Guideline for the management of outbreaks of communicable disease in health facilities

1. Purpose

This Guideline provides recommendations regarding best practice for managing outbreaks of communicable disease (whether notifiable or not) in Queensland Health facilities.

2. Scope

This Guideline provides information for all Hospital and Health Service (HHS) employees (permanent, temporary and casual) and all organisations and individuals acting as its agents (including Visiting Medical Officers and other partners, contractors, consultants and volunteers).

3. Guideline

This guideline provides recommendations regarding best practice for managing outbreaks of communicable disease (whether notifiable or not) in Queensland Health facilities.

3.1 Objective of outbreak management

The objective of outbreak management of communicable diseases is to interrupt transmission as quickly as possible and thus prevent further cases. To accomplish this, it is necessary to:

- recognise a potential or actual outbreak
- eliminate the source
- stop further spread
- prevent recurrence
- ensure satisfactory communication between all concerned
- disseminate lessons learnt.
3.2 Outbreak control plan

It is recommended that each health facility should have in place a facility-specific outbreak control plan (OCP) that has been developed in consultation with key stakeholders and aligns with the HHS incident management framework.

The OCP should be reviewed periodically but at least every two years and after an outbreak. The OCP may include and identify the following:

- a description of the roles and extent of the responsibilities and accountabilities of each of the organisations and individuals
- an up-to-date list of stakeholder contact details
- arrangements for informing and consulting those who need to be aware of an outbreak situation
- arrangements for creating an outbreak control team (OCT) to investigate and control a major disease outbreak, the support which will be available to the group and what its duties are
- the resources required to manage an outbreak
- staff issues (for example, arrangements for staff to work outside normal working hours)
- training for all staff involved in investigating communicable disease outbreaks
- ensuring staff are familiar with requirements for completing and disseminating the final outbreak report
- Criteria for when an outbreak is considered over.

3.3 Outbreak control team

An OCT is a multi-disciplinary group which will work together to investigate an outbreak. The core team is responsible for planning and coordinating the investigation.

The decision to convene an OCT will be made by relevant personnel, such as the chairperson of the infection control committee or the HHS Chief Executive (CE) (or their delegate). The following factors should be considered in the decision to convene an OCT:

- the number of cases and the demographics of the population at risk
- the organism/agent, its clinical severity, likely mode of transmission and communicability/transmissibility
- the extent of the outbreak, to ascertain this, consider the following:
  - the number of confirmed or suspected cases (outbreak definition)
  - large numbers of cases
two or more cases of a notifiable condition in the same ward/area, within the incubation period
whether the CD is it contained to one ward or across multiple wards

- the likely source
- potential impact on service delivery
  - involvement of management/executive is required to implement measures to control disease spread (for example, closure of wards or beds)
  - involvement of more than one ward, department or facility
- public concern
- media interest
- the potential public health risk.

3.3.1 Outbreak control team – membership

The coordinator of the OCT will usually be the infection control committee chairperson or HHS executive (or delegate). Refer to Attachment 1 Duties of the chairperson – outbreak control team for the roles and responsibilities of the OCT chairperson.

The composition of the OCT may include the following professionals as required:

- Hospital and Health Service (HHS) executive member or delegate
- chairperson infection control committee
- infection control practitioner
- manager/clinician representatives from the relevant area
- infectious diseases physician, microbiologist and/or Public Health Physician
- media relations officer
- other relevant stakeholders e.g. occupational health and safety, support services, food services, sterilizing services, pharmacy etc as required
- other individuals, including representatives of other agencies involved in the outbreak may be co-opted as necessary
- the chairperson may choose to contact the Senior Director Communicable Diseases Unit if expert knowledge is required to assist in the OCT
- the chairperson may choose to contact the Centre for Healthcare Related Infection Surveillance and Prevention (CHRISP) if additional infection prevention support is required.
3.3.2 Outbreak control team – terms of reference

A central outbreak log (refer to Attachment 2 Outbreak log for an example) should be kept of all activities associated with the outbreak investigation; including minutes of meetings, delegated tasks and actions taken by team members, laboratory results and other relevant information.

