# SESLHD PROCEDURE COVER SHEET

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| **NAME OF DOCUMENT** | Outbreak Management and Contact Tracing |
| **TYPE OF DOCUMENT** | Procedure |
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| **RISK RATING** | Medium |
| **LEVEL OF EVIDENCE** | National Safety and Quality Health Service Standards<br>Standard 3 – Preventing and Controlling Infections |
| **REVIEW DATE** | September 2026 |
| **FORMER REFERENCE(S)** | SESLHDPR/668 – COVID-19 Patient, staff and visitor management - contact tracing |
| **EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR** | Director, Clinical Governance and Medical Services |
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| **POSITION RESPONSIBLE FOR THE DOCUMENT** | SESLHD Infection Prevention and Control Committee<br>SESLHD-InfectionControl@health.nsw.gov.au |
| **FUNCTIONAL GROUP(S)** | Infection Control |
| **KEY TERMS** | Outbreak, healthcare associated infections, communicable diseases, case definition, gastroenteritis, respiratory pathogens, transmission-based precautions, high consequence infectious diseases |
| **SUMMARY** | To outline the procedure for suspected or identified outbreak of communicable diseases or significant micro-organisms. |

## 1. POLICY STATEMENT

The aim of this procedure is to optimise safety of patients, visitors and staff by implementing measures to identify potential risk and limit spread of communicable diseases or multi-resistant organisms of significance.

## 2. BACKGROUND

The plan is necessary to provide guidance for facilities in the management of suspected or confirmed transmission of communicable diseases or multi-resistant organisms of significance.

The outbreak response may differ according to the nature of disease, the virulence of the organism and the vulnerability of the patients concerned. For the purpose of this procedure, High Consequence Infectious Diseases are covered by a separate NSW Ministry of Health Policy Directive, PD2023_008, however principles of outbreak management may apply in the event of a cluster of cases.

Typically, in healthcare settings the outbreak management process should be triggered when there are two or more cases of the same infection within a certain area of the facility. Lines of transmission should also be explored to determine whether there is a link between cases before triggering the outbreak management process.

An outbreak is defined as more cases of a disease than what is expected. For example, a single case of Legionella pneumophila SG1 arising in an inpatient, should trigger an outbreak response.

**Objective of Outbreak Management**

The objective of outbreak management is to interrupt transmission of infection or colonisation as quickly as possible to prevent further cases. To accomplish this, it is necessary to:

- Recognise a suspected outbreak
- Identify and eliminate the source
- Stop further spread by implementing infection control measures
- Prevent recurrence
- Ensure satisfactory communication between all concerned
- Disseminate lessons learnt.

## 3. RESPONSIBILITIES

### 3.1 Infection Prevention and Control (IP&C) or delegate will:

- Alert the healthcare facility executive of a suspected or confirmed outbreak and make a notification to the Public Health Unit if required.
- Commence contact training or delegate to an appropriate person.
- Ensure education is provided to the affected clinical unit/s.
- Enter outbreaks or staff, visitor and patient exposure incidents into the Incident Management System according to the current incident management policy.

The outbreak team may include:

- A member of the facility executive or their delegate
- Infection Prevention & Control team/member
- Staff Health/Immunisation & Surveillance
- Infectious Diseases Physician (and registrar)
- Microbiologist (and registrar)
- Nurse Managers and/or medical representatives from areas involved
- NSW Health Pathology
- Public Health Unit should be involved if there is a notifiable disease or where the outbreak gives rise to a broader public interest or where additional epidemiological expertise is needed
- Sterilisation Services Department Manager or delegate
- Administration Officer
- Housekeeping/ Cleaning services/ Waste Management
- Food Services
- Pharmacy
- Media Officer
- Other individuals may be co-opted as necessary.

