



DR. PABLO O. TORRE  
MEMORIAL HOSPITAL

# RIVERSIDE MEDICAL CENTER, INC.



**METRO PACIFIC HEALTH**  
THE HEART OF FILIPINO HEALTHCARE

<b>DEPARTMENT:</b> Medical Services Division		<b>POLICY NUMBER:</b> DPOTMH-MPP-PCU-P020-(01)	
<b>TITLE/DESCRIPTION:</b> <b>INVESTIGATION OF HOSPITAL INFECTION OUTBREAK &amp; MANAGEMENT</b>			
<b>EFFECTIVE DATE:</b> July 30, 2025	<b>REVISION DUE:</b> July 29, 2028	<b>REPLACES NUMBER:</b> N/A	<b>NO. OF PAGES:</b> 1 of 14
<b>APPLIES TO:</b> Infection and Prevention Control Unit and Medical Services Division		<b>POLICY TYPE:</b> Multi Disciplinary	

## PURPOSE:

1. To promptly identify and manage any outbreak of infection.
2. To quickly identify the source, method of spread and causative organisms responsible for the outbreak.
3. To prevent further spread of the organism through implementation of appropriate control measures and restrictions.
4. To ensure all individuals, departments and any outside agencies likely to be involved in an outbreak have a clear understanding of their roles and are fully briefed.
5. To disseminate information concerning the outbreak efficiently to ensure the rapid mobilization of resources.

## DEFINITIONS:

**Case Definition** - formulated by examination of patients, laboratory data and review of clinical records to give a set of inclusion and exclusion criteria. Enables classification of disease status in the outbreak setting.

**Communicable period** - the time during which an infectious agent may be transferred directly or indirectly from an infected person to another person from an infected animal to humans or from an infected person to animals including arthropods.

**Contact** - is a person or animal that has been in such association with an infected person or animal or a contaminated environment as to have an opportunity to acquire the infection.

**Incubation period** - the time interval between initial contact with an infectious agent and the first appearance of symptoms associated with the infection until the last possibility of symptoms associated with the infection.

**Infectious agent** - an organism that is capable of producing infection or infectious disease.

**Nosocomial infection/Healthcare Associated Infection** - an infection occurring in a person in whom it was neither present nor incubating at the time of admission/arrival in the hospital nor is it the result of an infection acquired during a previous admission

**Outbreak** - is an increase in the number of disease cases above what is typically expected in a defined population or area. This increase is usually sudden, and the cases are presumed to be related or have a common cause. Outbreaks can occur in a specific geographic area or among a particular group of people.

It may also be defined as two or more linked cases of the same illness or the situation where the observed number of cases exceeds the expected number, or a single case of disease caused by a significant pathogen e.g. diphtheria or viral hemorrhagic fever.

- A **major outbreak** will be characterized by similar clinical signs affecting a significant



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number of people (e.g. 20 people, patients and/or staff) in one hospital within a 48-hour period. This may affect one unit/ward or more. There will be occasions when the severity of the infection necessitates the serious outbreak procedures being observed for much smaller numbers, perhaps only one affected individual. E.g. legionnaires

- A **minor outbreak** may be more difficult to define but generally it will be characterized by similar signs affecting people in one area of the hospital. This may occur over a period of days or even weeks. The Infection Prevention and Control Team will usually manage the outbreak.

**Cohort** - Cohort nursing involves isolating patients with the same infection or symptoms together in a separate station/unit.

**IPC** - Infection Prevention and Control

## RESPONSIBILITY:

Infection Prevention and Control Staff, The Operations Manager, Medical Director, HODs (concerned), Chief Nurse, Nursing Supervisors, TQD, Chief Engineer, IPC Team, DSO, Safety Officer, Pharmacy Manager, Laboratory Head, Support Services Manager (Housekeeping & Security), Radiation and Safety Officer (when case requires) and Logistics Department Manager, IPC Committee Chair, HOD ED/Other concerned Stations/Unit, CMO

## POLICY:

1. The hospital shall be committed to rapidly recognize and respond to communicable disease outbreaks.
2. Top Management and Medical Director shall be notified by Infection Prevention and Control Team of any unusual occurrence of disease, particularly diseases that have the potential to expose many susceptible individuals.
3. Infection Prevention and Control Unit in collaboration with Emergency and Disaster Preparedness Committee manages outbreak through comprehensive surveillance, monitoring trends and detecting outbreaks, investigating outbreaks and eliminating sources, providing technical assistance and education to the medical community and designing and implementing special epidemiologic studies are important for controlling outbreaks of communicable diseases.
4. Information may be provided to the public and the media with agreement of the Outbreak Team, administration and local authorities.