Terms of reference for the OCT may include the following:

- review the evidence and confirm or refute existence of an outbreak; decide whether further investigation is required
- to confirm the outbreak, immediate steps should be taken by the OCT
  - develop a case definition that will be used to verify known cases and to search for further possible cases
  - to collect further clinical, epidemiological and laboratory information as required
- develop a strategy to investigate extent and control the outbreak
- allocate tasks to outbreak team members
- investigate the outbreak and identify the nature and source of infection
- implement control measures and monitor their effectiveness in dealing with the cause of the outbreak including preventing further spread
- prevent further cases elsewhere by communicating findings to the Communicable Diseases Unit, Queensland Health, where appropriate
- conduct formal outbreak control meetings on a regular basis
- document minutes of each OCT meeting including allocated tasks and any actions taken or completed
- ensure adequate staff and resources are available for the management of the outbreak
- consider potential staff training opportunities of the outbreak
- identify and utilise any opportunities for the acquisition of new knowledge about disease control
- provide support, advice and guidance to all individuals and organisations directly involved in dealing with the outbreak, which may include general community, hospital patients, visitors, relatives and staff
- keep relevant outside agencies, the general public and media appropriately informed
- declare the conclusion of the outbreak, as per identified criteria, and to prepare a final report
• evaluate the response to the outbreak and implement changes in OCT procedures based upon lessons learnt
• review causative data and review procedures accordingly.

3.3.3 Outbreak control team – procedure

The responsibility for making a decision to convene an OCT will depend on the circumstances of the cases and the environment in which the outbreak occurs. Decisions regarding health facility outbreaks ultimately lie with the HHS Chief Executive or delegate. In reality, the practical responsibility for outbreak management plans usually rests with the Infection Control Team/practitioner.

The following steps outline the general procedure for an OCT:

• chairperson to convene OCT
• elect secretariat
  – minutes to be taken of all OCT meetings and subsequently approved. These will record details of all issues discussed and decisions made
• at first OCT meeting:
  – agree on the OCT composition and terms of reference
  – review checklist and confirm individual responsibilities (refer Attachment 3 Checklist for outbreak control team tasks)
• at each subsequent OCT meeting, the situation should be systematically reviewed and the need to obtain further assistance should be formally considered
• at the final OCT meeting (determined by chairperson) a debrief shall occur which should consider the following:
  – review the experience of all involved in management of the outbreak
  – identify any problems encountered
  – prepare the final report (refer to section 3.3.4 Outbreak control team – communication and reports for suggested inclusions for the final report)
  – recommend any necessary revisions to the facility-specific outbreak management plan.
3.3.4 Outbreak control team – communication and reports

Communication with relevant stakeholders is a key element of outbreak management. It is the responsibility of the chairperson of the OCT to determine when to communicate the existence of an outbreak with the local PHU.

Under the Public Health Act 2005 and Public Health Regulation 2005, laboratories notify the chief executive or delegate (public health medical officers are delegated for this purpose) all laboratory-confirmed notifiable conditions. Similarly medical officers and directors of hospitals are required to notify the chief executive or delegate of clinical and provisional diagnosis of notifiable conditions. A complete list is available from: http://www.health.qld.gov.au/ph/documents/cdb/notif_conditions_rpt.pdf.

When an OCT is convened, the chairperson will inform the:

- HHS executive (if not previously informed)
- infection control team/practitioner
- relevant facility-based managers/clinicians
- relevant PHU (if appropriate)
  - The local PHU shall be informed where the outbreak involves a notifiable disease or where the impact of the outbreak gives rise to a broader public interest e.g. where members of the public are recalled for ‘look back’ investigations or where there is a risk the outbreak may extend to the broader community.
- Senior Director, Communicable Diseases Unit (if appropriate)
  - Some discretion by the facility or PHU has been factored into the plan by placing responsibility on the chairperson of the OCT to determine when to communicate the existence of an outbreak with the Chief Health Officer Branch via the Communicable Diseases Unit.
  - In the first instance, it is a requirement that the local PHU be informed, however the senior director, Communicable Diseases Unit shall be informed where the outbreak involves the following:
    - notifiable disease
    - where the impact of the outbreak gives rise to a broader public interest e.g. members of the public are recalled for ‘look back’ investigations
    - the primary cause of death of a case is the communicable disease involved in the outbreak
    - public health events of state significance.
  - Where the senior director is not available, the senior medical officer, Communicable Diseases Unit, should be notified. These staff members,
once notified will collaborate and have the responsibility of informing other key personnel in the Chief Health Officer Branch, as appropriate

