University Health Network
Policy & Procedure Manual
Infection Prevention and Control: Management of Communicable Disease Outbreaks

1. Policy

The University Health Network (UHN) Infection Prevention and Control (IPAC) Department, in collaboration with Toronto Public Health (TPH), will declare a communicable disease outbreak based on supporting epidemiologic parameters. Parameters for calling an outbreak will vary according to the etiologic organism and geographic location within UHN, taking into account baseline staff and patient rates and established provincial thresholds for some organisms, such as influenza and *Clostridium difficile*.

When there is disagreement between IPAC and TPH whether an outbreak should be declared, the final decision will be made by TPH in the case of respiratory or enteric outbreaks or reportable diseases; in all other cases, the decision will be made by IPAC. IPAC is responsible for notifying key stakeholders, such as the relevant unit nurse manager, clinical director, program vice-president, Patient Flow, Environmental Services, Health Services (HS), UHN Safety Services, and medical leadership, about the outbreak.

Some outbreaks are more complicated and require input from a greater number of stakeholders for effective management. Factors that may contribute to a more **complicated outbreak** include:

- number of patients and staff affected by the outbreak
- type or virulence of the etiologic organism
- involvement of a novel or emerging infectious disease
- closure of a critical unit
- potential for media interest

Control measures instituted during an outbreak apply to all UHN staff, physicians, trainees, students, volunteers, essential care partners (ECPs), visitors, vendors, and contract workers attending on the affected unit(s).

In the event that prophylactic medications are offered to staff as part of outbreak management, HS will determine which individuals require medications and how it will be accessed and communicate with them accordingly. IPAC will provide recommendations for patient prophylaxis as needed.

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1.1 Outbreak Management Team

IPAC will convene an outbreak management team (OMT) via email or meeting (as appropriate) within 24 hours of declaration of an outbreak. The OMT will receive a summary of the epidemiology, the case definition, and the outbreak control measures. The OMT will review the relevant clinical and operational impacts and communications plan, as applicable.

Communication to the OMT will occur by email and/or virtual or in person meetings, at a frequency determined by IPAC over the course of the outbreak. The OMT will be chaired by IPAC. If an outbreak affects multiple units, the clinical director for each affected unit may co-chair the OMT. In more complicated outbreaks, the OMT may be co-chaired by the site vice-president and an IPAC physician or leader.

Membership of the OMT should include:

- unit nurse manager
- clinical director
- patient care coordinator, if applicable
- Patient Flow director and manager
- unit infection control professional
- IPAC manager
- IPAC medical director or physician
- Environmental Services leadership
- program medical leadership
- HS manager
- HS director
- HS medical director
- HS site registered nurse (RN) or representative, as applicable
- Communications and Brand Strategy
- Nutrition Services
- Allied Health representative(s)
- Toronto Public Health representative (if it is a reportable disease, enteric or respiratory outbreak)
- education leads (Medicine, Nursing, Allied Health, etc.)

Additional members may include:

- site vice-president
- Antimicrobial Stewardship Program representative
- Laboratory representative
- Pharmacy
- Patient Relations
- Privacy Office representative
- Volunteer Services

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If an outbreak affects multiple clinical units, representatives from all affected units should be included in meetings and communications.

1.2 Closing or Re-Opening Outbreak Units

The decision to close and/or re-open an outbreak unit will be based on the joint recommendation of IPAC and TPH (in the case of a reportable disease, enteric or respiratory outbreak) to the site/unit leadership. The OMT will assess the risk of infection transmission against harm associated with the disruption of clinical services.

In the event of any significant, unresolvable disagreement by OMT members regarding the closing or re-opening of a unit, or at their discretion, the OMT chair will escalate the issue to the program vice-president for a decision. If the program vice-president needs to escalate the decision-making process, the ultimate decision will be made by UHN's chief executive officer.

1.3 Communications

Internal communications about outbreak progress will be sent to the OMT members by an OMT chair or delegate. Outbreak signage will be placed at the entrances of the unit to alert all of TeamUHN of the outbreak.

At minimum, internal communication should occur after declaring the outbreak and at any point where there is a significant change in the epidemiology or status of the outbreak, and upon termination of the outbreak.

Communication in the form of a letter will be provided to all patients admitted to the unit(s) and their ECPs or visitors, as applicable.

Communication may be further disseminated to relevant stakeholders by the OMT chair, in consultation with Communications and Brand Strategy, as appropriate. Communication messages may be reviewed by Communications and Brand Strategy prior to release, as appropriate. Communications and Brand Strategy will send a UHN All Users email to share all outbreak declarations and terminations across UHN sites.

UHN outbreaks will be posted on the UHN intranet while active.

Any media inquiries will be fielded by Communications and Brand Strategy and relayed to a pre-determined media spokesperson, usually within IPAC.

Outbreak debriefs with the OMT may be held if significant learnings are discovered.

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2. Definitions

Communicable disease outbreak: An occurrence of cases of an infectious disease in excess of what would normally be expected on a clinical unit or units, where patient safety is deemed to be at risk.

Reportable diseases: Communicable diseases or their etiologic agents that must be reported to the local public health unit upon clinical suspicion or confirmation, as per Ontario Regulations 559/91 and the Health Protection and Promotion Act.

3. References

1. Provincial Infectious Diseases Advisory Committee (PIDAC). *Best Practices for Infection Prevention and Control Programs in Ontario In All Health Care Settings, 3rd edition*. Third revision, May 2021

2. *Toronto Public Health Communicable Diseases Reporting*. Accessed September 9, 2021: https://www.toronto.ca/wp-content/uploads/2020/03/964d-tph-CDSU-Reportable-Disease-List-Mar-2020.pdf.

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