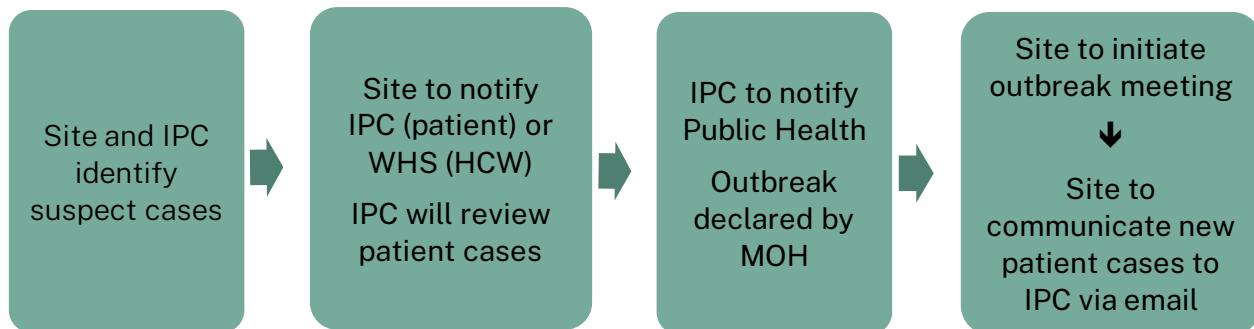


Steps in Outbreak Declaration

Acute Care

This tool is designed to assist site managers in leading an acute care outbreak, and to define Infection Prevention & Control's (IPC) support role during the outbreak.

Resource: [Acute Care Outbreak Guide](#).



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 or Workplace Health and Safety (WHS)
 - IPC for patient cases - contact IPC: [Contact List](#)
 - WHS for healthcare worker (HCW) cases – contact WHS: dth.cz.whsohns@ahs.ca
- ❖ **Site to monitor for an outbreak:** All acute care sites are responsible for conducting ongoing monitoring for unusual clusters of illness in patients and healthcare workers (HCW). 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 AHS Public Health Outbreak team, when indicated.

Table 2A: Signs and symptoms to monitor for in patients and HCW/staff

Patients ²	HCW/staff
<p>Any new/worsening/unexplained symptoms not associated with preexisting conditions:</p> <ul style="list-style-type: none"> • Cough • Shortness of breath • Decreased oxygen saturation • Sore throat • Runny nose / nasal congestion • Fever/chills <ul style="list-style-type: none"> ◦ Adults: greater than 37.8°C ◦ Pediatrics: greater than or equal to 38.0°C • Loss or altered sense of taste/smell. • Headache • Conjunctivitis / red eye / chemosis • Nausea/diarrhea/vomiting • Muscle ache / joint pain • Fatigue (significant and unusual) • Any additional symptoms at clinician's discretion (such as skin manifestations such as COVID toes, altered/change in mental status). 	<p>Any new/worsening/unexplained symptoms not associated with preexisting conditions:</p> <ul style="list-style-type: none"> • Cough • Shortness of breath • Sore throat • Runny nose / nasal congestion • Fever/chills • Loss or altered sense of taste/smell • Headache • Nausea/diarrhea/vomiting • Muscle ache / joint pain • Fatigue (significant and unusual).

- ❖ IPC reviews inpatient cases and determines if cases meet definition.

Case	Assessment completed
Patient	<p>IPC will determine and document:</p> <ul style="list-style-type: none"> • If the patient case is hospital-acquired and/or epidemiologically linked • If the patient was in the outbreak area during the incubation period for source investigation • Patient movement during the communicable period for contact tracing purposes.

Step 3 - IPC responsibilities

- ❖ IPC consults CD Outbreak team 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		Presenter
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):		
<input type="checkbox"/> Admissions and incoming transfers <ul style="list-style-type: none">○ Open/Closed/Specific criteria		
<input type="checkbox"/> Outgoing transfers within facility or to another acute care site: <ul style="list-style-type: none">○ Any quarantine/isolation and testing requirements○ Minimize intra-facility patient transfers off unit – should be medically necessary (i.e., no transfers of convenience)		
<input type="checkbox"/> Discharges home: <ul style="list-style-type: none">○ Discharge letter with instructions if unit is on outbreak for COVID-19 (Appendix 4)○ Any quarantine/isolation and testing requirements		
<input type="checkbox"/> Transfers to congregate living/continuing care: <ul style="list-style-type: none">○ Refer to Risk Assessment Matrix to determine if Risk Assessment Worksheet (RAW) (RAW) and MOH approval is required○ Any quarantine/isolation and testing requirements		
<input type="checkbox"/> Notify IPC of all transfers or discharges for patients on outbreak unit and any identified close contacts on other units		
Patient Considerations:		
<input type="checkbox"/> Increase patient symptom monitoring to q8h. (i.e., minimum of 3 times) <ul style="list-style-type: none">○ Symptom Identification and Monitoring Form 21616: https://www.albertahealthservices.ca/fm-21616.pdf○ Seniors/altered cognition: https://www.albertahealthservices.ca/-/symptoms-in-seniors.pdf		
<input type="checkbox"/> Wandering patients <ul style="list-style-type: none">○ https://www.aeccc.ca/covid19		
<input type="checkbox"/> Admit		

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