

# ACUTE CARE OUTBREAK TOOLKIT

2024-2025

Adapted with gratitude from the Island Health Outbreak Playbook

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

# Table of Contents

<b>Need to Know.....</b>	<b>3</b>
<b>Definitions .....</b>	<b>4</b>
<b>Roles and Responsibilities.....</b>	<b>7</b>
<b>Checklists.....</b>	<b>7</b>
<b>Outbreak Prevention, Response &amp; Management Toolkit – Content Overview and Links.....</b>	<b>8</b>
<b>1. Prevention and Preparedness: .....</b>	<b>9</b>
1.1. Ongoing Important Tasks.....	9
1.2. Preparation and Prevention Audit and Assessment Frequencies.....	10
1.3. Ongoing Education and Support.....	10
<b>2. Alert Level Measures:.....</b>	<b>11</b>
2.1. Initial Investigation.....	11
2.2. Initiating and Maintaining Alert Measures.....	12
2.3. Detailed Case Investigation Flow Charts – Patients and Health Care Provider.....	13
<b>3. Outbreak Investigation: .....</b>	<b>14</b>
3.1. Overview .....	14
3.2. Confidentiality during Outbreak Investigations.....	14
3.3. Initiating an Outbreak Investigation .....	15
3.4. Detailed Case Investigation – Patients and Health Care Provider.....	16
<b>4. Immediate Outbreak Response Actions:.....</b>	<b>17</b>
4.1. Immediate Steps to be taken by Site/Unit Leadership.....	17
4.2. Outbreak Management Team (OMT).....	18
4.3. Case Tracking and Reporting .....	23
4.4. Patient Cases and Management.....	23
<b>5. Outbreak Ending and Post Outbreak Recovery.....</b>	<b>28</b>
5.1. Declaring an Outbreak Over .....	28
<b>6. Outbreak Debrief and Learning:.....</b>	<b>29</b>
6.1. Outbreak Debrief Summary .....	29
6.2. Facilitated Conversations with Health Care Provider and Leadership.....	29
<b>Appendices:.....</b>	<b>30</b>
Appendix A: Common Respiratory Illness Outbreak Pathogens all-care-areas-transmission-tables.pdf (interiorhealth.ca).....	30
Appendix B: Agents that are Common in Gastrointestinal Infections Outbreaks all-care-areas-transmission-tables.pdf (interiorhealth.ca).....	30
Appendix C: Outbreak Checklist for Unit Leader or Delegate.....	30
Appendix D: Overarching Outbreak Checklist for SITE LEADER or Delegate.....	32
Appendix E: Overarching Outbreak Checklist for Outbreak Management Team LEAD.....	34
Appendix F: Environmental Support Services Staff Roles & Responsibilities.....	35
Appendix G: Healthcare Assistant (HCA) Roles & Responsibilities.....	36
Appendix H: Infection Preventionist Roles & Responsibilities.....	37
Appendix I: Most Responsible Nurse (MRN) Roles & Responsibilities.....	39
Appendix J: Unit Leader Roles & Responsibilities.....	40
Appendix K: Site Director/Manager Roles & Responsibilities.....	42
Appendix L: Outbreak Acute Outbreak Management Team Meeting Template.....	43

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# Outbreak Prevention, Response & Management Toolkit

<b>Site:</b> <ul style="list-style-type: none"> <li>Environment</li> <li>All acute care locations within Interior Health</li> </ul>	<b>Scope:</b> <ul style="list-style-type: none"> <li>Required to be used by all regional and local leadership to prepare and respond to outbreaks.</li> <li>Also, for services supporting outbreak response efforts (e.g., Infection Prevention and Control (IPAC), Communicable Disease Unit, Occupational Health &amp; Safety, etc.)</li> </ul>
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## Need to Know:

- This Outbreak Prevention, Response & Management Toolkit is designed to enable the best possible decisions in preparation for and responding to respiratory illness and gastrointestinal illness outbreaks in acute care environments within Interior Health.
- The Toolkit will be updated to reflect recent evidence, processes and instructions based on emerging knowledge and feedback.
- The Toolkit is broken into the following sections, with each section color coded for ease of reference:

Section	Description / Focus
Foundations	Definitions and an overview of roles and responsibilities of those leading or supporting outbreak preparation and response efforts
Outbreak Management Phases	1. Prevention & Preparedness Mitigation activities to minimize risk and prevent infection through routine practices, screening, surveillance, and risk assessment
	2. Alert Measures Identification of possible sources of transmission, gaining knowledge, IPAC measures being put in place (such as enhanced cleaning and disinfecting, Additional Precautions)
	3. Initial Outbreak Investigation Identification of possible sources of transmission, gaining knowledge, and identifying gaps that may have contributed to the outbreak
	4. Outbreak Response Response procedures to reduce impact and duration, prevent spread or reoccurrence, enable communication, and reduce morbidity and mortality
	5. Outbreak Ending & Recovery De-escalation of the outbreak response structure to shift back to 'normal' as the outbreak ends, and supporting the human impact post outbreak
	6. Debrief & Learning Review outbreaks debrief with Health Care Provider within two weeks of outbreak declared over to identify measures and/or actions learned to prevent future outbreaks and improve outbreak response efforts
Other	Appendices (including high level checklists)

- This Toolkit and the supporting tools referenced within can be found on the Outbreak Management Webpage.
- For the purposes of this Outbreak Prevention, Response and Management Toolkit, patients refer to all patients, residents and clients being cared for by Interior Health.

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## Definitions

Respiratory Illness	
Term	Definition
<b>Case</b>	A patient with a laboratory confirmation of infection with the virus that causes respiratory illness, (e.g., influenza, SARS- CoV-2, parainfluenza viruses, respiratory syncytial virus, adenovirus, rhinovirus, human metapneumovirus) by validated laboratory testing <b>AND</b> signs and symptoms of acute respiratory infection. Please refer to <a href="#">Appendix A: Common Pathogens in Respiratory Illness Outbreaks</a>
<b>Person Under Investigation (PUI)</b>	A patient has acute onset of signs and symptoms of respiratory illness based on clinical judgement <b>AND</b> testing has not yet occurred or results are pending. Typical signs and symptoms include the following (not in order of significance): <ul style="list-style-type: none"> <li>• New or worsening cough</li> <li>• Fever &gt; 38 °C or chills</li> <li>• Shortness of breath</li> <li>• Runny, stuffy nose, (e.g., congestion) or sneezing</li> <li>• Sore throat or hoarseness or difficulty swallowing</li> <li>• Loss of sense of smell or taste</li> <li>• Tiredness, malaise</li> <li>• Muscle aches</li> <li>• Headache</li> </ul>
<b>Exposure</b>	<ul style="list-style-type: none"> <li>• Index case developed/diagnosed with respiratory illness after admission and was <b>NOT</b> on appropriate Additional Precautions when developed symptoms/diagnosed <b>AND</b> ≥1 other patient was exposed to the index case within a single room (multi-bedroom) <b>AND</b> no other unexpected transmission has occurred outside the exposed room.</li> <li><b>OR</b></li> <li>• Index case developed/diagnosed with respiratory illness after admission who was <b>NOT</b> isolated for infectious period <b>AND</b> Infection Preventionist investigation showed no direct community source of infection identified (e.g., admitted within incubation period of virus, sick visitors, day passes, smoke passes, etc.) <b>AND</b> no other patients were exposed.</li> </ul>
<b>Site/Unit on Alert:</b> Alert phase triggers preventative action by the facility.	<p><b>COVID-19 and other Respiratory Illness (e.g. Rhinovirus) Alerts</b></p> <ul style="list-style-type: none"> <li>• 2 healthcare associated Respiratory Illness cases within the incubation period for that organism which are NOT directly explained by a contained exposure event <b>AND</b></li> <li>• Cases have been identified in ≤2 patients' rooms on the unit</li> <li><b>OR</b></li> <li>• Infection Preventionist investigation notes a high prevalence of Respiratory Illness.</li> <li>• Isolate cases of Respiratory Illness on Droplet and Contact precautions (if <a href="#">Aerosol Generating Medical Procedures (AGMP)</a> are performed, Airborne, Droplet and Contact Precautions)</li> <li>• Notify your local Infection Preventionist for acute care facilities.</li> <li>• In consultation with Infection Preventionist implement a Respiratory Illness Alert with alert measures as directed.</li> </ul> <p><b>Influenza Alerts</b></p> <ul style="list-style-type: none"> <li>• 2 healthcare associated Respiratory Illness cases within the incubation period for that organism which are NOT directly explained by a contained exposure event.</li> <li><b>OR</b></li> <li>• Infection Preventionist investigation notes a high prevalence of Respiratory Illness</li> <li>• Isolate cases of Respiratory Illness on Droplet and Contact precautions (if <a href="#">Aerosol Generating Medical Procedures (AGMP)</a> are performed, Airborne, Droplet and Contact Precautions)</li> <li>• Notify your local Infection Preventionist for acute care facilities.</li> <li>• In consultation with Infection Preventionist implement a Respiratory Illness Alert with alert measures as directed.</li> </ul>
<b>Alert Measures</b>	<p>An increase in cleaning and disinfection, surveillance, and investigations implemented in collaboration with Infection Preventionist and Medical Microbiology.</p> <ul style="list-style-type: none"> <li>• Cleaning and Disinfection of high touch areas several hours after daily cleaning</li> </ul>

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	<p>and disinfection, including patient bedsides; decluttering work areas and patient care areas.</p> <ul style="list-style-type: none"> <li>• Health Care Provider and unit leaders have heightened focus on unit/facility patients for evidence of transmission and enact Additional Precautions and testing for any symptomatic patients.</li> <li>• Infection Preventionist and Medical Microbiologist monitoring for positive test results.</li> <li>• Not required but may be considered: Limit visitors to essential visitors only for alert area and screen visitors for signs and symptoms of respiratory illness and do not allow to visit patients.</li> </ul> <p><b>These measures should be considered when a cluster of respiratory illness is identified to prevent further transmission and avoid an outbreak situation.</b></p>
<b>Outbreak</b>	<p><b>COVID-19 and other Respiratory Illness (e.g. Rhinovirus) outbreaks</b> are declared by Infection Preventionist and Medical Microbiologist, based on their assessment of the following:</p> <ul style="list-style-type: none"> <li>• The occurrence of <b>3</b> epidemiologically linked, confirmed or unknown cases with suspected healthcare transmission <b>AND</b></li> <li>• Within a geographical area, affecting <b>3</b> or more rooms <b>AND</b></li> <li>• An investigation indicates that transmission most likely occurred within the same unit/facility rather than prior to admission.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Infection Preventionist and Medical Microbiologist determines that there is a need for additional control measures beyond individual case management, or Alert measures, based on risk factors in the situation and facility.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• The number of cases may exceed a pre-determined threshold.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Additional measures are considered a higher overall benefit than harm.</li> </ul> <p><b>Influenza outbreaks</b> are declared by Infection Preventionist and Medical Microbiologist, based on their assessment of the following:</p> <ul style="list-style-type: none"> <li>• The occurrence of <b>3</b> epidemiologically linked, confirmed or unknown cases with suspected healthcare transmission <b>AND</b></li> <li>• Within a geographical area, affecting <b>2</b> or more rooms <b>AND</b></li> <li>• An investigation indicates that transmission most likely occurred within the same unit/facility rather than prior to admission.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Infection Preventionist and Medical Microbiologist determines that there is a need for additional control measures beyond individual case management, or Alert measures, based on risk factors in the situation and facility.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• The number of cases may exceed a pre-determined threshold.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Additional measures are considered a higher overall benefit than harm.</li> </ul>
<b>Healthcare - Associated Infection</b>	<p><b>COVID-19 (SARS CoV-2) infection:</b></p> <ul style="list-style-type: none"> <li>• COVID-19: The patient developed COVID-19 associated signs and symptoms more than 7 days after admission to the facility; <b>AND</b></li> <li>• An epidemiological investigation is more suggestive of an infection having been acquired in the facility than from outside the facility and using clinical judgement.</li> </ul> <p><b>Other respiratory illnesses Healthcare - Associated Infections:</b></p> <ul style="list-style-type: none"> <li>• Symptom onset is <math>\geq 72</math> hours (<math>\geq 3</math> calendar days) after admission to the reporting healthcare facility and using clinical judgement,</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• If a person is readmitted with a positive test <math>&lt; 72</math> hours (3 calendar days) after discharge from the healthcare facility and using clinical judgement.</li> </ul>