### 3.2 Employees will:

- Notify their manager and IP&C of potential outbreak on their wards or units.
- Follow recommendations from the outbreak team.
- Ensure that vaccination against vaccine preventable diseases, as outlined in NSW Health Policy are up to date.
- Inform their line manager if they develop symptoms consistent with gastroenteritis, a febrile respiratory illness or symptoms consistent with a known current outbreak.
- Ensure all mandatory learning for infection prevention and control is up to date.
- Ensure rapid review of any patient affected by a medical officer, including any suspected cases.
- Ensure that inpatients and outpatients who are suspected or confirmed contacts of cases are managed in line with current infection control guidelines.
- Employees must comply with instructions provided by contact tracing staff including work exclusions, and home isolation instructions. Strictly adhere to transmission-based precautions as directed by IP&C.

### 3.3 Medical Staff will:

- Assess and diagnose patients for outbreak condition on suspicion.
- Ensure that public health notification has occurred according to the *Public Health Act 2010* (NSW).

### 3.4 Line Managers will:

- Notify IP&C of potential outbreaks on their wards or units
- Participate in outbreak team as appropriate.

- Ensure that all staff can access education and resources to help them manage infection-related outbreaks and incidents.
- Ensure that vaccination against vaccine preventable diseases, as outlined in NSW Ministry of Health policy are up to date.
- Ensure all mandatory learning for infection prevention and control is up to date
- Follow contact training instructions in relation to staff and patients.
- Follow up any issues identified during contact tracing which may prevent a patient, visitor or staff exposure in the future.
- Ensure open disclosure has occurred with patients, staff or visitors who are close, casual or secondary close contacts.
- Ensure incident management reporting and SafeWork NSW notifications are made in accordance with those policies.

**3.5 Senior Managers will:**

- Ensure appropriate resources are supplied and available as required.
- Prepare a brief to the Local Health District (LHD) executive.
- Ensure media risks are briefed as per SESLHD Policy.

**3.6 Patient Flow Manager will:**

- Advise the site executive concerning changes in outbreak status that impact on patient flow.
- Seek and follow IPC advice for the management of patient placement and ward closures.

## 4. PROCEDURE

**4.1 Causes of outbreaks may include:**

- Pathogens transmitted by contact including multi-resistant organisms (MROs) including Carbapenemase- producing Enterobacterales (CPE)
- Pathogens causing a diarrheal illness
- Pathogens causing acute respiratory illness
- Airborne acquired pathogens
- Blood borne pathogens
- Other organisms of Public Health Significance or high consequence infectious diseases.

**4.2 Outbreak management may include:**

- Confirmation of the outbreak by collecting clinical, epidemiological and laboratory information as a line list for review
- Production of an epi curve
- Establishment of a case definition and use this to verify known cases
- Assess the mode of transmission and potential source
- Identification of the number of confirmed or suspected cases (refer to outbreak definition)
- Identification of the size and the nature of the population at risk

- Identification of the potential impact on consumers at risk and disruptions to service delivery i.e. closure of wards
- Clarification of the response and escalation strategies to manage and control the outbreak & allocate relevant tasks
- Decision about the requirement for testing or screening (close liaison with NSWHP required)
- Education requirements
- Plans for monitoring the effectiveness of strategies
- Plans for documentation, development of resources and recordkeeping
- Communication with all relevant parties (based on escalation plan):
  - Executive
  - Public Health Unit
  - Patients
  - Visitors
  - Healthcare workers
  - Volunteers and contractors
  - Media Officer
- Requirement of resources and logistics
- Requirements of isolation and/or cohorting for patients and contacts
- Contact tracing phone calls with interviews for cases and contacts
- Restriction of patient movement (e.g. to gymnasium)
- Ward closures, restricting or cancelling visiting hours for patients in outbreak areas
- Staffing considerations (i.e. immunocompromised/immunosuppressed)
- Potential exclusion or redeployment of staff
- Environmental cleaning (e.g. extra cleaning required, disinfectants)
- Determination of when to declare the conclusion of the outbreak
- Evaluation, debriefing and feedback:
  - Identify achievements and any issues encountered
  - Recommendations for revisions required for facility specific outbreak management plans or procedures
  - Prepare a final report / brief.

