

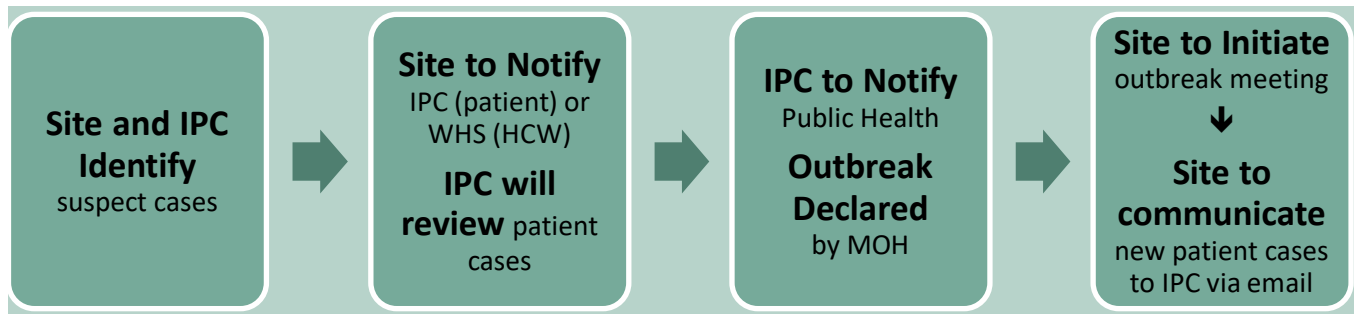
Acute Care

Steps in Outbreak Declaration

Central Zone Infection Prevention and Control (IPC)

Resource: [Acute Care Outbreak Guide | Alberta Health Services](#)

This tool is designed to assist site managers in leading an Acute Care outbreak, and to define IPC's support role during the outbreak.



Step 1 - Site and IPC responsibilities

Suspect cases identified (2 or more inpatients or healthcare workers)

Step 2 - Site responsibilities

Site to notify local IPC/WHS

- IPC for patient cases - contact IPC [IPC Contact List](#)
- WHS for healthcare worker (HCW) cases - contact WHS at DTH.CZ.WHSOHS@ahs.ca

2.1 Surveillance and threshold for investigation

All acute care sites are responsible for conducting ongoing monitoring for unusual clusters of illnesses in patients and healthcare workers (HCWs). This occurs prior to, during and after outbreaks.

- If patients show signs or symptoms of illness, notify IPC.
- If HCWs show signs or symptoms of illness, notify WHS.
- IPC will investigate patient cases further as needed.
- IPC will report to Public Health, when indicated.

Table 2A: Symptoms which require investigation and reporting to IPC or WHS/OHS to initiate an outbreak investigation

Patients	Healthcare Workers (HCWs)
<p>Any new/worse/unexplained respiratory or core symptoms:</p> <ul style="list-style-type: none"> • Cough • Shortness of breath/difficulty breathing/dyspnea • Decreased oxygen saturation or increased oxygen requirement • Sore throat/painful swallowing/hoarse voice • Runny nose/nasal congestion/sneezing • Fever/chills/rigors <ul style="list-style-type: none"> ◦ Adults: greater than 37.8°C ◦ Paediatrics: greater than or equal to 38.0°C • Loss of/change in sense of smell or taste <p>New or unusual symptoms including but not limited to:</p> <ul style="list-style-type: none"> • Headache • Conjunctivitis/red eye/chemosis • Vomiting/diarrhea • Nausea/unexplained loss of appetite • Myalgia (muscle aches) or arthralgia (joint aches) • Fatigue/severe exhaustion • Any additional symptoms at clinician's discretion (e.g., skin manifestations such as "COVID toes," altered/change in mental status, etc.) 	<p>Any symptoms that are new or worsened (if associated with allergies, chronic or pre-existing conditions):</p> <ul style="list-style-type: none"> • Cough • Shortness of breath/difficulty breathing • Runny or stuffy nose • Sore throat • Fever/chills • Nausea/Diarrhea • Loss of sense of smell or taste

Note: Symptoms not listed in [Table 2A](#) may still be indications of illness and should be managed at the discretion of the care team for the individual experiencing the symptoms. However, symptoms not listed in [Table A](#) do not need to be reported to Public Health and/or IPC and/or WHS.

For more information contact: ipccenzadmin@ahs.ca
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Original date: July 31, 2024
 Revised date:

IPC reviews inpatient cases and determines if cases meet definition.

3.1 Case confirmation

Patient case(s) – IPC will determine and document:

- If case is hospital-acquired and/or epidemiologically linked;
- Whether patient was in the outbreak area during the communicable period; and/or
- Patient movement during the communicable period.

Step 3 - IPC responsibilities

- IPC consults the MOH and CDC for outbreak declaration.
- IPC to communicate with site leadership on IPC measures and assist the site in the outbreak management.

Step 4 - Site responsibilities

Site initiates the outbreak meeting.

- Outbreak meeting is called by the unit manager.
- Site uses Appendix 5 (Agenda template) to facilitate outbreak meetings.
- Site uses Appendix 6 (Outbreak Checklist – initial considerations checklist).

Refer to the [Acute Care Outbreak Guide](#) for Appendix 5 and 6.

Appendix 5: Outbreak management team meeting agenda

Outbreak Management Team Meeting
 TYPE
 UNIT
 DATE
 TIME
 MS Teams

AGENDA

1. Welcome and Introductions	Chair
2. Approval of Agenda	All
3. Review Previous Meeting Notes/Actions	All
4. Updates	
4.1. IPC	
4.2. Unit Manager / Charge Nurse	
4.3. WHS/OHS	
4.4. Bed Management	
4.5. Public Health (MOH / Communicable Disease Control / Safe Healthy Environments)	
5. Patient Movement	Presenter
6. Round Table	Presenter
7. (1 st meeting only) Meeting Chair	All
8. Next Steps (Review of "To Dos")	Chair
9. Date of Next Meeting	Chair
10. Adjournment	Chair

Appendix 6: Outbreak checklist for discussion at OMT meeting

Acute Care Outbreak Initial Considerations Checklist

For combined acute care and continuing care sites, application of acute care outbreak measures to continuing care areas in the same facility will be determined on a case-by-case basis. Considerations include (but are not limited to) physical layout, staffing, and shared spaces and/or activities between patients and residents.

Patient Movements (Admissions/Discharges/Transfers):

- Admissions and incoming transfers
 - o Open/Closed/Specific criteria
- Outgoing transfers within facility or to another acute care site:
 - o Any quarantine/isolation and testing requirements
 - o Minimize intra-facility patient transfers off unit – should be medically necessary (i.e., no transfers of convenience)
- Discharges home:
 - o Discharge letter with instructions if unit is on outbreak for COVID-19 ([Appendix 4](#))
 - o Any quarantine/isolation and testing requirements
- Transfers to congregate living/continuing care:
 - o Refer to [Risk Assessment Matrix](#) to determine if [Risk Assessment Worksheet \(RAW\)](#) and MOH approval is required.
 - o Any quarantine/isolation and testing requirements
- Notify IPC of all transfers or discharges for patients on outbreak unit and any identified close contacts on other units

Patient Considerations:

- Increase patient symptom monitoring to q8h. (i.e., minimum of 3 times)
 - o Symptom Identification and Monitoring Form 21616: <https://www.albertahealthservices.ca/fim-21616.pdf>
 - o Seniors/altered cognition: <https://www.albertahealthservices.ca/-/symptoms-in-seniors.pdf>
- Wandering patients
 - o <https://www.albertahealthservices.ca/-/wandering-covid19.pdf>
- Admitt

4 pages of detailed information

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