



衛生防護中心
Centre for Health Protection

Scientific Committee on Infection Control

Recommendations on Delineating Roles of Participating HCWs in Outbreak Control in a Hospital Setting

Traditionally in Infection Control, the management of the outbreak is the responsibility of the Infection Control Officer (ICO) of a local hospital. He should be a professional with expertise in outbreak control and he must take the final responsibility of the outcome. Getting co-operation and compliance of the local colleagues is so critical in outbreak management that it is always best for a local team takes the lead. It is similar to allowing the sergeant to run his platoon for a local skirmish. Even if the general steps in, the local battle will not be won.

2. However, as often is the case even in the developed world, expertise may be lacking in the local hospital. For example it is generally felt that the local infection control unit may not be competent to carry out a proper case-control study to explore causative factors. The local ICO must be willing to consult and readily request for assistance whenever needed. He might also need help in the actual management of the outbreak, especially when cases continue to escalate.

3. The CDC in America as they assist hospitals in outbreak management always seeks to ensure that their presence has “**added value**”. Their participation is always by the request of the local infection control team and the ICO. They do not override the local ICO, but nevertheless are quick to evaluate the situation and offer assistance in investigation and even control measures. They are genuinely the “expert” in this area and their “added value” is widely recognized. Their model is worthwhile for the Centre for Health Protection (CHP) to adopt.

4. The hospital executive branch should also render full support for the local ICO, although they retain the authority to override



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the ICO's management of the outbreak. The executive branch should do their best to ensure that all ICOs either have the expertise themselves or have ready access to it. It must be appreciated again that the best person to manage a local outbreak is always the person on the spot who knows the local situation. This is in line with the Incident Command System (ICS) widely used by emergency responders in America, where an Incident Commander is appointed to take charge of a particular operation at the scene. The Incident Commander does not have to be, and usually is not the most senior ranking officer involved, but rather an officer that has full delegation to coordinate all aspects of on-site response operations.

5. The local ICO must take the responsibility of the outcome. If this is clearly spelt out, he would then be ardent to adequately equip himself for the task of outbreak management. Nevertheless, in a dire situation, for example when cases are alarmingly escalating and clearly good infection control measures are clearly being ignored, it might be necessary to take over the entire management of the outbreak from the ICO. This could be done through the authority line of the hospital executive branch. However it must be emphasized that this must be an exceptional situation. In ICS, a "transfer of command" occurs only for the benefit of achieving the objective of the response operations, e.g. a more qualified person assuming command when situation escalates, a change of jurisdiction, or normal turnover for extended response operations.

6. When there is an escalating outbreak involving different participating parties (e.g. ICO, ICNs, CHP, hospital executive branch etc.), they should meet together at an early stage to outline a plan of action and clarify the task of the different parties. However this must never impede the work of the local Infection Control team who must take the full responsibility of ensuring control and implementing the appropriate control measures at the earliest possible time.

Centre for Health Protection
28 January 2005

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