Gastrointestinal Illness:	
Term	Definition
<b>Case</b>	<p>A case of probable gastrointestinal illness infection is defined as any one of the following conditions that cannot be attributed to another cause (e.g., laxative use, medication side effect, diet, prior medical condition):</p> <ul style="list-style-type: none"> <li>Two or more episodes of diarrhea in a 24-hour period – above what is considered normal for that individual,</li> <li><b>OR</b></li> <li>Two or more episodes of vomiting in a 24-hour period,</li> <li><b>OR</b></li> <li>One episode each of vomiting and diarrhea in a 24-hour period,</li> <li><b>OR</b></li> <li>Positive culture for a known enteric pathogen with a symptom of gastrointestinal illness (e.g., vomiting, abdominal pain, diarrhea),</li> <li><b>OR</b></li> <li>One episode of bloody diarrhea.</li> </ul>
<b>Alert Stage</b>	<ul style="list-style-type: none"> <li>One or two symptomatic gastrointestinal illness and/or laboratory confirmed cases of gastrointestinal illness Healthcare - Associated Infections with symptomatic onset within 4-day period and no outbreak declared.</li> <li>Infection Preventionist investigation notes a high prevalence of gastrointestinal illness.</li> </ul> <p>Alert phase triggers preventative action by the facility.</p> <ul style="list-style-type: none"> <li>Isolate cases of gastrointestinal illness on Additional Precautions.</li> <li>Notify your local Infection Preventionist for Interior Health owned and operated acute care facilities.</li> <li>In consultation with Infection Preventionist implement alert measures as directed.</li> </ul>
<b>Alert Measures</b>	<p>An increase in cleaning and disinfection, surveillance, and investigations implemented in collaboration with Infection Preventionist and Medical Microbiologist.</p> <ul style="list-style-type: none"> <li>Cleaning and disinfect high touch areas.</li> <li>Health Care Provider, and unit leaders heighten focus on unit/facility for evidence of transmission and enact Additional Precautions and testing for any symptomatic patients.</li> <li>Infection Preventionist and Medical Microbiologist monitoring for positive test results</li> </ul> <p><b>These measures should be considered when a cluster of gastrointestinal illness is identified to prevent further spread and avoid an outbreak.</b></p>
<b>Outbreak definition</b>	<p>≥3 patients with new or sudden onset of vomiting and/or diarrhea not explained by other causes occurring within 4 days of each other, within a specific geographic area (e.g., unit).</p>
<b>Healthcare - Associated Infections</b>	<p>The person developed confirmed gastrointestinal organism associated signs and symptoms longer than the incubation period duration, following admission to the facility.</p> <p><a href="#">Appendix B: Agents that are common in gastrointestinal illness outbreaks</a></p>

## Roles and Responsibilities

The following list presents, at a high level, the main role and responsibilities of those leading or supporting outbreak preparation and response efforts for the duration of an outbreak. These roles and responsibility documents are not intended to be a comprehensive list of all responsibilities, but rather provide an overview at a glance.

- [Director or Manager](#)
- [Unit Leader](#)
- [Most Responsible Nurse \(MRN\) i.e.: Patient Care Coordinator or Unit Leader](#)
- [Health Care Aid \(HCA\)](#)
- [Infection Preventionist \(IP\)](#)
- [Environmental Services \(EVS\)](#)

## Checklists

Checklists related to the phases of outbreak preparation and response are included throughout the various sections of this toolkit. Within the Appendices a few overarching checklists are provided to show the entire process.

- Appendix C – [Overarching checklist for Unit Leader](#) (or delegate)
- Appendix D – [Overarching checklist for Site Leader](#) (or delegate)
- Appendix E – [Overarching checklist for Outbreak Management Team Lead](#) (or delegate)

# Outbreak Prevention, Response & Management Toolkit – Content Overview and Links

This toolkit is structured following five phases of outbreak management, and colour coded as follows (control + click on a link to jump to a section):

Outbreak Management Phase	Description and Contents
1. <a href="#">Prevention &amp; Preparedness</a>	<p><b>Focus:</b> Mitigation activities to minimize risk and prevent infection through routine practices, screening, surveillance, and risk assessment.</p> <p><b>Includes:</b></p> <ul style="list-style-type: none"> <li>• Ongoing Important Tasks (screening, tracking, surveillance, auditing, risk mitigation etc.)</li> <li>• Preparation and Prevention Audit and Assessment Frequencies</li> <li>• Ongoing Education and Support</li> </ul>
2. <a href="#">Alert Measures</a>	<p><b>Focus:</b> Alert measures are utilized to reduce the impact and duration, prevent spread or reoccurrence, and maintain continued surveillance.</p> <p><b>Includes:</b></p> <ul style="list-style-type: none"> <li>• Initial Investigation</li> <li>• Initiating and Maintaining Alert Measures</li> <li>• Acute Care Outbreak Line Lists: <a href="#">GI Line List</a>, <a href="#">RI Line List</a></li> </ul>
3. <a href="#">Initial Outbreak Investigation</a>	<p><b>Focus:</b> Identification of possible sources of transmission, gaining knowledge, and identifying gaps that may have contributed to the outbreak.</p> <p><b>Includes:</b></p> <ul style="list-style-type: none"> <li>• Overview</li> <li>• Confidentiality during Outbreak Investigations. <a href="#">Privacy and Confidentiality</a></li> <li>• Initiating an Outbreak Investigation</li> <li>• Acute Care Outbreak Line Lists: <a href="#">GI Line List</a>, <a href="#">RI Line List</a></li> </ul>
4. <a href="#">Outbreak Response</a>	<p><b>Focus:</b> Response procedures to reduce impact and duration, prevent spread or reoccurrence, enable communication, and reduce morbidity and mortality.</p> <p><b>Includes:</b></p> <ul style="list-style-type: none"> <li>• Immediate Outbreak Response Actions</li> <li>• Outbreak Management Team</li> <li>• Case Tracking and Reporting</li> <li>• Patient Cases and Management</li> <li>• Health Care Provider Cases and Management</li> <li>• Outbreak Control Measures</li> </ul>
5. <a href="#">Outbreak Ending &amp; Recovery</a>	<p><b>Focus:</b> De-escalation of the outbreak response structure to shift back to 'normal' as the outbreak ends and supporting the human impact post outbreak.</p> <p><b>Includes:</b></p> <ul style="list-style-type: none"> <li>• Declaring an Outbreak Over</li> </ul>
6. <a href="#">Debrief &amp; Learning</a>	<p><b>Focus:</b> Post Outbreak debrief and identification of measures and/or actions to prevent future outbreaks and improve outbreak response effort.</p> <p><b>Includes:</b></p> <ul style="list-style-type: none"> <li>• Outbreak Debrief Summary</li> <li>• Facilitated Conversations with Health Care Provider and Leadership</li> </ul>

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## 1. Prevention and Preparedness:

Prevention and preparedness mean ensuring systems, plans and control measures and mitigation activities are in place at a system and local level to minimize risk and prevent infection through routine practices, screening, surveillance, and risk assessment. Early recognition of unusual clusters of Infection and effective response to these episodes are essential for effective management of outbreaks.

### 1.1. Ongoing Important Tasks

The following steps and tasks should be conducted on an ongoing basis:

Step	Tasks	Responsibility	Tool(s)
<b>Screening and tracking (local level)</b>	Ensure multiple points of screening and tracking are in place on the unit, including: <ul style="list-style-type: none"> <li>Patients will be assessed by Health Care Provider with a Point of Care Risk Assessment ( pg. 6 of <a href="#">Syndromic Surveillance Screening Toolkit</a>)</li> <li>On an ongoing basis and any new/worsening signs of infection are reported, charted and any relevant testing of samples collected and sent for analysis as needed/ordered.</li> <li>Syndromic Precautions assessment and Screening</li> </ul>	Unit Leader or delegate	<a href="#">Syndromic Surveillance Screening Toolkit</a>  <a href="#">IPAC Syndromic Screening requirements table</a>
<b>Surveillance and monitoring (system-level)</b>	<ul style="list-style-type: none"> <li>Receive positive laboratory notifications for patients with organisms of concern that would require Additional Precautions</li> <li>Initiate investigation as required</li> </ul>	Infection Preventionist & Medical Microbiologist	
<b>Risk assessment and auditing (local level)</b>	Ensure the following audits are being completed: <ul style="list-style-type: none"> <li>Outbreak prevention audit.</li> <li>Personal Protective Equipment audit – manager personal protective equipment audit IH document</li> <li>Hand hygiene audit posted in units/facilities.</li> <li>Review unit current Health Care Provider levels to identify shortages or potential gaps that should be addressed.</li> </ul> See <a href="#">Preparation and Prevention Audit and Assessment Frequencies</a> section	Unit Leader or delegate and/or Infection Preventionist	<a href="#">Acute Outbreak prevention audit tool</a>
<b>Risk and issue mitigation</b>	As required based on above: <ul style="list-style-type: none"> <li>Implement required changes as identified through assessment/audit results.</li> <li>Escalate issues as required to site leadership, Outbreak Management Team, quality councils, or senior leadership as appropriate</li> </ul>	Unit Leader or delegate	
	<ul style="list-style-type: none"> <li>Ensure the audits listed above are being completed site wide and that risk mitigation measures are occurring</li> </ul>	Clinical Operations Director or Manager	

## 1.2. Preparation and Prevention Audit and Assessment Frequencies

The following table outlines the frequencies of various audits and assessments, which should be completed before and during an outbreak.

Audit	Frequency		Responsibility Of
	Before Outbreak	During Outbreak	
<a href="#">Acute Outbreak prevention audit tool</a>	Every six months	At start of outbreak, review outstanding actions at day ten	Unit Leader or delegate
Personal protective equipment audit tool	Every three months	At start of outbreak and then every 3-5 days	
Hand hygiene audit	Quarterly	As directed by IPAC or Medical Microbiologist	Infection Preventionist or Unit Hand Hygiene Auditors
Environmental cleaning & disinfecting audit	Weekly	Weekly	Environmental Services
Health Care Provider levels review	Monthly	At start of outbreak and then review daily	Unit Leader or delegate

## 1.3. Ongoing Education and Support

There are several education modules and supports available to health care providers to support them in general Infection Prevention and Control procedures and to be prepared before and during an outbreak. These resources can be found at [www.interiorhealth.ca](http://www.interiorhealth.ca).

