

TITLE: OUTBREAK MANAGEMENT POLICY	DATE OF ISSUE:
APPROVED BY:	REVIEW/REVISED DATE:

Outbreak Management Policies and Procedures

This document will illustrate how to properly create an Outbreak Management policy for your facility.

What needs to be included in an Outbreak Management policy:

1. **Purpose:** This section should describe why the Outbreak Management policy exists. For example, to establish a reporting, surveillance, and investigation activities protocol for suspected or confirmed outbreaks.
2. **Goal:** This section should describe the goals of having this policy. The goal of this policy is to provide Skilled Nursing Facility (SNF) staff with a safe and healthy work environment, both for working with residents and for staff protection.
3. **Scope:** The scope is to whom this policy applies. For example, staff, visitors, and residents.
4. **Definitions:** This section should define any terms in the following policy that may not be commonly known or that the facility administration feels are important to have explicitly defined.
5. **Procedure:** This section describes the roles and responsibilities of SNF administration and staff, the actions needed to be taken by SNF staff to be in compliance with this policy, and resources for further questions and education.

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PURPOSE:

- Establish clear guidelines and procedures for the timely reporting, surveillance, and thorough investigation of outbreaks in [insert facility name here], ensuring infection prevention and control measures are implemented to safeguard the health and well-being of residents and staff.

DEFINITIONS:

- **Outbreak:** The occurrence of cases of a disease above the expected or baseline level, over a given period of time in a facility.
- **Baseline:** The number or value used as the basis for comparison.
- **Active surveillance:** Involves proactively seeking out information about specific diseases or health events through rapid data collection and early reporting.
- **Endemic rates:** A rate of a disease that is regularly found among a population.
- **Incidence:** Number of persons in a population who develop a disease or condition within a specified period of time.
- **Healthcare provider:** As defined by state law, a physician and surgeon, veterinarian, podiatrist, nurse practitioner, physician assistant, registered nurse, nurse midwife, school nurse, infection control practitioner, medical examiner, coroner, or dentist.
- **Unusual disease:** Rare disease, or a newly apparent or emerging disease or syndrome of uncertain etiology, which a healthcare provider has reason to believe could possibly be caused by a transmissible infectious agent or microbial toxin.
- **Communicable disease:** Infectious or contagious disease caused by a pathogen (for example, virus or bacteria) that can spread from one person to another.

POLICY STATEMENT:

- All suspected outbreaks of infectious diseases or unusual clusters of illnesses among residents and staff will be promptly reported to local health authorities [for example, Los Angeles County Department of Public Health (LAC DPH), California Department of Public Health (CDPH)] and regulatory agencies (for example, Health Facilities Inspection Division of CDPH) as required by law and in accordance with established protocols.
- Infection Preventionist (IP) will conduct routine surveillance for infectious diseases through activities including, but not limited to:
 - Monitoring residents' health status
 - Staff absenteeism
 - Review of lab results
 - Infection control audits
 - Analysis of trends of illness patterns
- The IP will document, analyze, and share surveillance data with relevant stakeholders at established Infection Control Committee meetings and upon request.
- Upon identification of a suspected outbreak, the IP will notify relevant leadership to trigger an interdisciplinary outbreak response team.

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PROCEDURES:

Outbreak Surveillance:

- In addition to general surveillance conducted at the facility per Surveillance policy.
- The IP or the designated staff will maintain baseline endemic rates of diseases that will be maintained for comparison, examples include but are not limited to:
 - Respiratory viral infections including COVID-19, Influenza, and Respiratory Syncytial Virus (RSV) infections.
 - Legionnaires' Disease.
 - Multidrug-resistant organisms (MDROs) including Carbapenem-resistant Enterobacteriales (CRE).
 - Diarrheal Diseases including Norovirus and *C. difficile* infections.
 - Skin infections, including Scabies.
- If the [IP] suspects an outbreak:
 - IP or designated staff will conduct and document staff education on reporting unusual signs and symptoms.
 - [IP] reports suspected/confirmed outbreak(s) to appropriate agencies.
 - [IP] collects and records pertinent information: (See Surveillance policy).
 - Residents and/or staff involved:
 - Name
 - Date of birth
 - Room number
 - Underlying disease conditions
 - Signs and symptoms
 - Collect specimen for confirmation.
 - Gather laboratory results, if available.
 - Identify close contacts of infectious disease.
- Once outbreak is confirmed, IP and/or outbreak (OB) management team conduct OB investigation.

