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Communicable Disease Response and Facility Outbreaks - Roles and Responsibilities

Purpose

The purpose of this document is to outline the roles and responsibilities between the Medical Health Officer (MHO), the Communicable Disease Unit (CDU), Infection Prevention and Control (IPAC), and the Medical Microbiologist (MM) when responding to:

- Reportable communicable disease events where an infectious patient or resident had contact with an acute care or IH owned and operated long term care facility.
- Viral Respiratory Infection (VRI) or Gastrointestinal Infection (GI) outbreaks in acute care and long-term care facilities.

1. Communicable Disease Follow Up

The below tables outline the roles and responsibilities for immediately notifiable communicable disease (CD) follow up that involves acute care and community. The list of immediately notifiable CDs can be found in Appendix A.

Communicable Disease Assessment, Notification and Exposure Tracking (CDNT)

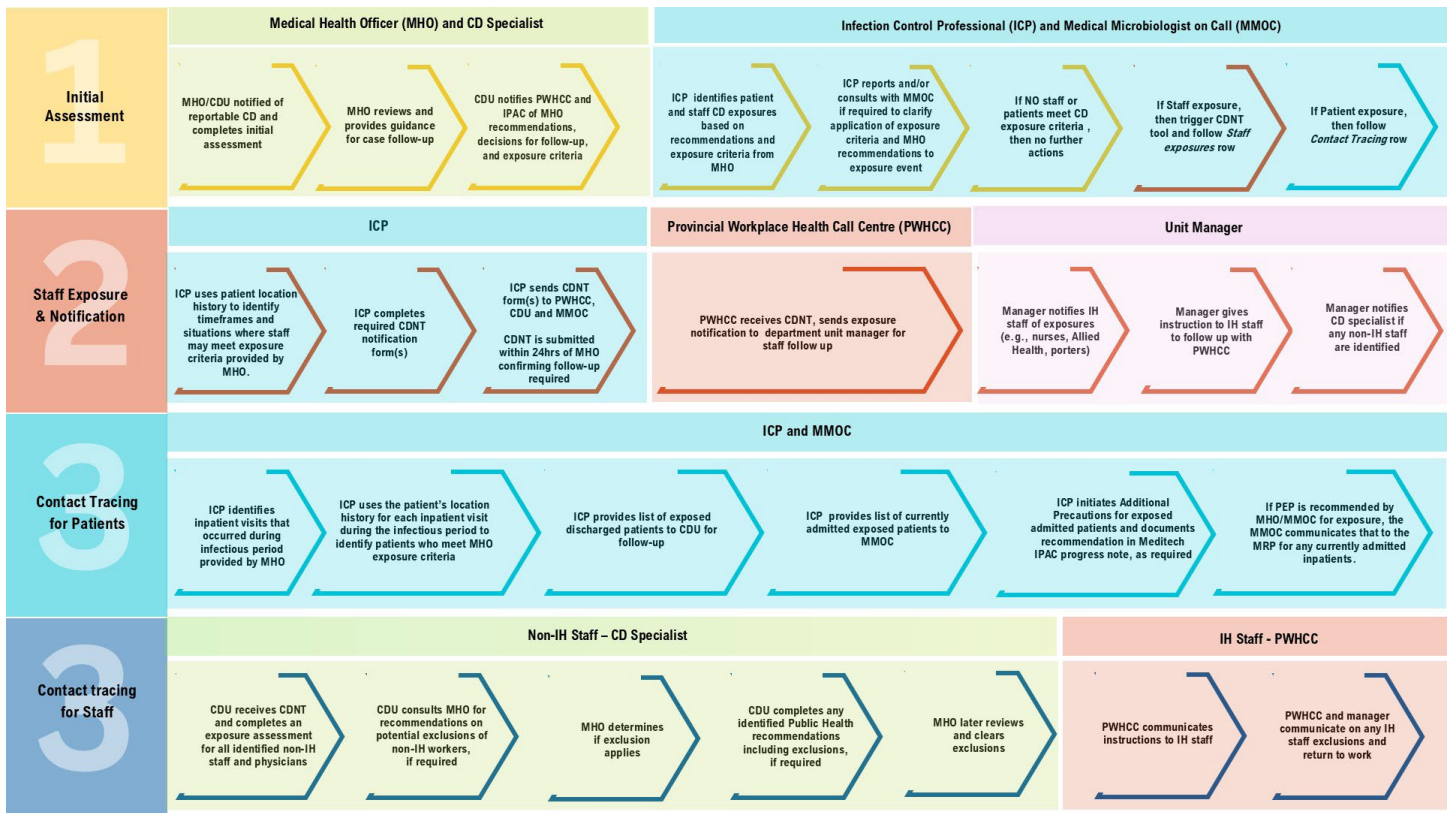
Group	Role
Medical Health Officer <i>After hours: MHO on-call</i>	<ul style="list-style-type: none"> • Incident commander/lead who provides leadership in case/contact identification, control measures, etc. to all teams involved in the process. • Reviews case and provides all recommendations and direction to CDU, IPAC and the Provincial Workplace Health Contact Centre (PHWCC) to implement the BC Centre for Disease Control (BCCDC) guidelines, including case isolation in community, initiating contact tracing (including in acute facility) and chemoprophylaxis/immunoprophylaxis. • Determines any exclusion criteria and reviews and clears any exclusion. • Answers media requests.

