Plan · FLD-PLN-004 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 9.8

At a glance

- Infections are watched for each day through the surveillance register (HOS-REG-005).
- A suspected outbreak is reported to the field unit lead within 24 hours.
- Isolation, cohorting and PPE steps are set out for each outbreak type.
- The plan is rehearsed each year.
- Stop and get help straight away if: an outbreak is not reported or isolated, or the plan has never been rehearsed.

1. Purpose

To find and respond to outbreaks in crowded, temporary settings (9.8).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Crowded, temporary settings spread infection quickly. Infection control must be practised, and outbreaks found and reported through a defined route.

5. Responsibilities

Role	Responsibility	Competence
Infection control lead	Watches the register and leads the response	Clinician
Field unit lead	Approves isolation and reporting	Clinician

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Watch.

- Record infections daily in HOS-REG-005 and look for clusters.

Key point: Watched every day.

Step 2. Report.

- Report a suspected outbreak to the field unit lead within 24 hours, and to the health authority.

Key point: Within 24 hours.

Step 3. Respond.

- Isolate, cohort and apply PPE steps as set out for the outbreak type, and rehearse each year.

Key point: Set steps, practised.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Suspected outbreaks reported within 24 hours	100%	Each event	Infection control lead	Escalate to the coordinating authority

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
HOS-SOP-014	Healthcare-associated infection surveillance and response (existing, reused)	Procedure
HOS-REG-005	Healthcare-associated infection surveillance register (existing, reused)	Register

17. Evidence

Reference	Note
E-009	Based on the Sphere Handbook, Humanitarian Charter and Minimum Standards in Humanitarian Response (2018).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- Hand Hygiene and Standard Precautions (T-06)
- **Infection Prevention & Control** (MT-05)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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