

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

## 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, site vice president, flow, housekeeping, 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, visitors and contract workers attending on the affected unit(s).

In the event that prophylactic medications are offered to staff as part of outbreak management, UHN's Health Services (HS) department will determine which individuals require medications and communicate with them accordingly. IPAC will provide recommendations for patient prophylaxis as needed.

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## Outbreak Management Team

IPAC will convene an outbreak management team (OMT) meeting within 24 hours of declaration of an outbreak. The OMT will review the epidemiology, case definition, outbreak control measures, relevant clinical and operational impact and communications plan on an ongoing basis.

The OMT will meet at a frequency determined by the OMT, in person or virtually, over the course of the outbreak. The OMT will be co-chaired by HS, together with IPAC. If an outbreak affects multiple units, the clinical director for each affected unit should co-chair the OMT. In more [complicated outbreaks](#), the OMT will be co-chaired by the site vice-president and IPAC.

Membership of the OMT should include:

- unit nurse manager
- clinical director
- patient care coordinator
- patient flow representative
- unit infection control professional
- IPAC manager
- Environmental Services representative
- program medical leadership
- HS manager
- HS site RN or representative
- Public Affairs and Communications
- Nutrition Services (optional)
- Allied Health representative(s)
- Toronto Public Health representative (if it is a reportable disease, enteric or respiratory outbreak)

Additional members may include:

- site vice-president
- IPAC medical consultant
- HS medical consultant
- Anti-microbial Stewardship Program representative
- Laboratory representative
- Pharmacy
- Patient Relations
- Education leads (Medicine, Nursing, Allied Health, etc.)
- 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.

## 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 co-chairs will escalate the issue to the site senior vice-president for a decision. If the senior vice-president needs to escalate the decision making process, the ultimate decision will be made by UHN's chief executive officer.

## Communications

Internal communications about outbreak progress will be sent to the OMT members by an OMT chair or delegate.

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

Communication may be further disseminated to relevant stakeholders by OMT co-chairs, in consultation with Public Affairs and Communication. Communication messages may be reviewed by Public Affairs and Communication prior to release, as appropriate.

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

## 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.

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## 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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