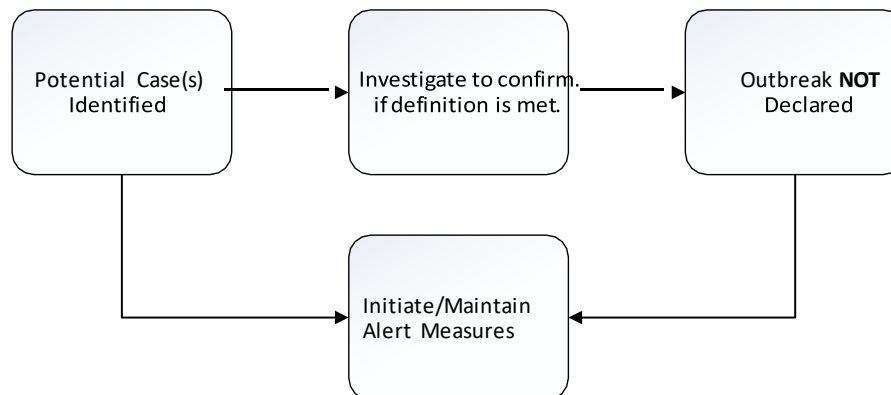
- In addition, the [Interior Health ilearn](#) includes the following learning modules:
  - 853/854 IPAC Hand Hygiene for Health Care Provider
  - 1488 Point of Care Risk Assessment for Health Care Provider providing Direct Patient Care
  - 1490 Routine IPAC Practices for Health Care Provider Providing Direct Patient Care
  - 1492 Additional IPAC Precautions for Health Care Provider Providing Direct Patient Care
  - [Infection Prevention and Control Practices for Direct/Professional Clinical Care Providers](#) (Province-wide course)

## 2. Alert Level Measures:

When a respiratory or gastrointestinal Healthcare - Associated Infections case is identified, the Infection Preventionist will undertake an investigation and risk assessment to determine if Alert Measures are to be implemented. Alert Measures are implemented to prevent further transmission or escalation to an outbreak when a cluster of respiratory or gastrointestinal illness is identified. If transmission continues after the implementation of Alert Measures, a decision will be made as to whether to continue the current path or progress to an outbreak declaration.

The risk assessment considers multiple factors, including clinical vulnerability of patients on affected units, number of cases or the rate of increase of cases, severity of illness and IPAC measures that are already in place. These measures will be applied and adjusted as necessary based upon assessed risks and in discussion with IPAC and Medical Microbiologist.

The Investigation of Alert/Outbreak is as follows:



### 2.1. Initial Investigation

Steps	Tasks	Responsibility	Tools
Potential case identified	Initial identification of a possible <b>patient</b> case: <ul style="list-style-type: none"> <li>Report symptomatic patient(s) to the Infection Preventionist</li> </ul>	Unit Leader or delegate and /or Infection Preventionist	
	Identification of confirmed <b>Health Care Provider</b> cases: <ul style="list-style-type: none"> <li>Begin patient case investigation</li> </ul>	Unit Manager/Delegate	
		Infection Preventionist	
Determine if outbreak definition is met	<ul style="list-style-type: none"> <li>Investigate to determine if outbreak definition criteria are met – discuss with IPAC team or Leadership as required.</li> <li>If outbreak definition is not met determine the need to implement Alert Measures</li> <li>Implement Alert Measures and email communication to unit manager and Patient Care Coordinator/ (incl. date Alert Measures initiated, unit(s) affected, etc.)</li> </ul>	Infection Preventionist	

## 2.2. Initiating and Maintaining Alert Measures

Tasks	Responsibility	Tool(s)
<b>Communication:</b> <ul style="list-style-type: none"> <li>Email all Health Care Provider's at affected unit and the site as a whole.</li> <li>Ensure Health Care Provider safety huddles are in place and occurring.</li> </ul>	Clinical Operations Director or Manager	
<b>Unit Communication:</b> <ul style="list-style-type: none"> <li>Send out communications as needed to families and Health Care Provider.</li> <li>There are no visitor restrictions.</li> </ul>	Unit Manager, Unit Leader, or Delegate	
<b>Readiness Audits:</b> <ul style="list-style-type: none"> <li>Conduct Acute Outbreak Prevention audit tool.</li> <li>Conduct Personal Protective Equipment Audit.</li> </ul>	Unit Manager, Unit Leader, or Delegate	<a href="#">Acute Outbreak prevention audit tool</a>
<b>Health Care Provider Screening:</b> <ul style="list-style-type: none"> <li>Ensure all Health Care Providers, including medical and contracted staff, working on the unit are self-screening for symptoms of communicable disease prior to starting their shift and at least once partway through the shift.</li> </ul>	Unit Manager, Unit Leader, or Delegate	
<b>Actions:</b> Every attempt should be made for confirmed positive patients to have single rooms, where possible and safe to do so. Refer to <a href="#">Recommendations for Cohorting Patients</a> or the recommended Cohorting instructions from Outbreak Management Team suggestion. <ul style="list-style-type: none"> <li>Cohorting Health Care Provider assignment is recommended but not required.               <ul style="list-style-type: none"> <li>If cohorting is not possible, care should be provided to asymptomatic patients first, then to the confirmed positive patient(s) or symptomatic patients.</li> </ul> </li> <li>If any patient requires transfer to another unit or facility, please ensure the transporting agency and the receiving unit is aware of the need for Additional Precautions.</li> <li>Ensure there are enough personal protective equipment holders and personal protective equipment readily available at point-of-use (over weekends/Statutory Holiday).</li> <li>Initiate Line List and notify Infection Preventionist of any new symptomatic/confirmed cases.</li> </ul>	Unit Manager, Unit Leader, or Delegate	<a href="#">GI Line List</a> <a href="#">RI Line List</a>
<b>Unit Support:</b> <ul style="list-style-type: none"> <li>Support unit with decluttering ideas and suggestions.</li> <li>Set up a team/site leadership meeting to discuss the Alert with Enhanced Measures on the unit; participants may include Unit Manager, Patient Care Coordinator, Environmental Services, Physiotherapy/Occupational Therapy</li> </ul>	Infection Preventionist	
<b>Environment:</b> <ul style="list-style-type: none"> <li>Notify environmental services for enhanced cleaning and disinfection to the affected unit.</li> <li>Remind Health Care Provider to declutter patient environments for environmental services to clean and disinfect (e.g., Bedside and over-bed tables).</li> <li>Provide education (e.g., personal protective equipment, Hand Hygiene, appropriate glove use, as required).</li> <li>Attend safety huddles and provide additional support as required.</li> <li>Continue active surveillance for the unit.</li> </ul>	Infection Preventionist	
<b>Cleaning and Disinfection:</b> <ul style="list-style-type: none"> <li>Dedicate environmental services to the affected unit(s) if possible, otherwise they should start on an unaffected unit and finish on the unit on Alert Measures. Note: additional time is required.</li> <li>Ensure there are foot operated receptacles for garbage and reusable gowns (where being used).</li> <li>Ensure the correct solution for cleaning and disinfection is being used.</li> </ul>	Environmental Services	<a href="#">Environmental Services Roles and responsibilities</a>

## 2.3. Detailed Case Investigation Flow Charts – Patients and Health Care Provider

### 2.3.1. Case Investigation – Patient

The following table provides details into the steps for **Patient** Case Investigations:

Tasks: Case Investigation – Patient		Responsibility
1.	If available, begin by reviewing admission and/or consult notes in the Electronic Health Records to acquire: Admission diagnosis; Location and dates in Interior Health facility; and Notes regarding Additional Precautions.	Infection Preventionist
2.	Complete the review, acquiring as much information as possible on: <ul style="list-style-type: none"> <li>Suspected acquisition, including known exposures and higher risk community activities.</li> <li>Healthcare related exposures.</li> </ul>	Infection Preventionist

### 2.3.2. Case Investigation - Health Care Provider

The following table provides further details into the steps for **Health Care Provider** Case Investigations:

Tasks: Case Investigation – Health Care Provider		Responsibility
1.	Provide the following guidance to the Health Care Provider case: <ul style="list-style-type: none"> <li>A notification letter will be sent to their worksite to inform them that an exposure occurred on-site and contact tracing is underway.</li> <li>If they are an Interior Health employee, phone the Provincial Workplace Health Contact Centre at 1-866-922-9464 for tracking and to access Work Safe BC.</li> </ul>	Provincial Workplace Health Contact Centre/ Manager

## 3. Outbreak Investigation:

### 3.1. Overview

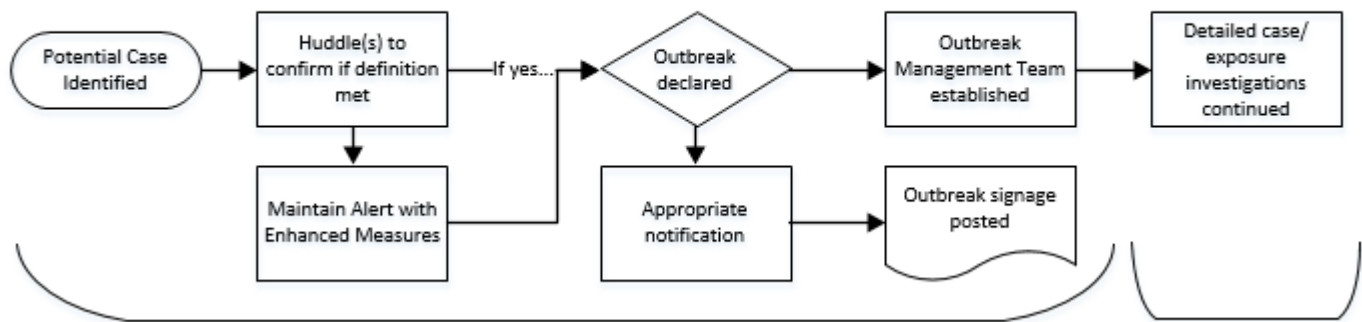
Outbreak investigations are implemented to identify possible transmission sources to institute immediate and appropriate control measures. This phase sets the stage for initiating an outbreak response if required.

Investigations also help identify gaps in policies, procedures, and processes that may have contributed to the outbreak and implemented measures to prevent reoccurrence.

The overarching flow of an Outbreak Investigation is as follows:

### 3.2. Confidentiality during Outbreak Investigations

*Detailed steps/tasks outlined on next page.*



During an outbreak investigation, the management of confidential medical information of patients, Health Care Providers (including medical, contracted and volunteers) requires additional care and attention. Access to all personal information, including names and Provincial Health Care Numbers of possible or confirmed cases is restricted to the following groups:

- Infection Preventionist
- Medical Microbiologists
- Clinical Operations Manager
- Patient Care Coordinator
- Communicable Disease Unit
- Interior Health Epidemiologist
- Occupational Health and Safety

Line Lists must be password protected if emailed. Instructions are in the excel line list.