- contact details:
  
  Senior Director, Communicable Diseases Unit (ph 3328 9723; fax 3328 9782)
  
  Senior Medical Officer, Communicable Diseases Unit (ph 3328 9725; fax 3328 9782)

- CHRISP (if appropriate)
  
  Facilities will correspond with CHRISP regarding outbreaks where further assistance, advice or support is required. This is particularly important where there are statewide implications particularly in the areas of infection control and sterilizing.

- The general community (if appropriate) usually via a media relations officer.

During the outbreak, key individuals will be kept informed in accordance with the responsibilities outlined in Attachment 3 Checklist for outbreak control team tasks.

The OCT should endeavour to keep the public and media as fully informed as possible without prejudicing the investigation and without compromising any statutory responsibilities and legal requirements. Media statements and enquiries will be dealt with in accordance with the principles outlined in Attachment 4 Dealing with the media.

At the conclusion of the outbreak, a final report will be prepared by the chairperson on behalf of the OCT. The final report should be considered a public document and due regard therefore given to confidential aspects of the outbreak investigation. The final report will highlight:

- the results of the outbreak investigation and control interventions
- any difficulties or problems encountered
- any action required to prevent recurrence
- any recommended revisions to the facility-specific outbreak management plan.

The final report should be circulated as follows:

- health facility: all OCT members, HHS Executive, other facility-based managers/clinicians as appropriate
- PHU and CHRISP (where appropriate).
3.4 The investigation and control of an outbreak

Outbreak management tends to fall into four distinct phases. In practice there is considerable overlap between the phases; especially between the detection, investigative and response phases. The four phases are described as:

- outbreak detection
- outbreak investigation
- outbreak response
- evaluation of response.

An outbreak is generally defined as occurring whenever disease levels exceed that expected in a given community/population over a specific timeframe.

Attachment 5 Communicable diseases of importance provides information regarding notifiable diseases and potential communicable diseases which may cause outbreaks.

An Outbreak Management Checklist (Attachment 6) may be utilised to guide facilities in the management of outbreaks.

3.4.1 Outbreak detection

Outbreak management begins with the timely identification of an outbreak. Please refer to Section 3.4 The investigation and control of an outbreak for an outbreak definition.

Basic steps to help identify if an outbreak exists includes:

- assessing what is happening e.g. symptoms observed
- determining the timeline since symptoms first observed / notified
- define the area where it is happening
- determining the likely transmission routes (e.g. human, animal, vector, environmental, food or other factors)
- determine likely numbers affected
- determine characteristics of individuals affected (e.g. age, sex, health status).

If an outbreak is confirmed, an initial assessment of the extent and importance of the outbreak will be made and a decision taken on whether to institute the facility-specific outbreak plan and convene the OCT.

3.4.2 Outbreak investigation

Investigation of disease outbreaks involves a combination of epidemiological, laboratory and environmental investigation. A case definition should be established at this point of outbreak management. A case definition is formed by using a standard set of criteria to
decide whether, in this investigation, an individual should be classified as having the
disease or health condition under investigation. A case definition usually includes four
components:

- clinical information about the disease
- characteristics about the people who are affected
- information regarding the location or place
- specification of time during which the outbreak occurred.

Once a case definition has been established, attempts should be made to identify
additional persons who meet the case definition. This enables a more accurate estimate of
the magnitude of the outbreak, it reduces the likelihood of bias which may occur by only
focusing on cases detected early in the investigation and it increases the sample size.

A structured questionnaire should be used to collect detailed information regarding cases.
Information to be collected from each case includes:

- identifying information
- demographic information
- clinical information (date/time of onset, signs and symptoms, hospitalisation, death etc)
- laboratory information
- risk factor information (contact with known case, environmental exposures etc)
- contact with individuals with similar symptoms.