Group	Role
<p>Communicable Disease Unit (CDU)</p> <p><i>After hours: CDU on-call via MHO on-call</i></p>	<ul style="list-style-type: none"> • Reviews lab results for all immediately notifiable communicable diseases and investigates and supports MHO risk assessment. • Responsible for case follow up, community contact tracing, including exposed discharged patients and reporting. • Provides direction and recommendations, including work exclusions, to internal and external partners to behalf of the MHO and as per the BCCDC guidelines. • Notifies the Provincial Workplace Health Call Centre (PWHCC) staff and the Infection Control Professional (ICP) of MHO recommendations, decisions for follow-up, and exposure criteria. • Receives the Communicable Disease Notification Tracking (CDNT) form and completes an exposures assessment for all identified non-Interior Health staff and physicians, including students, contract employees and volunteers. • Consults the MHO for recommendations for potential exclusions of non-Interior Health workers, if required. • Assists partners with BCCDC guideline interpretation (i.e. contact identification). • Arranges and chairs multi-partner meetings, as needed.
<p>Medical Microbiologist on Call (MMOC) and/or IPAC Medical Director</p> <p><i>After hours: MMOC on-call</i></p>	<ul style="list-style-type: none"> • Reviews lab results for immediately notifiable communicable diseases and supports immediate patient management needs. • Assists ICP with the interpretation of the BCCDC guidelines and the MHO guidance and consults with the MHO, as required. • Receives the list of exposed admitted patients from the ICP. • Communicates to the Most Responsible Physician (MRP) if post-exposure prophylaxis (PEP) is recommended by the MHO or MMOC/IPAC Medical Director for exposed admitted inpatients, as applicable.

Group	Role
<p>Infection Control Professional (ICP)</p> <p><i>Weekends: ICP on-call</i></p>	<ul style="list-style-type: none"> • Immediate review of infectious (source) patient including implementation of additional precautions and assessment of exposure (Additional Precautions, PPE use) • Identifies the patient and communicable disease exposures based on recommendations and exposure criteria from the MHO. • Identifies circumstances to support identifying potential staff exposures. • Reports and or/consults with MMOC or IPAC Medical Director to clarify application of exposure criteria and MHO recommendations to the exposure event, if required. • Arranges and chairs multi-partner meetings, as needed. <p>Patient Follow-Up:</p> <ul style="list-style-type: none"> • Uses the patient's location history for each inpatient visit during the infectious period to identify individuals who meet the MHO exposure criteria. • Provides the list of exposed discharged patients to the CDU for follow-up. • Screens exposed patients for immunocompromise and/or high-risk status, if applicable • Provides the list of currently admitted exposed patients to the MMOC/IPAC Medical Director. • Initiates Additional Precautions for exposed admitted patients and documents recommendations in the Meditech IPAC progress note, as required. <p>Staff Follow-Up:</p> <ul style="list-style-type: none"> • Uses the patient location history to identify timeframes and situations where staff may meet exposure criteria provided by the MHO. This includes all the patient's acute care encounters (including Emergency Department/ambulatory care visits) that occurred within the infectious period defined by the MHO. • Completes the required CDNT form(s) within 24 hours of confirmed MHO follow-up requirement and sends these to the PWHCC, CDU and the MMOC/IPAC Medical Director.
<p>Provincial Workplace Health Contact Centre</p> <p><i>Sundays: PWHCC on-call</i></p>	<ul style="list-style-type: none"> • Receives the CDNT from ICP and sends exposure notifications to the unit manager for staff follow-up. • Assesses worker exposure and communicates appropriate instructions and recommends to the exposed Interior Health or BC Ambulance staff. • Issue work exclusions to IH workers as per MHO direction. • Communicates with the unit manager on any Interior Health staff exclusions and return to work plans.