For the purposes of an outbreak and the line list, case numbers (e.g., Health Care Provider #1, Health Care Provider #2) are assigned to protect Health Care Provider privacy. The unit/program manager may be provided with identifying information of a Health Care Provider, medical or volunteer case only if contact tracing is required or if the line list requires additional clarification.

### 3.3. Initiating an Outbreak Investigation

The following steps and tasks occur during an outbreak investigation:

Steps	Tasks	Responsibility	Tools
Potential case identified	Initial identification of a possible <b>patient</b> case: <ul style="list-style-type: none"> <li>Report symptomatic patient(s) to the Infection Preventionist</li> </ul>	Unit Leader or Delegate and Infection Preventionist	
	<ul style="list-style-type: none"> <li>Begin patient case investigation</li> </ul>	Infection Preventionist	
Determine if Outbreak definition is met	Prior to first Outbreak Management Team meeting <ul style="list-style-type: none"> <li>Set up huddle (Infection Preventionist; Medical Microbiologist; IPAC Manager; Site Leader or delegate)</li> </ul>	Infection Preventionist	
<b>If declaration of an outbreak is required:</b>			
Outbreak Officially Declared	Outbreaks will be declared in consultation with the Medical Microbiologist Initiate outbreak declaration: <ul style="list-style-type: none"> <li>Email official Outbreak Declaration to Outbreak Management Team lead (date outbreak declared, unit(s) affected, etc.)</li> </ul>	Infection Preventionist	Outbreak Declaration Email- Infection Preventionist Toolkit
	<ul style="list-style-type: none"> <li>Enter the outbreak declaration onto IH webpage.</li> <li>Report outbreak to BC Centre for Disease Control following approved process</li> </ul>	Communicable Disease Unit	
	<ul style="list-style-type: none"> <li>Notify senior leadership of outbreak as appropriate</li> </ul>	Infection Preventionist/ Outbreak Management Team Lead	
Outbreak Management Team established	Concurrently with the above declaration: <ul style="list-style-type: none"> <li>Send out initial invite to occur within 24 hours, and daily Outbreak Management Team meeting series (teleconference) to occur Monday to Friday throughout the outbreak. Attach outbreak declaration email from Infection Preventionist</li> </ul>	Outbreak Management Team Lead	<a href="#">Initial OMT Agenda</a>  <a href="#">Ongoing OMT Agenda</a>
Outbreak signage posted	<ul style="list-style-type: none"> <li>Post outbreak signage at the unit entrance(s) and facility entrance if appropriate</li> </ul>	Clinical Operations Manager	
Continue detailed case investigation	See flow charts on the following pages	Infection Preventionist	
Public communication agreed	If required, internal/external communications. This process should not delay any operational decisions/actions	Communications	

Following the initial steps above, detailed case/exposure investigation continues. The flow charts below outline the process, steps and tasks for patient and Health Care Provider cases and exposures within an Acute Care Interior Health facility.

### 3.4. Detailed Case Investigation – Patients and Health Care Provider

#### 3.4.1. Case Investigation – Patient

The following table provides details into the steps for **Patient** Case Investigations:

Tasks: Case Investigation – Patient		Responsibility
1.	If available, begin by reviewing admission and/or consult notes in the Patient's Health Record to acquire: Admission diagnosis; Location and dates in Interior Health facility; and charting regarding Additional Precautions.	Infection Preventionist
2.	Complete the review, acquiring as much information as possible on: <ul style="list-style-type: none"> <li>• Suspected acquisition, including known exposures and higher-risk community activities.</li> <li>• Healthcare related exposures.</li> </ul>	Infection Preventionist
3.	Determine if there were any potential high risk Health Care Provider exposures (e.g., patient case was not on Additional Precautions while infectious), and if so, manage patient exposures, initiate contact tracing (as required) and refer to Provincial Workplace Health Contact Centre to manage Interior Health Care Provider contacts.	Infection Preventionist
4.	When required, for exposed or potentially exposed healthcare providers compile a Health Care Provider list using Health Care Provider schedules and provide names to the Provincial Workplace Health Contact Centre.	Unit Leader or Delegate

#### 3.4.2. Case Investigation - Health Care Provider

The following table provides further details into the steps for Health Care Provider Case Investigations:

Tasks: Case Investigation – Health Care Provider		Responsibility
1.	Provide the following guidance to the Health Care Provider case: <ul style="list-style-type: none"> <li>• A notification letter will be sent by the Provincial Workplace Health Call Centre (PWHCC) to their worksite to inform their manager/delegate that an exposure occurred on-site and contact tracing is underway.</li> <li>• If they are an Interior Health employee, phone the Provincial Workplace Health Call Centre at 1-866-922-9464 for tracking and to access WorkSafe BC</li> </ul>	Provincial Workplace Health Call Centre



## 4. Immediate Outbreak Response Actions:

The focus of this phase is to implement response procedures to reduce impact and duration, prevent spread or reoccurrence, enable communication, and reduce morbidity and mortality.

Once an outbreak has been declared, there are a few immediate steps that must be taken. This list is not intended to replace the additional steps outlined in this section, but rather highlight the priority steps that must be taken immediately.

### 4.1. Immediate Steps to be taken by Site/Unit Leadership

Tasks	Responsibility	Tool(s)
<b>Outbreak Status Communication:</b> <ul style="list-style-type: none"> <li>Post <a href="#">BCCDC Signage</a> at the unit entrance and facility entrance if appropriate.</li> <li>Email all Health Care Providers at the affected unit and the site as a whole.</li> <li>Ensure Health Care Provider safety huddles are in place and occurring.</li> </ul>	Clinical Operations Director, Manager or Delegate	<a href="#">BCCDC Outbreak Poster</a>
<b>Readiness Audits</b> (if not already completed during Alert Measures): <ul style="list-style-type: none"> <li>Conduct acute outbreak prevention audit.</li> <li>Conduct personal protective equipment audit.</li> </ul>	Unit Leader or Delegate	<a href="#">Acute Outbreak prevention audit tool</a>
<b>Health Care Provider Screening:</b> <ul style="list-style-type: none"> <li>Ensure all Health Care Provider, including medical and contracted staff, working on the unit are self-screening for symptoms of communicable disease prior to starting their shift and at least once partway through the shift.</li> </ul>	Unit Leader or Delegate	
<b>Unit Restrictions</b> (as directed by the Outbreak Management Team): <ul style="list-style-type: none"> <li>Restrict Health Care Provider movement between affected unit and other units/sites, when possible.</li> <li>Ensure Additional Precautions are in place in collaboration with Infection Preventionist.</li> <li>Admission and discharges to be discussed with Infection Preventionist/Medical Microbiologist and at the Outbreak Management Team meeting.</li> <li>Visitor restrictions may be required.</li> </ul>	Site Leader or delegate (supported by Unit Leader or Delegate)	
<b>Outbreak Management Team:</b> <ul style="list-style-type: none"> <li>Set up first Outbreak Management Team (see next section for detailed steps) meeting for within 48 hours of the alert that there is an outbreak, with ongoing daily series Monday to Friday excluding Stats.</li> </ul>	Outbreak Management Team Lead or Delegate	

## 4.2. Outbreak Management Team (OMT)

All facilities are to have a designated Outbreak Management Team responsible for ensuring measures are in place for preventing outbreaks and overseeing and directing outbreak prevention and control measures during an outbreak.

### 4.2.1. Outbreak Management Team Overview

When an outbreak has been declared, a multi-disciplinary Outbreak Management Team is established.

<b>OMT Lead</b>	The Outbreak Management Team lead is the unit manager or delegate where the outbreak is occurring (if one unit), or it may also be the Director, Site Director/leader or designate (if more than one unit at a facility)
<b>OMT Function</b>	The Outbreak Management Team becomes the main leadership structure at a site during the outbreak and all decisions must use this structure. The Outbreak Management Team is to be used for rapid and action-oriented outbreak response updates, decision making and action. Meetings are ~30 minutes.
<b>OMT Purpose</b>	The Outbreak Management Team purpose is four-fold: <ul style="list-style-type: none"> <li>• To ensure a coordinated, clear, reliable, integrated, and timely response to an outbreak.</li> <li>• To increase communication with Health Care Provider, patients, the public and senior leadership.</li> <li>• To address issues or potential areas of risk.</li> <li>• To provide direction on actions and preventative measures.</li> </ul>
<b>OMT Goal</b>	The Outbreak Management Team goal is to ensure patient and Health Care Provider safety through: <ul style="list-style-type: none"> <li>• Prompt recognition of an outbreak.</li> <li>• Reducing the impact to the patient.</li> <li>• Preventing further spread and/or reoccurrence of the illness.</li> <li>• Reducing morbidity and mortality rates in the affected population.</li> <li>• Increasing communication between affected parties, and.</li> <li>• Reducing the duration of an outbreak.</li> </ul>
<b>OMT Format</b>	The Outbreak Management Team is implemented by way of daily meetings Monday to Friday (excluding stats) for the entire course of the outbreak.

#### 4.2.2. Outbreak Management Team Membership

The Outbreak Management Team membership includes site leadership, outbreak management leadership, and programs directly connected to sites to support local outbreak response efforts. Membership should include:

Group	Mandatory Members
<b>Outbreak Management Team Lead</b>	<ul style="list-style-type: none"> <li>Unit Leader and site Leader or delegate.</li> <li>Site Leader and Unit Leader or delegate</li> </ul>
<b>Site Outbreak Response Lead</b>	<ul style="list-style-type: none"> <li>Site Infection Preventionist – Interior Health owned and operated sites.</li> <li>Medical Microbiologist.</li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>Communications and Public Relations</li> </ul>
<b>Program representatives</b>	<p><u>Representatives/leads from:</u></p> <ul style="list-style-type: none"> <li>Acute Utilization and Flow</li> <li>Laboratory Services</li> <li>Pharmacy</li> <li>Staffing office</li> <li>Facilities Maintenance &amp; Operations (FMO)</li> <li>General Support Services (Environmental Services, Food Services, Laundry Services)</li> <li>Stores/Logistics</li> <li>Volunteer Resources</li> </ul>
<b>Optional participants</b>	Other representatives may be included in the Outbreak Management Team or provided updates or consulted with as required, including Protection Services, etc.

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

### 4.2.3. Outbreak Management Team Meeting Format and Agendas

The Outbreak Management Team lead will facilitate daily meetings (teleconferences) during an outbreak.

All Outbreak Management Team meetings should have the following characteristics:

- Include relevant updates crucial to outbreak response efforts.
- Be kept on track and be action oriented with a focus on local-level decision making and problem solving.
- Be approximately 30 minutes in duration.
- Have all decisions and actions tracked using the Record of Decisions and Actions.
- Have minutes circulated via email to all those on the meeting shortly after each meeting.

Outbreak Management Team meetings include the following:

- A situation summary, including the status of existing cases and new cases associated with the outbreak.
- Escalation of issues/risk, report out on action items, control/preventative measures, and communication materials.
- Decisions regarding need for diversion and/or unit, department, or facility closures.

