

Respiratory illness in Residential and Aged Care Facilities

Forming an Outbreak Management Team

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Even a relatively small respiratory outbreak in a residential care facility (RCF) is disruptive because of the risks of complications in vulnerable residents and potential for transmission to staff, with resultant absenteeism. Early recognition of suspected outbreaks and swift management actions are essential for effective response to control spread.

Ideally, a full outbreak management team (OMT) should be formed by the RCF to coordinate the response. The OMT directs and oversees the management of all aspects of an outbreak, meeting at least daily during the peak of the outbreak. It considers the progress of the response, undertakes ongoing monitoring, deals with unexpected issues, and initiates changes, as required.

When a team is formed, it is important to meet regularly, usually daily, at the height of the outbreak to monitor the outbreak, initiate changes to response measures and to discuss outbreak management roles and responsibilities.

Several functions are critical within the OMT, and some roles may be performed by the same person. In reality, a small number of people often perform multiple roles and undertake many tasks.

The outbreak management team should initially meet daily to:

- direct and oversee the management of the outbreak
- monitor the outbreak progress and initiate changes in response, as required
- liaise with GPs and the Victorian Department of Health and Human Services (the department) as arranged.

The Outbreak Management Team may include the following people:

Role	Function
Chairperson (Facility Director, Manager, or Nursing Manager)	The chairperson is responsible for co-ordinating outbreak control meetings, setting meeting times, agenda and delegating tasks.
Secretary	The secretary organises OMT meetings, notifies team members of any changes, and records and distributes minutes of meetings.
Outbreak Coordinator (Nurse / Infection Control Practitioner or delegate)	The coordinator ensures that all infection control decisions of the OMT are carried out, and coordinates activities required to contain and investigate the outbreak. This role is often given to an Infection Control Practitioner (ICP) or delegate.

Role	Function
Media spokesperson/s (Facility Director, or Manager, or delegate)	Significant media interest in outbreaks in RCFs is common, especially if there are adverse outcomes. The department is available to assist facilities should media interest arise. It is recommended that facilities liaise with the department in this instance prior to making media statements.
Visiting General Practitioners	Some GPs may be available to participate in the OMT and their role should be identified during the planning process. It is valuable to identify a clinical lead amongst those GPs who attend a facility. In the management of an outbreak, the role of this person is important in facilitating assessment and management of ill residents, and in working with the RCF and the department to implement control strategies.
Public Health Officers (PHOs) (within the department)	An understanding of what assistance can be provided by PHOs and role/responsibility clarification should be confirmed at the initial OMT meeting, although it is usually not necessary for PHOs to be part of the OMT.