

Appendix D – Outbreak Management Considerations

Confirm type of patients and rapidity of detection
Assess if high-risk setting or patient. Check for any delays in identification and isolation of cases. Identify contacts and monitor their distribution across the healthcare facilities.
Adopt appropriate screening strategy
Consider what screening strategy is appropriate (including frequency) to identify the exposed pool of contacts.
Optimise staff-patient ratios
Optimise staff-patient ratios to allow good adherence with infection prevention and control activities. Minimise transfer of staff from affected units to unaffected units.
Monitor adherence to IPCT guidelines and cleaning standards
Observe and highlight deficiencies in current IPC practice and audit implementation. Implement enhanced cleaning and disinfection approaches to mitigate the outbreak and ensure these are implemented rigorously and consistently.
Consider isolation and cohorting strategy
Consider what isolation strategy is needed and implement. Cohorting may be appropriate where there are insufficient single rooms for individual isolation (seek advice from CMMs) Cohorting should not be undertaken where patients have different carbapenem resistance mechanisms or different organisms.
Ensure appropriate use of shared patient equipment
Ensure single use patient equipment is being used. Where equipment must be re-used, ensure appropriate disinfection prior to use with next patient.
Consider environmental reservoirs
Consider environmental risk factors, shared equipment and reservoirs e.g., sinks/drains/inappropriate use of hand wash basins. Environmental microbiological sampling guided by microbiological advice on suitable sites and sampling methods. Review needs for enhanced frequency of cleaning and/or introduction of a disinfectant.
Assess current antibiotic pressures
Consider whether prescribing formulary changes are required to minimise patient or environmental exposure to broad-spectrum antibiotics.
Ensure involvement of staff with relevant expertise
Ensure MDT includes IPCT staff and staff experienced in outbreak management. Agree incident action plan. Consider closing the unit/ward to admissions to minimise potential for transmission. Consider minimising patient transfers from the affected unit.
Implement communication plan
Implement internal and external communication plans including to patients, relatives, staff, and the media.

Implement regular brief reminders to staff to promote strict adherence to the outbreak and incident plan.