY CONTACT PERSON
FACILITY NAME