#### First Outbreak Management Team Meeting Agenda

The first Outbreak Management Team meeting agenda includes:

Agenda Item	Description	Who	Tool
<b>Welcome</b>	Welcomes participants to the meeting, and reviews: <ul style="list-style-type: none"> <li>• Purpose and function of the Outbreak Management Team (see above).</li> <li>• Outbreak Management Team meeting format (above) and ongoing agenda.</li> <li>• Content from outbreak declaration email.</li> </ul>	Outbreak Management Team Lead	
<b>Situation Overview</b>	Provides the following information: <ul style="list-style-type: none"> <li>• Index case summary: admission date, admission diagnosis, units/rooms during admission and infectious period, previously tested (Y/N), symptoms and onset date, specimen collection/results date.</li> <li>• Exposures or known contacts.</li> <li>• Pending specimens from unit.</li> <li>• Contacts that have been identified off the unit if appropriate.</li> </ul>	Infection Preventionist and Unit Leader	IH OMT meeting template (email template)
<b>Immediate Actions</b>	<ul style="list-style-type: none"> <li>• Reviews status of the Immediate Outbreak Response Actions checklist.</li> <li>• Communications to draft and circulate initial Health Care Provider and public communication if appropriate.</li> </ul>	Outbreak Management Team Lead	<a href="#">Immediate Outbreak Response Actions checklist</a>
<b>Next meeting</b>	Shares the IH OMT meeting template, noting: <ul style="list-style-type: none"> <li>• Required updates from each Outbreak Management Team participant.</li> <li>• Focus on priority updates and escalation of issues.</li> </ul>	Outbreak Management Team Lead	

## Ongoing Outbreak Management Team Meeting Agenda

The daily, ongoing Outbreak Management Team meeting agendas include what is outlined in the table below.

- The [Outbreak Management Team Meeting Agenda Template](#) outlines the meeting flow below and is the location to document all updates, actions, decisions, and issues for all Outbreak Management Team meetings.
- If no update is required, the individual can decline to provide an update.
- Should further discussion be needed on a topic raised, the Outbreak Management Team lead will designate a group to continue the discussion outside of the Outbreak Management Team meeting, with a timeline for completion.

Agenda Item	Description	Responsibility
Welcome	A quick welcome to the meeting, with a reminder to participants (as needed) to limit report outs to critical issues for action, decision, or key updates. If there is no update required, please pass.	Outbreak Management Team Lead
Situation Update Reports Description: A situation summary, including the status of existing cases and new cases associated with the outbreak		
Outbreak Summary & Patient Case Report	Using the Infection Preventionist Outbreak Management Team report, the Infection Preventionist provides a summary of the outbreak, including, but not limited to, unit name and service/program, date outbreak was declared, status of existing cases and new cases associated with the outbreak, rooms affected on the unit, cases with pending swabs, etc.	Infection Preventionist
Epi Curve	As required, IPAC/Epidemiologist, reports on transmission of the organism and Epi Curve of the outbreak, including bed mapping, in the facility.	IPAC/Epidemiologist
Issues and Actions Description: In sequence, each of the groups outlined below will briefly: a) outline any issues/risks; b) report out on action items from previous meetings, and c) note any new controls or preventative measures in place		
IPAC	IPAC Director, Medical Microbiologist, Infection Preventionist.	
Public Health	Medical Health Officer, Communicable Disease Unit, or delegate (if appropriate).	
IH WHS Workplace Health and Safety	Clinical Operations Director, Employee Health Advisor, or delegate.	
Unit/Site Leaders	Care leads of outbreak unit/wing, other care units as required; also provide as applicable: Emergency Department impact, Surgical Suite impact, Patient access/flow impact, unit challenges and supplies	
Support Services	Representatives from Environmental Services, Food services, Laundry Services, Stores/Logistics, Facilities Maintenance.	
Diagnostics	Representatives from Pharmacy, Laboratory.	
Corporate	Representatives from Communications, Staffing Office, Volunteer Resources.	
Communications	Representative from Communications team, with review of communication materials if needed.	
Other	Other representatives should they have been invited to the Outbreak Management Team meeting by the Outbreak Management Team lead.	
Decisions Description: Decisions to be made at the daily meeting if required:		
Diversion	Decisions made regarding potential need for diversion.	Acute Bed Utilization Access and Flow
Closures	The need to close departments/facility is to be escalated to Executive On Call.	Medical Microbiologist
Other as required		

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

#### 4.2.4. Privacy and Confidentiality

According to the Interior Health Confidentiality and Privacy and Management of Confidential information ([ARO400](#)), all personal information concerning patients, employees, physicians, and volunteers is confidential and accessed on a need-to-know basis only. It is important to safeguard the identity of any of the above, including their profession or job identifiers, during discussions at Outbreak Management Team meetings. However, Health Care Provider may want to reach out to their manager, supervisor or colleagues for support and connection.

For the purposes of the Outbreak Management Team documents and the line list, case numbers are assigned (e.g., Health Care Provider #1, Health Care Provider #2) to protect Health Care Provider privacy. The unit/program manager may be provided with identifying information of a Health Care Provider or volunteer case only if contact tracing is required or if the line list requires additional clarification. Further details regarding privacy and confidentiality are noted within sections below as appropriate.

#### 4.2.5. Ongoing Communication Site/Unit

The Site Director or Director, Clinical Operations (or designate) and the Outbreak Management Team Communications representative are responsible for developing key messages and communicating with Health Care Provider (including medical, contracted, students and volunteers), patients and families. This is done in collaboration with Occupational Health & Safety, the Medical Microbiologist, the IPAC Manager and the local Infection Preventionist.

##### **Regular communications from site and unit leadership should include:**

- Email (every 1-2 days) with updates to Health Care Provider and medical:
  - Includes updates regarding new cases, ongoing testing, Health Care Provider, and physician's supports, precaution reminders, answers to frequently asked questions, required Health Care Provider actions, etc.
- Communications are written by site leadership and reviewed by communications if required.
- Media or Public Communication: any communications outside of Interior Health will be supported by the Interior Health Communications Department.
- For any Media inquiries, site leadership should re-direct and consult with Interior Health communications.
- Unit and/or site safety huddles
- In addition, Site or Unit Leaders may consider convening a special meeting of the Joint Occupational Health & Safety Committee to provide information to the Health Care Provider they represent.

For more information on communication with Health Care Provider, medical, patients and families, see also:

- [Health Care Provider and Medical Health Care Provider Communication and Privacy](#)
- [Patient and Family Communication](#)

### 4.3. Case Tracking and Reporting

#### 4.3.1. Line Lists / Tracking and Testing Lists

A variety of tools and processes are used to track, report, and follow up on new, potential, or confirmed patient and Health Care Provider cases. Reports using these tools are provided during Outbreak Management Team meeting. The tools include:

[GI Line List](#)

[RI Line List](#)

Line/Tracking List	Description	Maintained By
Outbreak Line List	A detailed and complete list of all confirmed cases in the outbreak, including: <ul style="list-style-type: none"> <li>All possible (symptomatic) patient cases with pending tests.</li> </ul>	Infection Preventionist
Outbreak Line List	A list for Unit Leader or delegate to report symptomatic patients to the Infection Preventionist. <ul style="list-style-type: none"> <li>This report should be updated and sent to the Infection Preventionist prior to Outbreak Management Team meeting.</li> </ul>	Unit Leader or Delegate

### 4.4. Patient Cases and Management

This section includes:

4.4.1. [Patient and Family Communication](#)

4.4.2. [Notification of New, Possible or Confirmed Patient Cases](#)

4.4.3. [Patient Point Prevalence Testing](#)

4.4.4. [Patient Placement, Movement and Cohorting](#)

4.4.5. [Clinical Care](#)

4.4.6. [Patient Discharges/Acute Care Readmissions](#)

#### 4.4.1. Patient and Family Communication

Interior Health has developed tools, posters and handouts for clients and families. These are available at [www.interiorhealth.ca](http://www.interiorhealth.ca).

#### 4.4.2. Notification of New, Possible or Confirmed Patient Cases

The following outlines key steps and tasks in the process related to patient cases:

Steps	Tasks	Responsibility	Tool(s)
<b>Reporting</b>	<ul style="list-style-type: none"> <li>Report symptomatic patients or unusual cluster of illness to the Infection Preventionist using the Outbreak Patient line list</li> </ul>	Unit Leader or Delegate	<a href="#">RI Line List</a> <a href="#">GI Line List</a>
	<ul style="list-style-type: none"> <li>Add symptomatic patients to the Outbreak Line List, including admission history, symptoms, symptom onset date, specimen collection date, etc.</li> <li>Report to Medical Microbiologist</li> <li>Provide update at the Outbreak Management Team meeting</li> </ul>	Infection Preventionist	<a href="#">RI Line List</a> <a href="#">GI Line List</a>
<b>Patient/Family Communication</b>	<ul style="list-style-type: none"> <li>Notify the confirmed patient and/or their families as required</li> </ul>	Most Responsible Nurse	
	<ul style="list-style-type: none"> <li>Include any results of the discharged patients in the Outbreak Line List, as required</li> </ul>	Infection Preventionist	<a href="#">RI Line List</a> <a href="#">GI Line List</a>

#### 4.4.3. Patient Point Prevalence Testing

There may be a requirement for point prevalence screening for patients, including the patients who have been exposed on the outbreak unit and are still admitted.  
The decision to conduct patient point prevalence testing is determined by the Medical Microbiologist.

#### 4.4.4. Patient Placement, Movement and Cohorting

Patient Placement and Movement [Cohorting Document](#)

Important notes about patient placement, movement and cohorting are outlined below.

- Hallway beds and over capacity beds are NOT permitted on the outbreak unit.
  - It is important to ensure the unit is brought to census.
- Every attempt should be made for confirmed patients to have single rooms on the unit.
- All patients on the outbreak unit should remain in their rooms unless they require essential diagnostic tests and therapeutic treatments that cannot be carried out in the patient's room.
- If any patient requires transfer to another unit or facility, the unit or facility must notify the receiving unit or facility of the outbreak prior to transfer, and where possible, in consultation with the Infection Preventionist.
- If tolerated, symptomatic respiratory illness patients should wear a medical mask during transfer.
- Transfers to long term care will be facilitated in consultation with the Medical Health Officer, but patients may be discharged home to an independent home address.
- If Community Support Services are required, please notify Community Support Services prior to discharge.
  - [transfer algorithm](#) and [transfer risk assessment form](#)
- Any patients transferred from the unit prior to or during the outbreak must be placed on Additional Precautions

#### 4.4.5. Clinical Care

During an outbreak, quality patient care and Health Care Provider safety remains of the utmost importance.

- All Health Care Providers must wear personal protective equipment as directed.
- All symptomatic patients on the outbreak unit must be placed on Additional Precautions until criteria for Additional Precautions removal criteria has been met.
- In consideration with Medical Microbiologist determine if exposed patients on the outbreak unit must be placed on Additional Precautions and closely monitored for the development of any signs or symptoms.
- Infection Preventionist and Medical Microbiologist may recommend Additional Precautions for a wider population of the unit.
- All symptomatic patients should be on tray service. The Outbreak Management Team may decide to extend this to the whole unit.
- Symptomatic patients should still have access to appropriate clinical services (bathing & showering, Physiotherapy/Occupational Therapy, Rehab), consult with Infection Preventionist.