Outbreak Reporting:

- The IP or the designated staff will report an occurrence of any unusual disease and outbreaks of any disease to [insert agencies here].
- If the IP is out, the [insert designated staff here] will cover this responsibility.
- Update policy frequently with emails/phone/contact information.
 - Current LAC DPH Contact Information:
 - Telephone: (888) 397-3993 or (213) 240-7821
 - Fax: (888) 397-3778 or (213) 482-5508
 - Email: ACDC-MorbidityUnit@ph.lacounty.gov
- Consult LAC DPH for a suspected or confirmed outbreak in order to confirm if case(s) meet outbreak criteria for a particular organism.

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- 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.
- When reporting you may be requested to provide relevant surveillance information such as: onset of symptoms, affected individuals and possible contacts, and any relevant epidemiological information to facilitate a swift and accurate response.
- Healthcare providers are required by California law to report a variety of suspected or confirmed communicable diseases as well as outbreaks of any disease in accordance with [California Code of Regulations \(Title 17 Section 2500\)](#).
- See [Reportable Diseases and Conditions List](#).

Outbreak Investigation:

1. Verification and confirmation
 - a. IP will verify diagnosis from clinician/provider and laboratory.
 - b. Oversee the confirmation process and ensure any lab errors are addressed promptly.
2. Alert key partners
 - a. IP or designated staff is responsible for intra-facility and inter- facility notification.
 - b. Report outbreak to LAC DPH and regulatory agency. Continue communication with investigating team from LAC DPH for further instructions, testing, treatment, and required documentation.
3. Case definition and identification
 - a. IP and designated staff will define case criteria and gather relevant information.
 - b. Coordinate with staff to identify cases from various sources including microbiology reports, employee health records, and pharmacy reports.
4. Data organization
 - a. IP or designated staff will organize collected data by person, place, and time.
 - b. Develop line lists and epidemic curves (epi-curves).
 - c. Conduct targeted observations with the support of designated staff.
5. Hypothesis formulation and testing
 - a. IP or designated staff will formulate hypotheses based on gathered data.
 - b. Coordinate with staff to conduct sampling, testing, and analytic studies as needed.
6. Infection prevention and control (IPC) assessment and intervention
 - a. IP will lead a standardized assessment using tools such as a targeted Infection Control Assessment and Response (ICAR).
 - b. IP team will oversee physical walkthroughs and identify control measures.
 - c. IP will collaborate with administration for resource allocation.
7. Follow up and communication
 - a. Designated staff or IP will ensure the refinement of the case definition based on investigation findings.
 - b. Designated staff will oversee continuous surveillance and review intervention measures.
 - c. Coordinate communication with key stakeholders, residents, and staff.
8. Notification and staffing

[FACILITY LOGO]

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- a. Designated staff will notify key personnel, healthcare workers (HCWs), volunteers, physicians, current residents, and visitors, as appropriate.
- b. Ensure the staffing of the Infection Control Department and availability of necessary supplies.
- c. Coordinate with the IP for retroactive assessments and reporting to public health authorities.

RESOURCES:

1. Ask an IP Slides:
[http://publichealth.lacounty.gov/acd/AskAnIPProgram/index.htm#:~:text=The%20Ask%20an%20IP%20is,nursing%20facility%20\(SNF\)%20setting](http://publichealth.lacounty.gov/acd/AskAnIPProgram/index.htm#:~:text=The%20Ask%20an%20IP%20is,nursing%20facility%20(SNF)%20setting).
2. TNT Slides: <http://publichealth.lacounty.gov/acd/TNTProgram/index.htm>
3. CDPH Slides:
https://www.cdph.ca.gov/Programs/CHCO/HAI/Pages/SNF_DetectAndControlOutbreaks.aspx
4. CDC: <https://www.cdc.gov/hai/outbreaks/index.html>
5. CDC HAI organisms: <https://www.cdc.gov/hai/organisms/organisms.html>
6. LAC DPH Reportable Diseases List:
<http://publichealth.lacounty.gov/acd/docs/ReportableDiseaseList.pdf>
7. APIC Text: <https://text.apic.org/>