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5. The selection of control measures is determined by the results of the initial analysis in consultation with appropriate professionals. (i.e. Infection Prevention and Control Team, Infectious Disease, Epidemiologist, Clinicians, Microbiologists, Nurses and Technicians). The control measures shall vary depending on the agent and mode of transmission.

## 6. The Outbreak Control Team

Designation	Responsibility /Action
Chief Medical Officer (CMO)	<ul style="list-style-type: none"><li>• Activate emergency preparedness plan.</li><li>• Ensure necessary required doctors will be called upon to cover the emergency department.</li><li>• Coordinate the different functions and assign responsibility to department head.</li></ul>
Operations Manager	<ul style="list-style-type: none"><li>• Assuring the organization implements the necessary preparatory measures for potential influenza pandemic.</li></ul>
Medical Director	<ul style="list-style-type: none"><li>• Arrange the availability of medical &amp; other support staff &amp; availability of bed &amp; support services.</li></ul>
Chairperson (IPC Committee)	<ul style="list-style-type: none"><li>• Track probable and confirmed cases.</li><li>• Taking decision joining with medical director and hospital administrator &amp; hospital administrator regarding the availability of AIIR.</li><li>• Initiate the need-based actions.</li></ul>
Chief Nursing Officer (CNO)	<ul style="list-style-type: none"><li>• Provide adequate staff in coordination with nursing managers &amp; supervisors.</li><li>• Coordinate with different units/department to provide necessary supplies and equipment.</li><li>• Make sure all relevant necessary units are prepared to receive patients under isolation precautions.</li><li>• Ensure staff are trained on the proper use of PPE on all types of isolation precautions (transmission-based precautions)</li></ul>
HOD Emergency	<ul style="list-style-type: none"><li>• Initiate the response team and inform CMO.</li><li>• Inform IPC Committee Chairperson.</li></ul>

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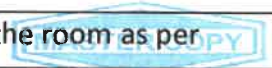
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	<ul style="list-style-type: none"> <li>Initiate the necessary action relevant to epidemic of infectious diseases.</li> </ul>
Nursing Supervisor	<ul style="list-style-type: none"> <li>The nursing supervisor will immediately commence when disaster plan is activated to determine the existing bed capability of the hospital at the particular time that the disaster plan is activated by performing vacant bed counts and will report to the CNO.</li> <li>Bed Management Center will be setup on the ground floor, outside the call center area.</li> <li>Arrange along with doctors and inpatient units to discharge the patients able to be discharged.</li> </ul>
Total Quality Division Head	<ul style="list-style-type: none"> <li>Ensure the adherence to the policy and support staff where necessary.</li> </ul>
Chief Engineer	<ul style="list-style-type: none"> <li>Check and maintain adequate AIR.</li> <li>Arrange portable HEPA filter machines for airborne isolation cases (when required)</li> </ul>
SRU Head	<ul style="list-style-type: none"> <li>Ensure availability of the sterile supplies needed.</li> </ul>
IPC Nurses	<ul style="list-style-type: none"> <li>Actively participate in the initial phase of the investigation.</li> <li>Assisting with vaccination decisions if applicable and screening affecting staff and patients.</li> <li>Ensure availability of appropriate PPEs.</li> <li>Ensure adherence Standard and Transmission-based Isolation Precaution.</li> </ul>
Disease Surveillance Officer (DSO)	<ul style="list-style-type: none"> <li>Working with and reporting City Epidemiology and Surveillance Unit (CESU) – Department of Health (DOH)</li> </ul>
Safety Officer	<ul style="list-style-type: none"> <li>Ensure the safety of any internal or additional external resources which may be required.</li> </ul>
Pharmacy Department Manager (In-patient)	<ul style="list-style-type: none"> <li>Manage supply of medications necessary for staff &amp; patients with probable or confirmed infections.</li> </ul>
HOD Laboratory/Deputy	<ul style="list-style-type: none"> <li>Ensure efficient response for collection, safe handling, storage and shipping of the specimen if to be sent to external laboratory.</li> </ul>
Support Services	<ul style="list-style-type: none"> <li>Ensure cleaning and disinfection of the room as per</li> </ul>