3.4.3 Outbreak response

An outbreak response is characterised by hypothesis-forming and the implementation of
relevant control measures. It is important that an OCT is formed in this phase. Please refer
to Section 3.3 Outbreak control team and Attachment 3 Checklist for outbreak control team
tasks for information regarding this important process.

The primary goal of outbreak response is control and prevention. Control measures should
be considered at all stages of the investigation and implemented as soon as possible.
Control measures may be directed at:

- controlling the source
  - for example, by destroying contaminated foods

- controlling the spread
  - for example, isolation of cases or contacts, screening and monitoring of
    contacts, protection of contacts by immunisation or chemo-prophylaxis,
    closure of beds/wards.
Cooperation and prompt exchange of information is essential to the successful management of communicable disease outbreaks. Effective communication should occur on a number of levels. This may include between health professionals, local government as well as with the wider community. Please refer to Section 3.3.4 Outbreak control team – communication and reports for further communication strategies.

**3.4.4 Evaluation of outbreak response**

A thorough evaluation of the outbreak response helps bring about continuous improvements in practice. The aim of the evaluation is to determine if the incident objectives were met and to identify positive outcomes and document areas for improvement. The following is a list of criteria that helps guide the evaluation:

- preparedness for this type of investigation (includes resources, guidelines, questionnaires, databases, etc)
- coordination of outbreak meetings, communication (including media management)
- organisation
- record keeping (responsibility)
- epidemiology
- investigation processes and control initiatives implemented.

**4. Review**

This Guideline is due for review on: 31/03/2016

*Date of Last Review:* 31/03/2014

*Supersedes:* Guideline for the Management of Outbreaks of Communicable Diseases in Health Facilities; Version 2.

**5. Business Area Contact**

Centre for Healthcare Related Infection Surveillance and Prevention (CHRISP)
6. Definitions of terms used in the policy and supporting documents

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
<th>Source</th>
</tr>
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<tbody>
<tr>
<td>Case definition</td>
<td>Is a standard set of criteria to be used in outbreak investigation to decide who is a case and who is not. A case definition should include well-defined clinical symptoms (+/- laboratory criteria) and restrictions by time, place and person.</td>
<td>Queensland Health <em>Foodborne Illness Outbreak Management Guidelines</em> 2006</td>
</tr>
<tr>
<td>Outbreak</td>
<td>Is generally defined as occurring whenever disease levels exceed that expected in a given community/population over a specific timeframe.</td>
<td>Module 9 <em>Outbreak Management: Participant Workbook</em>, Public Health Nurse – Communicable Disease Training Program.</td>
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7. Approval and Implementation

Approving Officer:
Dr Alun Richards
Senior Medical Officer
Communicable Diseases Unit

Approval date: 23 June 2014
Effective from: 24 June 2014

Version Control

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<th>Prepared by</th>
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<td>2</td>
<td>19\textsuperscript{th} March 2012</td>
<td>Kath O’Brien</td>
<td></td>
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<tr>
<td>3</td>
<td>March 2016</td>
<td>Paul Smith</td>
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</tbody>
</table>
References


ATTACHMENT 1

Duties of chairperson – outbreak control team

- to declare an outbreak and convene the outbreak control team (OCT)
- to act as Chairperson of the OCT by leading and coordinating the response to the outbreak
- to endorse the outbreak management objectives and response strategy
- if required
  - organise an outbreak control centre and appropriate support resources
  - arrange for medical examination of cases and contacts and the taking of clinical specimens
  - arrange immunisation and/or chemo-prophylaxis for cases, contacts and others at risk
  - notify the local Public Health Unit and CHRISP of the existence of an outbreak
- to ensure communication strategies are developed and implemented (see Section 3.3.4 Outbreak Control Team – Communication and Reports)
- prepare and circulate a final report on the outbreak.
# ATTACHMENT 2

## Sample Outbreak Log

<table>
<thead>
<tr>
<th>ITEM NO</th>
<th>DATE</th>
<th>TIME</th>
<th>TASK</th>
<th>MESSAGE</th>
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ATTACHMENT 3

Checklist for outbreak control team tasks

The principal aim of the outbreak control team (OCT) is to investigate the cause of the outbreak and to implement action to identify the source, minimise spread and prevent recurrence of the communicable disease. The following tasks should be undertaken to deal effectively with an outbreak. The step-by-step approach does not imply that each action must follow the one preceding it. In practice, some steps must be carried out simultaneously and not all steps will be required on every occasion.

