	The Johns Hopkins Hospital	<i>Policy Number</i>	IFC025
	INTERDISCIPLINARY CLINICAL PRACTICE MANUAL	<i>Effective Date</i>	7/1/07
	<i>Subject</i>	<i>Page</i>	1 of 3
	OUTBREAK MANAGEMENT PLAN	<i>Supersedes</i>	11/03

KEY WORDS: outbreak, epidemiology, nosocomial, Healthcare Acquired Infections (HAI), communicable disease

TABLE OF CONTENTS	PAGE NUMBER
I. POLICY	1
A. OBJECTIVE	1
B. INDICATIONS FOR USE	1
C. DEFINITIONS	1
II. RESPONSIBILITIES	1
III. PROCEDURE	1
IV. REPORTABLE CONDITIONS	3
V. DOCUMENTATION	3
VI. SUPPORTIVE INFORMATION	3
APPENDIX A: : EPIDEMIOLOGIC INVESTIGATION	
APPENDIX B OUTBREAK INVESTIGATION MANAGEMENT TEAM (OIMT) MEMBERSHIP	
GENERAL OPERATING RULES FOR OMIT	
APPENDIX C: DISEASES WITH MASS EXPOSURE POTENTIAL	
APPENDIX D1: EXPOSURE FORMS PROCEDURE	
APPENDIX D2: EXPOSURE FORMS	
APPENDIX E: HOSPITAL EPIDEMIOLOGIST OR DESIGNEE RESPONSIBILITIES	

I. POLICY:

A. OBJECTIVE: This policy is intended to help ensure the detection and prompt management of health-care acquired infections. It emphasizes the role of all healthcare professionals in remaining alert to the occurrence of clustered infections, and the need to ensure prompt notification of Hospital Epidemiology and Infection Control (HEIC) when an infectious disease cluster is suspected, or when a patient is suspected of having a highly contagious pathogen.

B. INDICATIONS FOR USE:


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

C. DEFINITIONS:

Healthcare Acquired Infections (nosocomial infections)	Healthcare Acquired Infections are infections that were not present or incubating at the time the patient was admitted to the hospital and that occur 48 hours or more hours post admission.
An outbreak cluster	An outbreak cluster of healthcare acquired infections is an unexpected increase in the occurrence of infection in a hospitalized population caused by a given pathogen and/or of the incidence of multiple antibiotic resistance patterns of any pathogen. (Epidemiologic management of highly contagious pathogens is described in the Isolation Policy IFC023).

II. RESPONSIBILITIES

PHYSICIANS, RNS, AND OTHER HEALTHCARE PROVIDERS	<ol style="list-style-type: none"> 1. Assist in the detection of suspected outbreaks. 2. Notify HEIC of any suspected outbreak cluster.
SUPERVISOR/DEPARTMENT MANAGERS	<ol style="list-style-type: none"> 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.

	The Johns Hopkins Hospital	<i>Policy Number</i>	IFC025
	INTERDISCIPLINARY CLINICAL PRACTICE MANUAL	<i>Effective Date</i>	7/1/07
	<i>Subject</i>	<i>Page</i>	2 of 3
	OUTBREAK MANAGEMENT PLAN	<i>Supersedes</i>	11/03

HEIC DEPARTMENT	<ol style="list-style-type: none"> 1. Determine whether an outbreak is present. 2. Develop prevention and control strategies to resolve the problem. 3. Educate appropriate clinical and management personnel on its causes and management. 4. Monitor the results of the strategies employed to resolve the problem.
OCCUPATIONAL HEALTH	Address issues associated with exposure of employees to the associated infectious agent, as required.

III. PROCEDURE:


- A. Clinical staff
 1. Notify HEIC of a suspected outbreak.
 2. Assist HEIC as requested, in assessing the presence or absence of an outbreak.
 3. Implement recommended corrective action as required.
 4. Assist as required in monitoring the results of the corrective action implemented.
- B. HEIC staff will:
 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 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.
- C. The Hospital Epidemiologist (or designee) (See [Appendix B](#)) 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. A list of members is maintained by the HEIC department and is available by calling 5-8384. Physicians with expertise in the suspected disease process or organism may be consulted when a disease with potential mass exposure ([Appendix D1 & D2](#)) is identified in a patient or staff member or when the potential exposure to other patients and staff members is beyond that which would normally be addressed by routine infection control practices ([Appendix C](#)).
- D. Managers/Supervisors of units/areas where exposure of JHMI personnel has occurred will complete Exposure Forms and instruct staff to call Occupational Health (OHS) as appropriate (e.g., work schedules, home addresses, telephone numbers) in a timely manner as requested by HEIC (see [Appendix D1 & D2](#)).
- E. The Director of the Microbiology Laboratory will provide support for microbiologic and/or serologic studies.
- F. All decisions concerning the investigation will be made by the Hospital Epidemiologist, his/her designee, 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, then urgent decisions shall be made by the Hospital Epidemiologist, Chairman of the HEIC Committee, or their designee.

IV. REPORTABLE CONDITIONS:

Outbreaks of communicable diseases may require reports to city, state or federal authorities, for example agents of bioterrorism. ([Appendix D1 & D2](#)). See also [IFC-003 Reportable Diseases and Conditions](#).

V. DOCUMENTATION:

The Department of Hospital Epidemiology and Infection Control will maintain a current computer database with demographic, exposure, treatment, and clinical status of involved staff members and patients.

	The Johns Hopkins Hospital	<i>Policy Number</i>	IFC025
	INTERDISCIPLINARY CLINICAL PRACTICE MANUAL	<i>Effective Date</i>	7/1/07
	<i>Subject</i>	<i>Page</i>	3of 3
	OUTBREAK MANAGEMENT PLAN	<i>Supersedes</i>	11/03

The Hospital Epidemiologist (or designee) (See Appendix E) 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.

VI. SUPPORTIVE INFORMATION:

SEE ALSO:

The Johns Hopkins Hospital, Interdisciplinary Clinical Practice Manual, IFC003 Reportable Diseases and Conditions.

<http://www.insidehopkinsmedicine.org/icpm/ifc003reportable.pdf>

REFERENCES:

Jarvis, W. (2004) *Investigation of Outbreaks* 3rd Edition). Hospital Epidemiology and Infection Control (2nd Ed) C. Glen Mayhall *Investigation of Outbreaks*, Chap. 7, 107-122.

Arias,K (2000) Outbreak Investigation and Control in Health Care Facilities, 161-180

Checko, P.J. (2005). Outbreak investigation. *APIC Text of Infection Control and Epidemiology*; 4:1-10

Ostrowsky,Belinda.Jarvis,W. *Efficient Management of Outbreak Investigations* Prevention and Control of Nosocomial Infections R.Wenzel (4th Edition) Chapter 31,500-523

COMMUNICATION & EDUCATION:

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 <http://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 <http://www.hopkinsmedicine.org/heic>

SPONSOR:

- Medical Care Evaluation Committee

DEVELOPER:

- Hospital Epidemiology and Infection Control Committee

REVIEW CYCLE	▪ Three (3) years	MEDICAL BOARD	Approval Date: 6/26/07 Effective Date: 7/1/07
VICE PRESIDENT FOR NURSING & PATIENT SERVICES		VICE PRESIDENT FOR MEDICAL AFFAIRS	
_____		_____	
Date:		Date:	