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Manager(Housekeeping & Security)	protocol.
Radiation and Safety Officer	<ul style="list-style-type: none"> <li>• Crowd control if required.</li> <li>• Ensure that proper infection control protocol maintained during procedures.</li> </ul>
Logistics Department Manager	<ul style="list-style-type: none"> <li>• Ensure all necessary supplies are available.</li> </ul>

## PROCEDURE (SOP):

1. IPC team receives a report for suspected/possible incident of outbreak.
2. IPC team verifies and assesses a reported outbreak/incident and carries out an initial assessment of a reported outbreak as soon as possible.
3. Preliminary Investigation
  - 3.1 The IPC Team/Nurse gathers data.
  - 3.2 The IPC Committee Chairperson and IPC Team confirms the diagnosis.
  - 3.3 The HOD ED/Other concerned Stations/Unit, CMO notifies the key personnel & Outbreak Control Team.
  - 3.4 The IPC Team, IPCC Chairperson & members (concerned) identifies whether a problem/outbreak exists.
  - 3.5 The IPC Team, IPCC Chairperson natures and extent of the incident/outbreak.
  - 3.6 The Operations Manager, Medical Director, HODs (concerned), CNO, Nursing Supervisors, TQD, Chief Engineer, IPC Team, DSO, Safety Officer, Pharmacy Manager, Laboratory Head, Support Services Manager (Housekeeping & Security), Radiation and Safety Officer (when case requires) and Logistics Department Manager immediately control measures, identify those who are ill, ensure patients receive appropriate care, control the source of infection, and contain the infection.
4. At the end of the assessment, the IPC Team categorizes the incident into one of the following:
  - 4.1 No outbreak exists
  - 4.2 Minor outbreak
  - 4.3 Major outbreak
5. Investigation of an Outbreak
  - 5.1 If possible, Microbiologist collect samples immediately after patients become symptomatic. This may be before control measures are introduced. The ability of the microbiology laboratory to process the additional specimens should be assessed.
  - 5.2 Epidemiological investigation is an essential part of outbreak investigation. As cases are identified and analyzed by time, place and person the population at risk will be defined and



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a list of affected individuals, their contacts and others at risk drawn up and kept up to date by the relevant ward/department.

5.3 It is very important to consider the mode of spread of infection in the light of the nature of the infecting organism and the distribution of cases.

#### 6. Management of outbreak

6.1 On suspicion of an infectious incident, Unit/Station Staff immediately take precautions to prevent further spread by investigating appropriate Isolation and Standard Infection Control Precautions and informing the IPC Team (Please refer to Standard & Transmission-Based Precautions Policy – PCI 1.08.)

6.2 The IPC Team informs the Chief Medical Officer when a major outbreak is declared.

6.3 The IPC Nurse visits the affected area daily to advise on measures of outbreak control and to ensure that correct procedures are being followed.

6.4 Liaise with the clinician responsible for affected patients on appropriate treatment.

6.5 Isolate all the suspected cases as soon as possible, and record information on all cases.

6.5.1 Date of admission

6.5.2 Date and time of onset of symptoms

6.5.3 Room number

6.5.4 Clinical diagnosis and relevant medical history

6.5.5 Medication/feed history

6.5.6 Ward transfers

6.5.7 Depending on the type of microorganism, incubation period, susceptibility, consider isolation of patients, staff and visitors and initiate contact tracing where appropriate

6.5.8 Members of the IPC Team carries out initial investigation and their findings will be conveyed to the Chief Medical Director, Chief Nursing Officer (CNO).

Station/Unit/Department Managers, Nurse Managers as appropriate.

6.5.9 Ward Closure: The decision to close a ward because of continued spread of infection taken jointly by Senior Management/Management Committee and the IPC Team. Any plan to close a ward includes a review of the situation after 24 hours and detail those circumstances under which ward will be re-opened. Closure of wards is a major decision which reduces the efficiency of the hospital and is rarely used. Therefore, closure of a ward to new admissions should only be considered if spread of infection continues despite adequate infection control measures or if sickness absence among nurses means that the availability of Nurses has dropped below the minimum safe level.