Outbreak detection

☐ consider whether or not cases have the same illness and establish a tentative diagnosis
☐ determine if there is a real outbreak
☐ establish a single comprehensive case list
☐ collect relevant clinical or environmental specimens for laboratory analysis
☐ conduct unstructured, in-depth interviews of index cases
☐ conduct appropriate environmental investigation including inspection of involved or implicated premises
☐ identify population at risk
☐ identify persons posing a risk of further spread
☐ initiate immediate control measures
☐ assess the availability of adequate resources to deal with the outbreak
☐ notify the local Public Health Unit where the outbreak involves a notifiable disease or gives rise to broader public interest.

Outbreak investigation

☐ establish a case definition (clinical and/or microbiological)
☐ search for other cases
☐ collect and collate data from affected and unaffected persons using a standardised questionnaire
☐ describe cases by time, place and person
☐ form preliminary hypotheses on the cause of the outbreak
☐ make decision about whether to undertake detailed analytical studies
☐ calculate attack rates
☐ confirm factors common to all or most cases
☐ test and review hypotheses of the cause
☐ collect further clinical or environmental specimens for laboratory analysis
ascertain source and mode of spread.

**Outbreak response**
- control the source: animal, human or environmental
- control the spread by:
  - a) isolation or exclusion of cases and contacts
  - b) treatment of cases to reduce infectious period, where possible (e.g. antivirals)
  - c) screening and monitoring of contacts
  - d) protection of contacts by immunisation or chemo-prophylaxis
  - e) enhanced infection control practices by staff and visitors including environmental cleaning, equipment decontamination procedures and hand hygiene
  - f) closure of premises/wards/beds
- monitor control measures by continued surveillance for disease
- declare the outbreak over.

**Communication**
- daily situation updates to the HHS CE or delegate
- consider the best means of communication with colleagues, patients and the public, including the need for an incident room and/or help-lines
- notify the local public health unit where the outbreak involves a notifiable disease or gives rise to broader public interest
- consider communication through 13HEALTH (13 43 25 84)
- ensure appropriate information is given to the public, especially those at high risk
- ensure accuracy and timeliness
- include all those who need to know
- use the media constructively (refer to Attachment 4 Dealing with the Media)
- prepare written final report (refer Section 3.3.4 Outbreak Control Team – communication and reports for items to include in the report)
- disseminate information on any lessons learnt from managing the outbreak.

**Evaluation of response**
- evaluate the management of the outbreak and make recommendations for the future (refer Section 3.4.4 Evaluation of Outbreak Response for possible criteria).
ATTACHMENT 4

Dealing with the media

- The outbreak control team (OCT) will endeavour to keep the public and media as fully informed as possible without prejudicing the investigation and without compromising any statutory responsibilities or legal requirements.

- At the first meeting of the OCT arrangements for dealing with the media should be discussed and agreed.

- Press statements should be prepared on behalf of the OCT by a small group including the chairperson, infectious diseases physician/microbiologist and media officer.

- Press statements applicable to community associated outbreaks will normally only be released by the media officer, following approval by the chief executive of the facility. If a media officer is not available, the OCT will nominate an alternative spokesperson.

- No other member of the OCT will release information to the press without the agreement of the chairperson.
ATTACHMENT 5

Communicable diseases of importance

Queensland Public Health Unit - Notifiable Conditions Report Form

Queensland Health Public Health Unit - List of all Notifiable Conditions

Queensland Health Public Health Unit – Contact details

Other communicable diseases of public health importance
- Enterohaemorrhagic *Escherichia coli* (EHEC) infections
- viral gastroenteritis
- pandemic influenza – refer to QH plan when available.