Group	Role
Unit Manager	<ul style="list-style-type: none"> Notifies Interior Health staff of exposures, once direction received from the PWHCC (e.g., Allied Health, nursing, porters). Gives instruction to Interior Health staff to follow-up with PWHCC. Manager notifies CDU if any non-Interior Health staff are identified as exposed.
Most Responsible Care Provider	<ul style="list-style-type: none"> Testing and treatment of confirmed and/or suspect patient cases. Testing and prophylaxis of admitted exposed patients. Reporting any suspect and/or confirmed cases to MHO, as per Public Health Act.

Figure 1: CDNT Process Map



Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dākelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, syilx, and Tšilhqot'in Nations where we live, learn, collaborate, and work together.

2. Long Term Care Facility Outbreaks

The tables below outline the roles and responsibilities for VRI and GI outbreak management in Long Term Care (LTC) facilities.

Long Term Care Facility VRI and GI Illness Outbreaks

Group	Role
Medical Health Officer	<ul style="list-style-type: none"> • Incident commander: declares open/closes outbreaks, provides leadership in outbreak control, decision maker regarding overall response each season. • Provides direction to CDU, IPAC and others as needed as per the IH LTC VRI and GI outbreak guidelines. • Approves the annual revisions to the IH LTC VRI and GI outbreak guidelines. • Answers media requests.
Communicable Disease Unit	<ul style="list-style-type: none"> • Facilitates (secretariat) the yearly revision of the IH LTC VRI and GI outbreak guidelines. • Operational arm of the MHO – Provides direction on behalf of MHO. • Outbreak response lead for Contracted and Private LTC facilities. • Reporting of all outbreaks. • Notifies partners and collects data for surveillance of all outbreaks. • Communicates with ICP to ensure a consistent approach in outbreak control measures.
Infection Control Professional (ICP)	<ul style="list-style-type: none"> • Supports annual review and update of the outbreak guidelines. • Provides IPAC support to IH facilities in preventing and controlling outbreaks. • Communicates with CDU to ensure a consistent approach in outbreak control measures. • Outbreak response lead for IH owned and operated sites.

VRI and GI outbreaks in IH Owned and Operated LTC Facilities

Role	Weekday Business Hours	Weekday After Hours and Weekends
Declares outbreak	CDU/MHO on call	MHO on call
Declares outbreak over	CDU/MHO assigned to the outbreak or MHO on call	MHO on call
Outbreak Response Lead	ICP	IP on call under the direction of MHO
Authorizes patient transfers, admissions, repatriations	MHO authorizes via this process: Discharging facility → Outbreak Response Lead → MHO	MHO authorizes via this process: Discharging facility → MHO on call

VRI and GI Outbreaks in Contracted and Private LTC Facilities

Role	Weekday Business Hours	Weekday After Hours and Weekends
Declares outbreak	CDU/MHO on call	MHO on call
Declares outbreak over	CDU/MHO assigned to the outbreak or MHO on call	MHO on call
Outbreak Response Lead	CDU	Facility staff/CDU on call under the direction of MHO
Authorizes patient transfers, admissions, repatriations	MHO authorizes via this process: Discharging facility → Outbreak Response Lead → MHO	MHO authorizes via this process: Discharging facility → MHO on call

3. Acute Care Facility Outbreaks

The table below outlines the roles and responsibilities for VRI and GI outbreak management in acute care settings.

Group	Role
Medical Health Officer	<ul style="list-style-type: none"> • Provides consultation to IPAC Medical Director or MMOC. • Provides direction on patient transfers to LTC (i.e. repatriation).
Communicable Disease Unit	<ul style="list-style-type: none"> • Reporting center for VRI and GI outbreaks in acute care. • Collects data for surveillance.
Medical Microbiologist on Call (MMOC) and/or IPAC Medical Director <i>After hours: MMOC on-call</i>	<ul style="list-style-type: none"> • Incident commander: declares open/closes outbreaks, provides leadership in outbreak control. • Provides direction to IPAC in the implementation of the outbreak guidelines. • Consults with the MHO, as needed. • Answers media requests.
Infection Control Professional (ICP)	<ul style="list-style-type: none"> • Provides support to staff for implementation of outbreak control measures.
Provincial Workplace Health Contact Centre	<ul style="list-style-type: none"> • Contact centre for IH staff to report illness or breaches in personal protective equipment (PPE).

References

1. List of Immediately Notifiable Communicable Diseases: https://www.bccdc.ca/resource-gallery/Documents/Reporting_communicable_diseases_list.pdf
2. LTC Outbreak toolkit: <https://www.interiorhealth.ca/sites/default/files/PDFS/respiratory-gastrointestinal-infection-outbreak-toolkit-long-term-care-facilities.pdf>
3. Acute Care Outbreak toolkit: <https://www.interiorhealth.ca/sites/default/files/PDFS/out-ipac-ih-acute-care-outbreak-toolkit.pdf>

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