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- 6.5.10 The unit/station can only be re-opened once the outbreak has been declared over by the IPC Unit and the area has been cleaned thoroughly by Housekeeping.
- 6.5.11 **Cohorting:** Cohort nursing involves isolating patients with the same infection or symptoms together in a separate ward or bay. Cohort bays (i.e. bays which are closed to admissions due to symptomatic patients) should be cared for by designated staff that should not look after other patients within the ward for the duration of the outbreak. Staff should not work in unaffected areas for 48 hours after the end of a shift where they have been working on an affected ward.
- 6.5.12 **Educate:** All Staff involved in the care of the patient needs to be educated on Standard and Transmission-Based Precautions.
- 6.5.13 **Immunization:** where appropriate: Please refer to Vaccination Policy - DPOTMH-HW-P14.
- 6.5.14 **Prophylactic Medications**
- 7. Communication on outbreak
  - 7.1 The IPC Team notifies by e-mail all relevant parties with information regarding:
    - 7.1.1 Date of onset
    - 7.1.2 Numbers affected
    - 7.1.3 Location
    - 7.1.4 Action taken
    - 7.1.5 These e-mails will continue until the Outbreak is resolved
- 8. Conclusion of investigation
  - 8.1 Data is collected until no new cases occur or rate returns to previously endemic rate
  - 8.2 IPC Committee Chair holds a debriefing session
  - 8.3 IPC Team writes a report
- 9. Declaring of outbreak is over and evaluation
  - 9.1 IPC Unit/Outbreak Control Team declares if outbreak is over. Following an outbreak, revise internal protocols where necessary for improvement. A debriefing may be called by any member of the Outbreak Control Team to address outbreak management issues. Depending on type and scale of the outbreak, a summary report including background, details of the investigation, results and recommendations may be written by a member of the Outbreak Control Team and shared with Senior Management/Management Committee and hospital employee.

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## WORK INSTRUCTION:

KEY TASK	PERSON RESPONSIBLE
1. Receives a report for suspected/possible incident of outbreak.	IPC Team
2. Verifies and assesses a reported outbreak/incident and carries out an initial assessment of a reported outbreak as soon as possible.	
3. Categorizes the incident at the end of the assessment.	
4. Carries out initial investigation and their findings will be conveyed to the Chief Medical Director, Chief Nursing Officer (CNO).	
5. Notifies by e-mail all relevant parties with information regarding: <ul style="list-style-type: none"><li>• Date of onset</li><li>• Numbers affected</li><li>• Location</li><li>• Action taken</li><li>• These e-mails will continue until the outbreak is resolved</li></ul>	
6. Informs the Chief Medical Officer when a major outbreak is declared.	
7. Writes a report.	
8. Assists the Microbiologist in the management and control of the outbreak.	IPC Nurse
9. Visits the affected area daily to advise on measures of outbreak control and to ensure that correct procedures are being	







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followed.	
10. Gathers the data.	IPC Team/Nurse
11. Confirms the diagnosis.	IPC Committee Chairperson and IPC Team
12. Notifies the key personnel & Outbreak Control Team.	HOD ED/Other concerned Stations/Unit, CMO
13. Identifies whether a problem/outbreak exists.	The IPC Team, IPCC Chairperson & members (concerned)
14. Immediately control measures, identify those who are ill, ensure patients receive appropriate care, control the source of infection, and contain the infection.	The Operations Manager, Medical Director, HODs (concerned), CNO, Nursing Supervisors, TQD, Chief Engineer, IPC Team, DSO, Safety Officer, Pharmacy Manager, Laboratory Head, Support Services Manager (Housekeeping & Security), Radiation and Safety Officer (when case requires) and Logistics Department Manager
15. Immediately take precautions to prevent further spread by investigating appropriate Isolation and Standard Infection Control Precautions and informing the IPC Team, On suspicion of an infectious incident.	Unit/Station Staff
16. Holds a debriefing session.	IPC Committee Chair





