

## Work Camp Early Outbreak Recognition

### Instructions

Camp Management/Medical Center (person in charge)

If your \* clients/\*\*staff report two or more cases above what is normal for your camp for Influenza-like Illness (ILI) over previous 7 days or Gastrointestinal (GI) Illness over 48 hours or Rash or unexpected illness you should:

- Notify person in charge of work camp.
  - Medical Centre and person in charge must work collaboratively to report clients and staff. There should be no duplication of reporting.
- Report all potential outbreaks to NZ CDC Intake/ Environmental Public Health.
  - During regular office hours, call 1-855- 513-7530. Evenings/weekends/stat holidays, call 1-800-732-8981 and ask for Public Health on Call.
- Immediately implement Initial Infection Prevention & Control (IPC) Measures
  - Hand washing/respiratory etiquette
  - PPE
  - Enhanced cleaning and disinfection
- Refer to the Work Camp tab on the NZ MOH website (<https://www.albertahealthservices.ca/medstaff/nzmoh.aspx>) for Outbreak Management documents for ILI and GI.

Outbreaks are declared by MOH (or designate).

Collect the following information to assist Public Health in determining the need for further investigation and/or recommendations.

Company Name		Municipality/Location Work Camp		
Contact Person	Phone Number	Total Number of Rooms	Type(s) of Room <input type="checkbox"/> Shared <input type="checkbox"/> Single <input type="checkbox"/> Others _____	
Affected Areas (e.g. wings, building, common worksite, worksites serviced by camp)				
Description of Facility				
<input type="checkbox"/> Washroom Private		<input type="checkbox"/> Kitchen	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Common Area
<input type="checkbox"/> Washroom Semi Private		<input type="checkbox"/> Group Transport (e.g bus)		
<input type="checkbox"/> Other _____				
Date of onset of symptoms (yyyy-Mon-dd)		Total Number of *Clients	Total Number of newly symptomatic *Clients	
Describe symptoms (use symptom code below)		Total Number of **Staff	Total Number of newly symptomatic **Staff	
Reported by		Date (yyyy-Mon-dd)		
<b>Symptoms Codes:</b>				
V=Vomiting   D=Diarrhea   N=Nausea   F=Fever   H=Headache   A=Abdominal Pain   M=Muscle/Joint Pain   C=Cough   R=Rash   O=Other				

\*Client: A person that stays at, visits or uses the services of a work camp, and does not have an operational or administrative role at the work camp.

\*\*Staff: A person that has an operational or administrative role at a work camp.