



MINISTRY OF HEALTH

POLICY COMMUNIQUÉ

COMMUNIQUÉ

TO: All Health Authorities

TRANSMITTAL DATE: July 11, 2014

COMMUNIQUÉ NUMBER: 2014-02

CLIFF NUMBER: 1006291

SUBJECT: Carbapenemase Producing Organism Surveillance Protocol and Outbreak Management

DETAILS: Cover Letter to Chief Executive Officers

EFFECTIVE DATE: July 11, 2014

MINISTRY CONTACT: Executive Director, Quality Assurance, Health Services Policy and Quality Assurance Division



Stephen Brown
Deputy Minister
Ministry of Health

MINISTRY OF HEALTH POLICY
CARBAPENEMASE PRODUCING ORGANISM
SURVEILLANCE PROTOCOL AND OUTBREAK MANAGEMENT

Policy Objective

- This policy protects patient safety and improves patient care outcomes by ensuring provincial consistency in provincial surveillance and outbreak management activities relating to Carbapenemase Producing Organisms (CPO), bacteria with a high genetic resistance to broad spectrum antibiotics, including the carbapenem family of drugs.

Scope

- This policy applies to all health authority¹ programs and facilities delivering acute care services. This includes private or non-profit facilities and/or providers that are supplying publicly-funded, acute care services under contract to health authorities.

Definitions

- **Shall:** Indicates a mandatory requirement based on Ministry of Health directive.
- **Should:** Indicates a recommended best practice for implementation at the discretion of each health authority.

Policy

- **Protocol** – Health authorities shall implement processes and procedures for the surveillance of CPOs and the management of CPO outbreaks, as outlined in the *Surveillance Protocol for Carbapenemase Producing Organisms (CPO) in British Columbia* (the Protocol). A copy of the Protocol is attached as Appendix 1.
- **Surveillance** – Effective immediately, health authorities shall adopt the provincial surveillance definitions for CPO cases and case classification established by the Provincial Infection Control Network of BC (PICNet).
- **Public Reporting** – CPO surveillance metrics shall be publicly reported by PICNet on behalf of health authorities, beginning with Q2, FY 2014/15 data. At a minimum, quarterly CPO data shall be publicly reported twice per year by PICNet on behalf of health authorities.
- **Signage within Facilities** – Health authorities shall post appropriate signage within acute care facilities notifying clinicians, staff, patients and the public of current CPO outbreaks and of all relevant safety information (e.g., required precautions; access restrictions).
- **Public Notification of Outbreaks** – Health authorities shall promote public, patient, clinician and staff awareness of CPO outbreaks by providing current (i.e., active), plain language outbreak information on the organization's primary public website.
 - The health authority's primary public homepage should include a permanent, easily identifiable link to outbreak information.
 - Outbreak information should be available no more than one layer beneath the health authority's primary public homepage.
 - At a minimum, public outbreak information should include the following details:
 1. The outbreak type, agent or cause (e.g., CPO infection);
 2. The date the outbreak was declared;
 3. The name of the hospital, facility or site of the outbreak;
 4. The name of the unit or program where the outbreak is occurring, where applicable;

¹ Providence Health Care, United Church Health Services Society, St. Joseph's General Hospital and other denominational or "affiliated" sites are included within the definition of "health authority".

5. Safety information relevant to patients, clinicians, staff and/or the public (e.g., required precautions; access restrictions);
6. A date/time stamp indicating when the outbreak notification information was last updated; and
7. Supporting information (e.g., Frequently Asked Questions) explaining health care associated infections, activities undertaken to prevent health care associated infections, outbreaks, and actions undertaken when outbreaks occur.

- **Staff Engagement** – Health authorities shall actively engage clinicians, care providers and staff when implementing best practices for managing CPO outbreaks in order to foster frontline engagement and compliance.

Accountability

- Health authorities shall ensure that organizational policies and practices comply with the standards and requirements outlined in this Communiqué, including the attached Protocol.
- By January 30, 2015, all health authorities shall provide the Ministry of Health with documentation demonstrating that epidemiologically-informed CPO baseline levels have been established for all units and/or facilities (as appropriate). This baseline information will inform subsequent activities relating to, for example, the escalation of alerts and the declaration of outbreaks.
- The Ministry of Health will monitor compliance with this Communiqué through existing mechanisms.

Review

- This Policy and Protocol will be reviewed in one year's time (July 2015) to ensure that all surveillance objectives are being met and to determine if any enhancements to the protocol are warranted.