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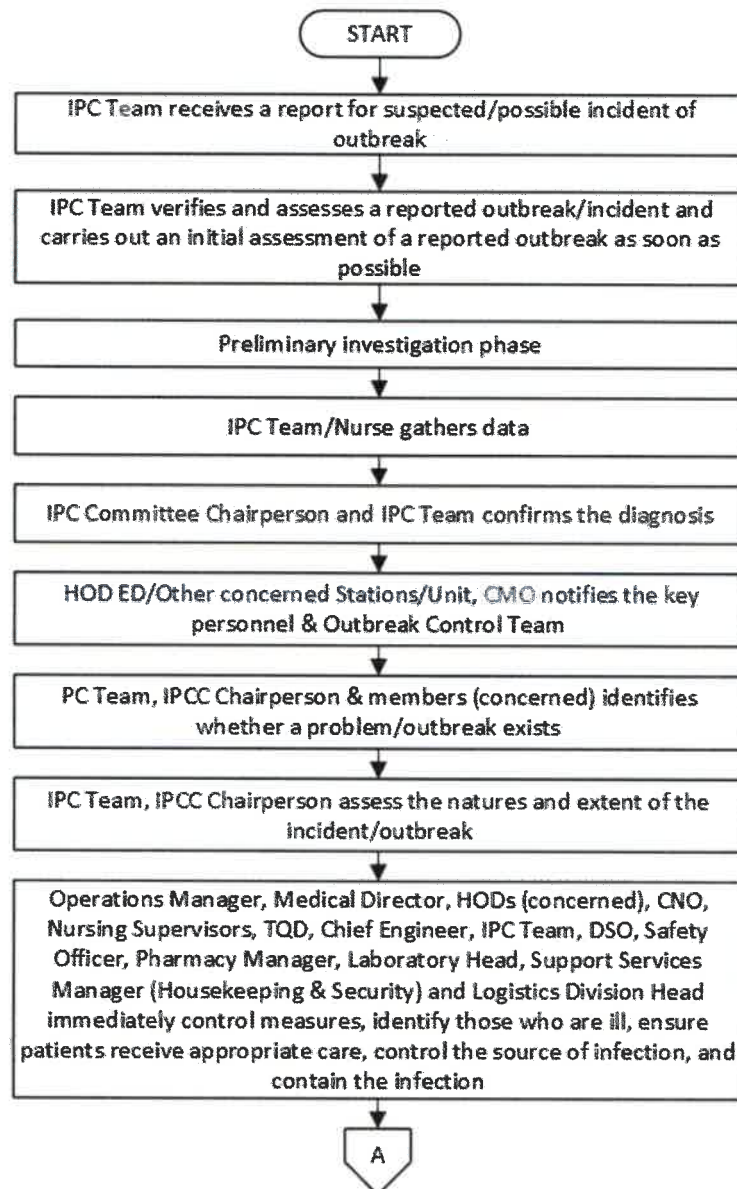
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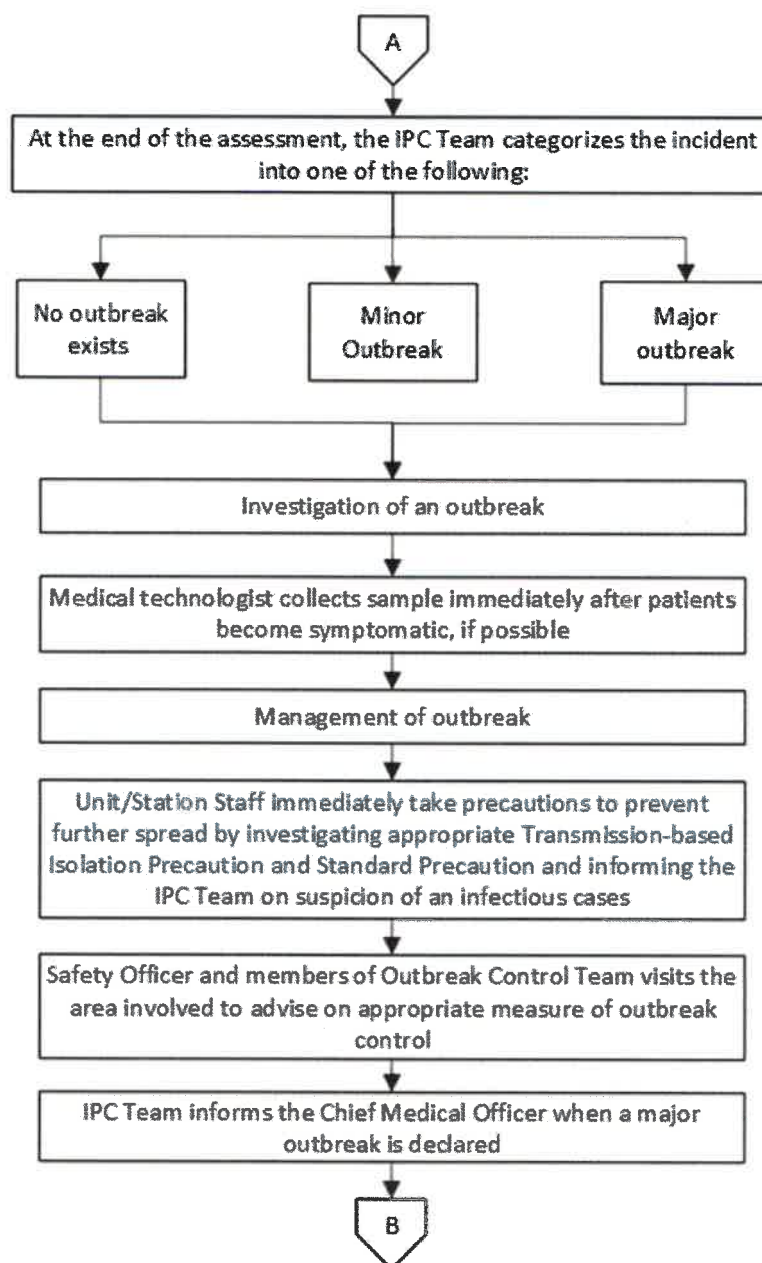
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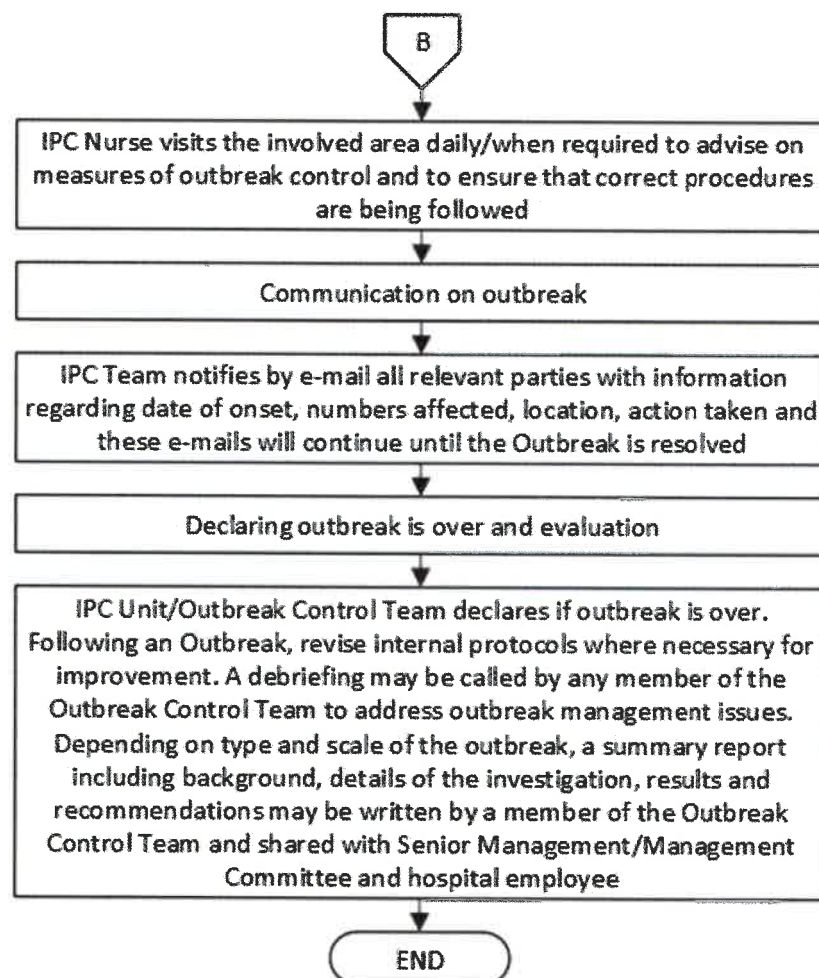
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**WORK FLOW:**

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<b>FORMS:</b> N/A
<b>EQUIPMENT:</b> N/A
<b>REFERENCES:</b> N/A





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APPROVAL:				
	Name/Title	Signature	Date	TQM Stamp
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	<b>JOSE PEPITO B. MALAPITAN, MD</b> Medical Director		15 JUL 2025	
	<b>MA. ANTONIA S. GENSOLI, MD</b> VP-Chief Medical Officer		17 JUL 2025	
<b>Final Approved by:</b>	<b>GENESIS GOLDI D. GOLINGAN</b> President and Chief Executive Officer		21 JUL 2025	