(See Appendix 1 – Outbreak Summary Flowchart)

### 4.3 Contact Tracing

Identification of contacts:
Contacts are identified by determining epidemiological linkage during the determined infectious period for the specified condition. Information required to determine potential linkage is gathered by interviewing suspected contacts, review of patient medical files and admission data systems including waiting room lists, iPM, EMR and First Net. Collaborative information may also require interviewing staff, patients, visitors and department representatives to determine potential exposure within the infectious period.

- All persons considered to have contact with the infectious person(s) during the index case's infectious period should be listed as contacts in a line listing. Efforts should be

made to identify every contact and to inform patients and staff affected of their contact status. Information provided to contacts should include an overview of the infectious diseases and the importance of receiving early care and testing if they develop symptoms.
- Contacts should also be provided with information about prevention of the disease to others in their immediate household (for those that have been discharged) if required.
- A follow-up of contacts may be required to confirm an onset of symptoms and recommend testing as indicated.
- Incident summary and follow-up actions post exposure: To be completed as per local facility

Definitions of infectious diseases and the required control guidelines within NSW are available at NSW Health Control Guidelines.

Further information about the isolation of infectious diseases within SESLHD facilities is also available within Table of Infectious Diseases, Modes of Transmission and Recommended Precautions.

## 5. DOCUMENTATION

May include:
- Healthcare records
- SESLHD Workforce impact report templates
- Outbreak team minutes
- Outbreak reports
- Executive brief / sit-rep
- Incident reports (IIMs+)
- Communication with the public health unit.

## 6. REFERENCES


- NSW Ministry of Health Policy Directive PD2017_013 - Infection Prevention and Control Policy
- NSW Ministry of Health Policy Directive PD2023_003 – Early Response to High Consequence Infectious Diseases
- NSW Ministry of Health Policy Directive PD2023_003 - Lookback
- NSW Ministry of Health Policy Directive PD2020_047 - Incident Management
- NSW Ministry of Health Policy Directive PD2017_010 - HIV, Hepatitis B and Hepatitis C – Management of Health Care Workers Potentially Exposed
- NSW Ministry of Health Policy Directive PD2019_026 - HIV, Management of health care workers with a blood borne virus and those doing exposure prone procedures
- NSW Ministry of Health Policy Directive PD2014_028 - Open Disclosure Policy
- NSW Ministry of Health Guideline GL2019_013 -Triggers for Escalation Following Detection of Infection Outbreak or Clusters
- NSW Ministry of Health IB2013_010 - Notification of Infectious Diseases under the Public Health Act 2010
- NSW Ministry of Health - Viral Gastroenteritis

- Australian Commission on Safety and Quality in Healthcare: Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)
- Health Protection NSW - Disease Reporting for Hospitals

## 7. VERSION AND APPROVAL HISTORY

| Date | Version | Version and approval notes |
|---|---|---|
| September 2020 | DRAFT | Drafted by the SESLHD Infection Control Policy Working Party. Approved by the SESLHD Infection Prevention and Control Committee and Executive Sponsor. |
| December 2020 | DRAFT | Draft for comment period. |
| January 2021 | DRAFT | Draft for comment period ended, no feedback received. Processed by Executive Services for progression to Clinical and Quality Council for approval to publish. |
| February 2021 | DRAFT | Approved by Clinical and Quality Council. |
| March 2021 | 1 | Published by Executive Services. |
| 19 September 2023 | 2.0 | Major review by the SESLHD Infection & Prevention Control Subcommittee to include contact tracing requirements from SESLHDPR/668. Approved by the SESLHD Infection Prevention and Control Committee. Approved at the August Clinical and Quality Council. |

## Appendix 1: Outbreak Summary Flowchart

**Outbreak identified within a Ward/Unit**

Implement appropriate Infection Prevention and Control measures

Collect specimens for Microbiological sampling

**In-hours** Inform Manager and Infection Prevention and Control
**Out of hours** Inform site nurse manager or manager

If notifiable, contact Public Health Unit *(Office Hours 9382 8333 after hours ring switch Randwick Campus 9382 2222 ask to be put through to the Public Health on-call*

Convene Outbreak Management Team

Establish case definition

Data collection and analysis

Containment and communication (escalation and response)

Conclusion of the outbreak declared

Debriefing, feedback and documentation