#### 4.4.6. Patient Discharges/Admissions/Transfers.

- Patient discharges, admissions and transfers will be discussed with the Infection Preventionist/Medical Microbiologist/Medical Health Officer and/or discussed within the Outbreak Management Team meeting: [transfer algorithm](#) and [transfer risk assessment form](#)



## 4.5 Health Care Provider Cases and Management

This section includes:

- 4.5.1. [Health Care Provider and Medical Health Care Provider Well-being Supports](#)
- 4.5.2. [Notification of New, Possible or Confirmed Health Care Provider Cases](#)
- 4.5.3. [Health Care Provider and Health Care Provider Movement](#)

### 4.5.1. Health Care Provider and Medical Well-Being Supports

The mental and emotional impacts of an outbreak on Health Care Provider personal and work lives can be far-reaching. Various supports, programs and services are available for Health Care Providers. These are available on the inside net:

- [Employee Psychological Health and Wellness in the Workplace page.](#)

### 4.5.2. Notification of New, Possible or Confirmed Health Care Provider Cases

The following outlines key steps and tasks related to notifications for new, possible, or confirmed Health Care Provider cases:

Steps	Tasks	Responsibility
<b>Notifications and Reporting</b>	<ul style="list-style-type: none"> <li>A direct Health Care Provider who develops symptoms to call the Provincial Workplace Health Contact Centre. <b>Note: Health Care Provider who are symptomatic shall not work.</b></li> </ul>	Unit Leader or Delegate
Steps	Tasks	Responsibility
<b>Case Review</b>	<ul style="list-style-type: none"> <li>Review available information on Health Care Provider cases for determination as to whether the case is associated with the outbreak and is included in reporting.</li> <li><a href="#">AV1300 Staff Respiratory Infection Outbreak Management Policy</a></li> </ul>	Unit Leader or Delegate
<b>Health Care Provider Communication</b>	<ul style="list-style-type: none"> <li>Direct Health Care Providers who develop symptoms are to call the Provincial Workplace Health Contact Centre. <b>Note: Health Care Provider who are symptomatic shall not work.</b></li> </ul>	Unit Leader or delegate
<b>Return to Work</b>	<ul style="list-style-type: none"> <li>Assist managers in providing return to work guidance for Health Care Provider.</li> </ul>	IH WHS PWHCC/Manager

### 4.5.3. Health Care Provider Movement

During an outbreak, proactive and immediate attention to Health Care Providers is critical. All non-essential workers, such as volunteers, are restricted from the unit, with further restrictions as identified by the Outbreak Management Team.

The following steps should be taken:

Steps	Tasks	Responsibility
<b>Health Care Provider Restrictions</b>	<ul style="list-style-type: none"> <li>Confirm Health Care Provider restrictions on the unit:</li> <li>Implement notification of restriction of all non - essential workers from the unit.</li> <li>Confirm if students are restricted from the outbreak unit, to reduce crowding and the risk of transmission.</li> </ul>	Outbreak Management Team Lead
<b>Health Care Provider Levels Review</b>	<ul style="list-style-type: none"> <li>On a weekly basis, review the unit Health Care Provider levels to identify shortages or potential gaps that should be addressed; escalate as required to Outbreak Management Team.</li> </ul>	Unit Leader or Delegate
	<ul style="list-style-type: none"> <li>On a weekly basis, review current Health Care Provider levels to identify shortages or potential gaps that should be addressed; escalate as required to Outbreak Management Team.</li> </ul>	Environmental Services

<b>Ongoing Screening</b>	<ul style="list-style-type: none"> <li>Ensure all Health Care Providers, including medical and contracted, working on the unit self-screen for symptoms prior to the start of their shift and at least once partway through their shift.</li> </ul>	Unit Leader or Delegate
<b>Essential Health Care Provider</b>	<ul style="list-style-type: none"> <li>Ensure adequate Health Care Provider levels for the week and be prepared to discuss at the Outbreak Management Team.</li> </ul>	Unit Leader or Delegate

Wherever possible, Health Care Providers should be designated as working on the outbreak unit for the duration of their shift and not work between units. Where this is not possible, for example for Health Care Providers who must attend more than one unit during a day, they should visit the outbreak unit last, based on patient acuity or need. Participation in structured team reports and team huddles should be discussed at the Outbreak Management Team meeting.

## 4.6 Outbreak Control Measures

This section includes:

- 4.6.1. [Auditing and Assessments](#)
- 4.6.2. [Routine/Additional Precautions and Hand Hygiene](#)
- 4.6.3. [Environmental Cleaning](#)
- 4.6.4. [Visitors](#)
- 4.6.5. [Unit Closures/Opening](#)s

### 4.6.1. Auditing and Assessments

As noted in the Prevention section of this Toolkit, units must complete a variety of risk assessments and audits before and during an outbreak situation. The following audits must be completed, at the frequencies outlined or more often if directed by the Outbreak Management Team. Results are reported to the Outbreak Management Team.

Audit	Frequency		Responsibility
	Before Outbreak	During Outbreak	
<ul style="list-style-type: none"> <li><a href="#">Acute Outbreak prevention audit tool</a></li> </ul>	Every six months	At start of outbreak; review outstanding actions at day ten	Unit Leader or Delegate
<ul style="list-style-type: none"> <li>Personal protective equipment audit Tool (pdf)</li> </ul>	Every three months	At start of outbreak, conduct every 3-5 days	
<ul style="list-style-type: none"> <li>Hand hygiene audit</li> </ul>	Once per period	At start of outbreak, conduct every 3-5 days	Infection Preventionist/ Unit Hand Hygiene Observers
<ul style="list-style-type: none"> <li>Environmental cleaning audit</li> </ul>	Weekly	Weekly	Environmental Services
<ul style="list-style-type: none"> <li>Health Care Provider levels review</li> </ul>	Monthly	At start of outbreak; review weekly	Unit leader or Delegate(s)
<ul style="list-style-type: none"> <li>Diversion assessment process</li> </ul>	Yearly or as appropriate	Review and update as required in discussion with Outbreak Management Team	Site leaders or delegate(s), with support from IPAC

#### 4.6.2. Routine Practices, and Additional Precautions

To help prevent the spread of pathogens and protect the safety of both individuals accessing care and services and those providing care and services at Interior Health, following Infection Prevention and Control best practices, Routine and Additional Precautions are required at sites and units experiencing an outbreak.

The IPAC site includes best practice tools related to medical masking, personal protective equipment, and more, under the following headings:

- Personal Protective Equipment (PPE)
- PPE – Aerosol Generating Medical Procedures (AGMP)
- PPE – Donning, Doffing Posters
- PPE – Practice Resources
- PPE – Selection - PCRA
- PPE – Skin Protection- hand care program

#### 4.6.3. Environmental Cleaning and Disinfection

At the beginning of the Alert/Outbreak the Infection Preventionist will notify Environmental Services of the outbreak status and the need for environmental cleaning and disinfection measures for both patient and Health Care Provider areas during the outbreak. This notification will be sent using the Standardized Outbreak email.

During the Alert/Outbreak additional points to note include:

- There should be dedicated Environmental Services worker for the affected unit.
- The Outbreak Management Team will review the need for implementing a clean and disinfection of the facility if there is ongoing transmission.
- The unit will ensure that patient charts are cleaned every shift using approved cleaning and disinfection product.
- At the end of the outbreak, Environmental Services must document which areas and rooms have had Isolation Clean and Disinfection completed, and report this to the Outbreak Management Team.

#### 4.6.4. Visitors

If necessary, the Outbreak Management Team will recommend limiting the number of people entering the facilities. However, every effort will be made to maintain visitation while safe to do so for the wellbeing of the patients. If deemed necessary, communication regarding visitor restrictions will be communicated by the Outbreak Management Team Lead.

#### 4.6.5. Unit Closures/Openings

Decisions regarding need for diversion and/or unit, department or facility closures are decided by the Outbreak Management Team in consultation with the Medical Microbiologist.

## 5. Outbreak Ending and Post Outbreak Recovery:

### 5.1. Declaring an Outbreak Over

An outbreak will be declared over by the Infection Preventionist in consultation with the Medical Microbiologist once transmission has halted for a designated period.

An outbreak will be declared over depending on the organism and after at least 2 incubation periods have passed since the last date of exposure, without any unexpected new cases (i.e., non-epidemiologically linked/unexplained transmission). The length of time to conclude an outbreak may be extended at the direction of the Medical Microbiologist.

Tasks include:

Tasks	Responsibility	Tool(s)
<ul style="list-style-type: none"> <li>Remove exposed supplies and complete a deep clean and disinfection (isolation) of areas identified by Infection Prevention and Control</li> <li>Confirm to Outbreak Management Team and IPAC that all required cleaning and disinfection of the unit has been completed</li> </ul>	Environmental Services	
<ul style="list-style-type: none"> <li>Declare the outbreak over, sending out the Outbreak Declared over email to all necessary parties e.g., Communicable Disease Unit.</li> <li>Send Final Line list to CD Unit. CDOutbreak@interiorhealth.ca</li> </ul>	Infection Preventionist or Outbreak Management Team lead	
<ul style="list-style-type: none"> <li>Communicable Disease Unit to update Interior Health website</li> </ul>	Communicable Disease Unit	
<ul style="list-style-type: none"> <li>Remove any signage related specifically to the outbreak.</li> <li>Remain alert for possible new cases in Health Care Provider and patients</li> </ul>	Site Leader/Unit Leader or Delegate	
<ul style="list-style-type: none"> <li>Re-stock any supplies depleted during the outbreak, e.g., replacement viral specimen kits.</li> </ul>	Site Leader/Unit Leader	

## 6. Outbreak Debrief and Learning:

### 6.1. Outbreak Debrief Summary

The Outbreak Management Team Lead, in collaboration with the Infection Preventionist, will complete the Outbreak Management Team Debrief Summary report within five business days of the outbreak being declared over.

The Outbreak Management Team Lead will set up a debrief meeting to discuss the recommendations that stemmed from the Outbreak within 14 days following the end of an outbreak.

Debrief will focus on:

- Things that went well
- Areas of opportunity
- Recommendations for improvement

This Summary report is to be emailed to the Outbreak Management Team and posted on Interior Health SharePoint.

### 6.2. Facilitated Conversations with Health Care Provider and Leadership

A facilitated conversation may also take place that includes Health Care Providers and leadership involved in the outbreak. Four proposed questions to structure this conversation are outlined below:

- What went well?
- What would you suggest we improve?
- What would have made the experience better?
- What did you learn during this outbreak that you will take forward with you in your practice?

Health Care Provider Critical Incident Debriefing may also be required. If needed, the Site Director (or delegate) will organize this in collaboration with Occupational Health & Safety.

## Appendices

**Appendix A: Common Pathogens in Respiratory Illness Outbreaks** [all-care-areas-transmission-tables.pdf \(interiorhealth.ca\)](#)

**Appendix B: Agents that are Common in Gastrointestinal Illness Outbreaks** [all-care-areas-transmission-tables.pdf \(interiorhealth.ca\)](#)

### Appendix C: Outbreak Checklist for Unit Leader or Delegate

**Important Note:** This checklist is provided as a high-level reference list and does not replace instructions and tasks outlined within relevant Outbreak Toolkit sections. Please refer to the relevant sections for additional details.