Other significant organisms of infection control importance
- multi-resistant organisms e.g. Vancomycin Resistant *Enterococci* (VRE), Carbapenem-resistant *Acinetobacter baumanii* (CRAB or MRAB), Extended Spectrum ßeta-lactamase producing organisms (ESBL)
- *Clostridium difficile* infection (CDI)
- drug resistant and multi drug resistant (Pulmonary) Tuberculosis.
# ATTACHMENT 6

## Outbreak management checklist

**Type of outbreak e.g. MRO, gastroenteritis, respiratory illness:**

**Date outbreak was reported to infection control:** __/__/__

**Reported by:**

**Outbreak location/facility:** Ward(s) affected:

**Likely mode of transmission:**

- Contact
- Airborne
- Droplet
- Food-borne
- Water-borne
- Unknown

The outbreak control team (OCT) should ensure the following steps are initiated as soon as possible and if initiated, completed. The order in which the tasks are undertaken may vary.

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<tr>
<th>√ if action indicated</th>
<th>Action</th>
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| ☐                    | Do you have an outbreak?  
  i.e. a higher than expected number of cases of infection with the same causative micro-organism (if known in the early stages of the outbreak) | ☐ |
| ☐                    | Has the source of the outbreak been identified? | ☐ |
| ☐                    | Do you need to convene the outbreak control team?  
| | Factors to be considered in the decision to convene an OCT include:  
  • the type of communicable disease involved  
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|                       | • the number of confirmed or suspected cases  
  − large numbers of cases  
  − two or more cases of a notifiable condition in the same ward/area, within an incubation period  
• the size and nature of the population at risk  
• the likely source  
• potential impact on service delivery  
  − involvement of management/executive is required to implement measures to control disease spread e.g. closure of wards/beds  
  − involvement of more than one ward, department, facility or HHS. |                       |
|                       | **Inform staff**                                                                                                                                                                                       |                       |
|                       | • inform all staff that a possible outbreak is occurring including advice regarding infection control measures e.g. pharmacy, messengers, volunteers, etc  
  − include supply staff and operational staff in correspondence  
  − consider the need to inform visitors and patients  
• inform your senior nursing staff on duty  
• inform Pathology Queensland of any additional specimen requirements |                       |
|                       | **Implement infection control measures**                                                                                                                                                               |                       |
|                       | • ensure sufficient supplies of appropriate personnel protective equipment (PPE) is available in the affected areas e.g. mask, gloves, gowns, aprons, eyewear, as indicated by mode of transmission  
• isolate affected patients  
• display signage regarding necessary additional precautions  
• reinforce hand hygiene practices as appropriate  
  − alcohol-based hand hygiene products may not be suitable for certain micro-organisms e.g. *Clostridium difficile* |                       |
|                       | **Stop or limit further spread**                                                                                                                                                                       |                       |
|                       | • consider the need to dedicate staff to affected patients e.g. in gastroenteritis outbreaks  
• consider the need to cohort patients with the same infection  
• increase cleaning frequencies in affected areas  
• limit transport of affected patients to essential purposes only |                       |
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<td>• restrict visitors where necessary, particularly young children and people with suppressed immune systems</td>
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<td>• reinforce hand hygiene with visitors</td>
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<td></td>
<td><strong>Document the outbreak</strong></td>
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<td>• list all known cases and update information daily</td>
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<td>• include details of affected patients and staff</td>
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<td>• include details of onset date of symptoms/diagnosis for each case</td>
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<td><strong>Notify authorities (as per OCT) if applicable</strong></td>
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<td>• public health notified: date: <strong>/</strong>/__</td>
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<td>• Communicable Disease Unit notified: date: <strong>/</strong>/__</td>
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<td>• CHRISP notified: date:<strong>/</strong>/__</td>
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<td><strong>Collect specimens</strong></td>
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<td>• observe transmission based and appropriate precautions when collecting relevant specimens e.g. utilising correct PPE</td>
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<td>• collect appropriate specimens - liaise with infectious diseases physician or microbiology to determine collection method and specimen types</td>
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<td>• ensure specimens are labelled appropriately</td>
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<td><strong>Review and up-date outbreak management plan</strong></td>
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<td>• regularly during the outbreak</td>
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<td><strong>Outbreak management report</strong></td>
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<td>• complete outbreak management report highlighting recommendations for preventing future occurrences</td>
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