	The Johns Hopkins Hospital Interdisciplinary Clinical Practice Manual Infection Control	<i>Policy Number</i>	IFC025	
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I. OBJECTIVES

This policy is intended to help ensure the detection and prompt management of an outbreak/cluster of healthcare-acquired infections (HAIs) or epidemiologically important organisms. It emphasizes the role of all healthcare professionals in remaining alert to the occurrence of clustered infections/events, and the need to ensure prompt notification of Hospital Epidemiology and Infection Control (HEIC) a cluster is suspected, or when a patient is suspected of having a highly contagious pathogen. (See Appendix A).

II. INDICATIONS FOR USE


This policy is to be implemented in response to suspected outbreaks of communicable disease.

III. DEFINITIONS

Healthcare- Acquired Infections (HAIs)/ events	HAIs are infections/events that were not present or incubating at the time the patient was admitted to the hospital.
An outbreak/cluster	An outbreak/cluster of healthcare acquired infections occurs when there are more cases of a disease/organism than would normally be expected. The number of cases constituting an outbreak/cluster varies depending on the organism/disease involved.
Personnel	All individuals (excluding visitors of individual patients) who have patient contact and/or contact with the environment where care is delivered to patients.

IV. RESPONSIBILITY


- A. Physicians, RNs, and Other Healthcare Providers
 1. Assist in the detection of suspected outbreaks.
 2. Immediately notify HEIC of any suspected outbreak cluster.

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- B. Supervisor/Department Managers
 - 1. Assist in defining whether an outbreak is present.
 - 2. Assist as required in helping define its cause.
 - 3. Help ensure that any required control procedures are implemented and maintained.
- C. HEIC Department
 - 1. Determine whether an outbreak is occurring.
 - 2. Develop prevention and control strategies to resolve the problem.
 - 3. Educate appropriate clinical and management personnel on causes of the outbreak and its management.
 - 4. Monitor the results of the strategies employed to resolve the problem.
 - 5. Communicate prevention and control measures.
 - 6. Contact the health department.
- D. Occupational Health
 - 1. Address issues associated with exposure of employees to the associated infectious agent, as required.

V. PROCEDURE

- A. Clinical staff
 - 1. Immediately notify HEIC of a suspected outbreak.
 - 2. Assist HEIC as requested, in assessing the presence or absence of an outbreak.
 - 3. Implement recommended intervention(s) as required.
 - 4. Assist as required in monitoring the results of the intervention(s) implemented.
- B. HEIC staff :
 - 1. Verify diagnosis of identified patients.
 - 2. Confirm or exclude the existence of an outbreak by carrying out the appropriate outbreak epidemiologic investigation. (See Appendix B A.)
 - 3. Develop strategies for interrupting the outbreak as required.
 - 4. Educate clinical staff on the findings and the reasons behind any corrective strategies.
 - 5. Monitor the outcome of the changes made for their effectiveness in interrupting the outbreak and preventing recurrences.
 - 6. Communicate findings and interventions.
- C. The Hospital Epidemiologist (or designee) may convene a group, the Outbreak Investigation Management Team (OIMT), to help define the outbreak, facilitate its control and ensure maintenance of operations, prevent recurrences, and provide communication. (See Appendix C.) A list of members is maintained by the HEIC department and is available by calling 5-8384. Managers/Supervisors of units/areas where exposure of personnel has occurred shall complete Exposure Forms and instruct personnel to call Occupational Health (OHS) in a timely manner as requested by HEIC. HEIC in conjunction with OHS shall determine what follow-up is required for exposed personnel and how to manage those who do not follow recommendations. OHS shall communicate required actions to personnel and administer testing, prophylaxis or treatment as needed and shall provide HEIC with a summary of actions for each exposed staff member. Refer to Infection Control Management of Personnel (IFC-002) for exposure forms, instructions regarding their completion and exclusion from work requirements for common diseases and exposures.
- D. Managers/Supervisors of units/areas where exposure of JHH patients have occurred shall work with HEIC staff and patient physicians to determine the exposure status of each patient. This process should be carried out in three phases.
 - 1. The first phase is to determine which patients might have been exposed as a result of direct or indirect contact/exposure to the index case(s) during the exposure period.
 - 2. The second phase is for the manager/supervisor to fill out the exposure form (see Infection Control Management of Personnel (IFC-002)) including each patient potentially exposed. OIMT shall recommend patient treatment/testing to the patient's physician. HEIC shall consult with medical teams and shall jointly determine and assign staff to call discharged patients and their referring physicians.

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3. HEIC shall monitor patient contact activity, shall see that exposure forms are completed, and shall work with physicians to assure that all patients have been contacted by phone and follow-up letter.
- E. The Director of the Microbiology Laboratory shall provide support for microbiologic and/or serologic studies.
- F. All decisions concerning the investigation will be made by the Hospital Epidemiologist, his/her designee (see Appendix D), or the OIMT, if this group has been activated. The Hospital Epidemiologist may also convene the HEIC Committee to review the investigation. In the event this group cannot be convened in a timely manner, urgent decisions shall be made by the Hospital Epidemiologist, Chairman of the HEIC Committee, or their designee.

VI. REPORTABLE CONDITIONS

Outbreaks meeting definitions set forth in COMAR and/or DHMH shall be reported to the local health department. Outbreaks shall be reported immediately by phone. . See also IFC-003 Reportable Diseases and Conditions.

VII. DOCUMENTATION

HEIC will maintain a current computer database with demographic, exposure, treatment, and clinical status of involved staff members and patients. The Hospital Epidemiologist (or designee) may convene a group, the Outbreak Investigation Management Team (OIMT), and designate an individual who will communicate information in writing between OIMT and the affected areas.

VIII. EDUCATION AND COMMUNICATION

This policy will be communicated to the appropriate JHHS personnel via the following channels:

1. Updates and revisions will be communicated via Medical Staff and Nursing publications.
2. Nurse Managers, Physician Advisors, Residency Coordinators, Department Chiefs and Department Management will be responsible to train new employees regarding the policy as appropriate, and to communicate updates to the protocol.
3. This policy will be placed in the Interdisciplinary Clinical Practice Manual on the JHH Intranet site www.insidehopkinsmedicine.org/icpm. Paper distributions will be made to the Functional Unit Nursing offices in the event of web access difficulty.
4. Placement of policy online at www.insidehopkinsmedicine.org/hpo

IX. SUPPORTIVE INFORMATION


See Also:

The Johns Hopkins Hospital, Interdisciplinary Clinical Practice Manual

- [IFC-003 Reportable Diseases and Conditions](#).

References:

1. Lautenbach E, Woeltje KF, Malani PN. (2010). Practical Healthcare Epidemiology.
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