	TASK/ACTION	STAT US			Relevant Toolkit Section
		Yes	No	N/A	
Prevent.	• Ensure multiple points of screening/tracking are in place				1.1. Ongoing Tasks
	• Ensure audits and assessments are being completed and changes are implemented or escalated as required				1.1. Ongoing Tasks 1.2. Audit Frequencies
	• Ensure ongoing education is occurring, as required				1.3. Education
Enhanced Measures	• Report symptomatic patient(s) to Infection Preventionist				2.1. Initial Investigation
	• Inform Workplace Health and Safety of possible Health Care Provider case(s)				2.1. Initial Investigation
	• Send out communications as needed to families and Health Care Provider				2.2. Initiating and Maintaining Alert Measures
	• Conduct PPE Audit				
	• Ensure HCP2x daily screening is in place				
	• Ensure <a href="#">Recommendations for Cohorting Patients</a> is followed				2.2. Initiating and Maintaining Enhanced Measures
	• Cohort Health Care Provider assignment				
	• On transfer, ensure the transporting agency and the receiving unit is aware of the need for Additional Precautions				
	• Ensure there are enough PPE holders and PPE readily available at point-of-use				2.2. Initiating and Maintaining Enhanced Measures
	• If applicable, notify Food Services of the need for tray service to the affected room(s)				
	• Report symptomatic patient(s) to Infection Preventionist				2.2. Initiating and Maintaining Enhanced Measures

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	• Relevant Toolkit Section	STATUS			Relevant Toolkit Section
		Yes	No	N/A	
Investigation	• When required, compile list of potentially exposed Health Care Providers (from patient case); send to PWHCC				3.3. Investigation Initiation
	• Ensure safety huddles and regular communication in place				3.4 Patient Case Investigations
Response	• Complete <a href="#">Acute Outbreak prevention audit tool</a> & Personal protective equipment audit Tool (pdf)				4.1. Immediate Steps
	• Enact unit restrictions as appropriate				4.1. Immediate Steps
	• Report symptomatic patients to IP				4.1. Immediate Steps
	• Support communication with patients and families by Most Responsible Nurse				4.1. New Patient Cases
	• Ensure appropriate precautions are in place for patient cases				4.1. New Patient Cases
	• Ensure appropriate patient movement restrictions in place				4.4.4. New Patient Cases
	• Support quality, safe patient care				4.4.4. Patient Placement
	• Enact patient discharge/readmission instructions as required				4.4.6. Patient Discharges
	• Ensure HCP privacy is protected				4.2.4. Communications and Privacy
	• Ensure ongoing communication with Health Care Provider				4.2.4. Communications and Privacy
	• Communicate about available well-being supports				4.5.1. Well-being Supports
	• Direct Health Care Provider with symptoms to call the PWHCC				4.5.2. New Health Care Provider Cases
	• Review Health Care Provider staffing levels weekly; escalate gaps/issues if required				4.5.3. Health Care Provider Movement
	• Ensure appropriate precautions and Hand Hygiene (HH) tools in place				4.6.2. Precautions & HH
	• Ensure dedicated Environmental Services staff in place				4.6.3. Environmental cleaning
Recovery	• Ensure required cleaning and disinfection has been completed				5.1. Outbreak Over
	• Remain alert for possible new cases				5.1. Outbreak Over
	• Support completion of the Outbreak Debrief				6.1. Outbreak Debrief
	• Participate in facilitated conversations with Health Care Provider and leadership as required				6.2. Facilitated Conversations
	• Support Health Care Provider critical incident debriefing as required				6.2. Facilitated Conversations

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## Appendix D: Overarching Outbreak Checklist for SITE LEADER or Delegate

**Important Note:** This checklist is provided as a high-level reference list and does not replace instructions and task outlined within relevant Toolkit sections. Please refer to the relevant sections for additional details.

	TASK/ACTION	STATUS			Relevant Toolkit Section
		Yes	No	N/A	
Prevention	<ul style="list-style-type: none"> <li>Ensure unit/site audits and assessments are being completed and that risk mitigation measure are occurring</li> </ul>				1.1. Ongoing Tasks 1.2. Audit Frequencies
	<ul style="list-style-type: none"> <li>Ensure ongoing education is occurring, as required</li> </ul>				1.3. Education
Enhanced Measures	<ul style="list-style-type: none"> <li>Support site wide communications as needed</li> </ul>				2.2. Initiating & Maintaining Alert Measures
Inv.	<ul style="list-style-type: none"> <li>Post BCCDC Outbreak poster at entrance(s) as appropriate</li> </ul>				3.3. Investigation Initiation
	<ul style="list-style-type: none"> <li>Participate in investigation activities as required</li> </ul>				3.3. Investigation Initiation
Response	<ul style="list-style-type: none"> <li>Provide ongoing support to Unit Leader</li> </ul>				N/A
	<ul style="list-style-type: none"> <li>Ensure site-wide outbreak communication is occurring and safety huddles are in place</li> </ul>				4.1. Immediate Steps
	<ul style="list-style-type: none"> <li>Ensure Health Care Provider 2x daily screening is in place</li> </ul>				4.1. Immediate Steps
	<ul style="list-style-type: none"> <li>Direct unit restrictions as determined through Outbreak Management Team</li> </ul>				4.1. Immediate Steps
	<ul style="list-style-type: none"> <li>Ensure audits have occurred</li> </ul>				4.1. Immediate Steps
	<ul style="list-style-type: none"> <li>Ensure appropriate patient movement restrictions in place</li> </ul>				4.4.4. Patient Placement
	<ul style="list-style-type: none"> <li>Support quality, safe patient care</li> </ul>				4.4.5. Clinical Care
	<ul style="list-style-type: none"> <li>Direct patient discharge/readmission instructions as required</li> </ul>				4.4.6. Patient Discharges
	<ul style="list-style-type: none"> <li>Ensure Health Care Provider privacy is protected</li> </ul>				4.4.1. Communications & Privacy
	<ul style="list-style-type: none"> <li>Ensure ongoing communication with Health Care Provider</li> </ul>				4.4.1. Communications & Privacy
	<ul style="list-style-type: none"> <li>Communicate about available well-being supports</li> </ul>				4.5.1. Well-being Supports
	<ul style="list-style-type: none"> <li>Direct Health Care Provider with symptoms to call the PWHCC</li> </ul>				4.5. New Health Care Provider Cases
	<ul style="list-style-type: none"> <li>Ensure dedicated Environmental Services is on outbreak unit and additional tools are in place</li> </ul>				4.6.3. Environmental cleaning
	<ul style="list-style-type: none"> <li>Ensure Outbreak Management Team recommendations for visiting are actioned</li> </ul>				4.6.4. Visitors

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	TASK/ACTION	STATUS			Relevant Toolkit Section
		Yes	No	N/A	
Recovery	<ul style="list-style-type: none"> <li>Ensure required cleaning has been completed</li> </ul>				5. Outbreak Over
	<ul style="list-style-type: none"> <li>Remove outbreak signage</li> </ul>				5. Outbreak Over
	<ul style="list-style-type: none"> <li>Remain alert for possible new cases</li> </ul>				5. Outbreak Over
	<ul style="list-style-type: none"> <li>Support completion of Debrief</li> </ul>				6.1. Outbreak Debrief
	<ul style="list-style-type: none"> <li>Lead or participate in facilitated conversations with Health Care Provider and leadership</li> </ul>				6.2. Facilitated Conversations
	<ul style="list-style-type: none"> <li>Support Health Care Provider critical incident debriefing as required</li> </ul>				6.2. Facilitated Conversations

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## Appendix E: Overarching Outbreak Checklist for Outbreak Management Team LEAD

**Important Note:** This checklist is provided as a high-level reference list and does not replace instructions and tasks outlined within relevant outbreak Toolkit sections. Please refer to the relevant sections for additional details.

	TASK/ACTION	STATUS			Relevant Toolkit Section
		Yes	No	N/A	
Investigation.	• Attend Outbreak investigation huddles				3.3. Investigation initiation
	• Send out Outbreak Management Team meeting initial invite w/ outbreak declaration				3.3. Investigation initiation
	• Send out daily Outbreak Management Team meeting series to Outbreak Management Team membership list				4.2.2. Outbreak Management Team Membership
	• Lead daily Outbreak Management Team meetings; escalate issues as required				4.2. Outbreak Management Team (entire section)
Response	• Ensure Health Care Provider privacy is protected				4.2.4. Communications and Privacy
	• Ensure ongoing communication with Health Care Provider				4.2.4. Communications and Privacy
	• Communicate about available well-being supports				4.5.1. Well-being Supports
	• Confirm Health Care Provider restrictions in place on unit				4.5.3. Health Care Provider Movement
Rec	• Declare outbreak over, in collaboration with Medical Microbiologist and IPAC				5.1. Outbreak Over
Learning	• Lead, in collaboration with Infection Preventionist, completion of Outbreak Debrief				6.1. Outbreak Debrief
	• Lead or participate in facilitated conversations with Health Care Provider and leadership				6.2. Facilitated Conversations
	• Support Health Care Provider critical incident debriefing as required				6.2. Facilitated Conversations

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## Appendix F: Environmental Support Services Staff Roles & Responsibilities

<b>Prevention &amp; Preparedness</b>
<ul style="list-style-type: none"> <li>• Collaborate with Site leadership with any staffing difficulties.</li> <li>• Continue audits as per protocol.</li> <li>• Ensure all new hires attend orientation training as well as have buddy shifts.</li> <li>• Enable staff to attend ongoing annual education including donning and doffing personal protective equipment and any new procedures.</li> <li>• Enable all staff to attend cleaning and disinfection presentations by the manufacturer for any new equipment.</li> <li>• Ensure you have staff for surge capacity.</li> </ul>
<b>Alert/Enhanced Measures</b>
<ul style="list-style-type: none"> <li>• Dedicate Environmental Services housekeeper to the affected unit(s) if possible. If not possible, staff should start on an unaffected unit and finish on the unit on Enhanced Measures. Note: additional time is likely required.</li> <li>• Ensure there are foot-operated receptacles for garbage and reusable gowns (where being used).</li> <li>• Ensure the correct solution for cleaning and disinfection is being used.</li> </ul>
<b>Initial Outbreak</b>
<ul style="list-style-type: none"> <li>• Ensure you have staff daily to meet immediate cleaning and disinfection requests.</li> <li>• Ensure staff are screening daily for signs and symptoms when they arrive to work.</li> <li>• Must be prepared to do enhanced cleaning and disinfecting twice a day on the unit of high touch and common areas.</li> </ul>
<b>Outbreak Response</b>
<ul style="list-style-type: none"> <li>• Support IPAC requests.</li> <li>• There should be dedicated Environmental Services to the outbreak unit.</li> <li>• The Outbreak Management Team will review the need for implementing a full facility clean if there is ongoing transmission.</li> <li>• The unit will ensure that patient charts are cleaned every shift using approved cleaning product.</li> <li>• <b>At the end of the outbreak, Environmental Services will track areas and rooms that have had isolation cleaning and disinfection completed, and report to the Outbreak Management Team.</b></li> </ul>
<b>Outbreak Ending &amp; Recovery</b>
<ul style="list-style-type: none"> <li>• Ensure additional staff present for the end of the outbreak (minimum usually 4 days' notice) for final isolation cleaning and disinfection if required.</li> </ul>
<b>Debrief &amp; Learning</b>
<ul style="list-style-type: none"> <li>• Participate in Outbreak Management Team Debrief meeting if a member of the Outbreak Management Team. What would you suggest we improve (or, what would have made the experience better?)</li> <li>• What did you learn during this outbreak that you will take forward with you in your practice?</li> </ul>

## Appendix G: Healthcare Assistant (HCA) Roles & Responsibilities

<b>Prevention &amp; Preparedness</b>
<ul style="list-style-type: none"> <li>• Awareness of organism signs and symptoms</li> <li>• Awareness of, and implements, IPAC policies and procedures for Interior Health.</li> <li>• Competency in personal protective equipment donning and doffing, hand hygiene and seeks out educational opportunities if requires more practice.</li> <li>• Self-assess for symptoms of communicable disease prior to the start of each shift.</li> <li>• Notifies Most Responsible Nurse (MRN) of any patients with new infectious symptoms.</li> <li>• Applies Point of Care Risk Assessment (PCRA) to each patient interaction.</li> <li>• Helps to reduce bioburden of unit by decluttering bed spaces and bathrooms.</li> <li>• Cleans and disinfects shared equipment/objects on unit.</li> </ul>
<b>Alert/Enhanced Measures</b>
<ul style="list-style-type: none"> <li>• Continue to assess self for symptoms of communicable disease prior to the start of each shift and at least once partway through the shift.</li> <li>• Continue to assess patients for new/worsening symptoms, document, and report to MRN or Unit Leader.</li> <li>• Attend safety huddles and education (e.g., personal protective equipment, hand hygiene, risk assessments) as required.</li> <li>• Communicate any needs for additional supplies/support as soon as possible (e.g., personal protective equipment, hand sanitizer, commodes).</li> </ul>
<b>Outbreak</b>
<ul style="list-style-type: none"> <li>• Identifies new symptomatic patients and reports changes to Most Responsible Nurse (MRN).</li> <li>• Participates in acute outbreak prevention and personal protective equipment audit when outbreak declared.</li> <li>• Identifies concerns to Infection Preventionist/Unit Leaders during prevention audit/personal protective equipment audits.</li> </ul>
<b>Outbreak Response</b>
<ul style="list-style-type: none"> <li>• Attends education on donning and doffing of personal protective equipment.</li> <li>• Is aware of Additional Precautions required on outbreak unit.</li> <li>• Attends daily safety huddles.</li> <li>• Aware of changes to unit procedures (tray delivery, visitor restrictions).</li> <li>• Ensures patients are receiving daily baths, linen changes, and clothing changes.</li> <li>• Attends to increased psychosocial needs of patients/families from restricted movement out of rooms and restricted visitation.</li> <li>• Communicates challenges with adherence to Additional Precautions with Unit Leaders.</li> <li>• Informs Unit Leaders of any practical challenges (personal protective equipment supply, logistical challenges).</li> <li>• Adheres to Privacy and Confidentiality policies in relation to outbreak and disclosures.</li> <li>• Supports Environmental Services needs by communicating with MRN/Unit Leaders.</li> </ul>
<b>Outbreak Ending &amp; Recovery</b>
<ul style="list-style-type: none"> <li>• Supports patients when collaborating with Environmental Services to ensure isolation clean and disinfection of the unit is completed if required.</li> <li>• Partakes in a unit debrief.</li> </ul>
<b>Debrief &amp; Learning</b>
<ul style="list-style-type: none"> <li>• Assist IPs with Outbreak Debrief documentation as needed.</li> </ul>

## Appendix H: Infection Preventionist Roles & Responsibilities

Prevention & Preparedness
<ul style="list-style-type: none"> <li>Collaborate with unit leadership and educators on IPAC best practices and provide ongoing education on Routine Precautions; hand hygiene, Point of Care Risk Assessment (PCRA), Routine Practices, donning and doffing of personal protective equipment and Additional Precautions.</li> <li>Provide education each fall on Alerts, enhanced surveillance, and outbreak management.</li> <li>Provide consultative IPAC support to unit leader for the Acute Outbreak Prevention audit and personal protective equipment audit as part of multidisciplinary team (Note: initiation and completion of audit is the responsibility of the unit leader).</li> </ul>
Alert/Enhanced Measures
<p><b>Determine if definitions met:</b></p> <ul style="list-style-type: none"> <li>Begin patient case investigation.</li> <li>Create and maintain Alert Line List.</li> <li>Complete Daily Situational Awareness report.</li> <li>IPAC Team huddle to determine if outbreak definition criteria met.</li> <li>If outbreak definition is not met, determine the need to implement Alert with Enhanced Measures.</li> <li>Implement Alert with Enhanced Measures and email standard communication to: <ul style="list-style-type: none"> <li>Unit leader &amp; manager.</li> <li>Environmental Services manager/supervisor.</li> <li>Cc: IPAC Leadership, Medical Microbiologist, Site Leadership and Communicable Disease Unit.</li> </ul> </li> </ul> <p><b>Unit Support:</b></p> <ul style="list-style-type: none"> <li>Support unit with decluttering ideas and suggestions.</li> <li>Set up a team/site leadership meeting to discuss the Alert with Enhanced Measures on the unit; participants may include Unit Leaders, Environmental Services, Physiotherapy/Occupational Therapy.</li> </ul> <p><b>Environment:</b></p> <ul style="list-style-type: none"> <li>Provide education (e.g., personal protective equipment, HH, appropriate glove use, as required).</li> <li>Attend safety huddles and provide additional support as required.</li> <li>Continue active surveillance for the unit.</li> </ul>
Initial Outbreak
<ul style="list-style-type: none"> <li>Review line list: confirmed cases, symptomatic patients, pending results and exposed patients with MRN/Unit Leadership.</li> <li>With MRN, identify exposed roommates/tablemates (rehab/psych) that may need to be monitored and placed on Additional Precautions.</li> <li>Initiate huddle to review cases with Medical Microbiologist, IPAC leadership, IPAC Epi, &amp; Site Leader/delegate to determine if outbreak criteria met or continue Alert with Enhanced Measures.</li> <li>If outbreak declared: Outbreak Management Team Lead will send outbreak declaration email and inform of need to organize initial Outbreak Management Team meeting. <ul style="list-style-type: none"> <li>Outbreak Management Team lead.</li> <li>Infection Preventionist</li> <li>IH WHS (local and PWHCC) <a href="mailto:OHNS@interiorhealth.ca">OHNS@interiorhealth.ca</a>.</li> <li>Site Leaders.</li> <li>Unit leader &amp; manager.</li> <li>Environmental Services manager/supervisor.</li> <li>IPAC Leadership &amp; Medical Microbiologist: <a href="mailto:IPACLeadershipAlerts@interiorhealth.ca">IPACLeadershipAlerts@interiorhealth.ca</a></li> <li>Communicable Disease Unit <a href="mailto:CDOutbreak@interiorhealth.ca">CDOutbreak@interiorhealth.ca</a></li> <li>Cc: <a href="mailto:IPAC@interiorhealth.ca">IPAC@interiorhealth.ca</a></li> </ul> </li> <li>Create outbreak folder and utilize line list to track confirmed cases, symptomatic patients, pending results and exposed patients; identify Healthcare - Associated Infections vs Non-Healthcare – Associated.</li> <li>Order outbreak cleaning &amp; disinfection of unit.</li> <li>Join acute outbreak prevention and personal protective equipment audit when outbreak declared (<i>Unit leaders responsible for organizing and completing</i>)</li> </ul>
Outbreak Response
<ul style="list-style-type: none"> <li>Track confirmed cases, symptomatic patients, pending results and exposed patients: identify Healthcare Associated Infections vs Community Associated.</li> <li>Document Additional Precautions and timelines.</li> <li>Complete daily outbreak summary, email to Outbreak Management Team, IPAC leadership, Medical Microbiologist, and Communicable Disease Unit. However, only send to CD Unit at the beginning and end of the outbreak.</li> <li>Provide report and IPAC recommendations at Outbreak Management Team Meeting.</li> <li>Save copy of the Outbreak Management Team meeting minutes to the appropriate outbreak folder (IH Teams, Infection Control Outbreak, Site Folder).</li> </ul>
Alert/Outbreak Ending & Recovery
<ul style="list-style-type: none"> <li>Declare the outbreak over in consultation with the Medical Microbiologist</li> <li>Send out notification 'Outbreak or Alert Over' email including the line list.</li> </ul>
Debrief & Learning

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

- Initiate Outbreak Management Summary Report form and send to the Outbreak Management Team Lead
- Participate in Outbreak Management Team Debrief meeting and providing feedback on IPAC practices that could be improved, and which practices were done well.
- Save a copy of the completed Outbreak Management Team report form to the appropriate folder.

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## Appendix I: Most Responsible Nurse (MRN) Roles & Responsibilities

Prevention & Preparedness
<ul style="list-style-type: none"> <li>• Awareness of organism signs and symptoms.</li> <li>• Awareness of, and implements, IPAC policies and procedures for Interior Health.</li> <li>• Competency in personal protective equipment donning and doffing, hand hygiene and seeks out educational opportunities if requires more practice.</li> <li>• Self-assess for symptoms of communicable disease prior to starting each shift and do not attend work if ill.</li> <li>• Screening patients for symptoms twice per day and document in patient's chart.</li> <li>• Obtains appropriate specimens for symptomatic patients.</li> <li>• Places patients with infectious symptoms on Additional Precautions.</li> </ul>
Alert/Enhanced Measures
<ul style="list-style-type: none"> <li>• Continue to self-assess for symptoms of communicable disease prior to the start of each shift and at least once partway through the shift.</li> <li>• Continue to assess patients for new/worsening symptoms, document, obtain specimens for lab testing, and report to Unit leader.</li> <li>• Attend safety huddles and education (e.g., personal protective equipment, hand hygiene, Point of Care Risk Assessments) as required.</li> <li>• Communicate any needs for additional supplies/support as soon as possible (e.g., personal protective equipment, hand sanitizer, commodes).</li> </ul>
Outbreak
<ul style="list-style-type: none"> <li>• Aware of testing and specimen collection criteria.</li> <li>• Aware of signs and symptoms and continues screening patients for symptoms.</li> <li>• Identifies new symptomatic patients and reports to Unit Leader for tracking.</li> <li>• Participates in acute outbreak prevention and personal protective equipment audit when outbreak declared.</li> <li>• Identifies concerns to Infection Preventionist/Unit leaders during acute outbreak prevention audit/personal protective equipment audits.</li> </ul>
Outbreak Response
<ul style="list-style-type: none"> <li>• Attends education on donning and doffing of personal protective equipment.</li> <li>• Is aware of Additional Precautions required on outbreak unit and of changes to unit procedures (tray delivery, visitor restrictions).</li> <li>• Attends daily safety huddles.</li> <li>• Aware of changes to discharge planning. Identifies pending discharges and works with Unit Leaders.</li> <li>• Identifies patient as being from outbreak unit for transfers, tests, and movements and notifies receiving unit or department of Additional Precaution requirements.</li> <li>• Attends to increased psychosocial needs of patients/families from restricted movement and visitation.</li> <li>• Supports continuation of clinically indicated therapies for patients supporting outbreak protocols.</li> <li>• Communicates any challenges with additional precautions to Unit Leader and - requests increased frontline supports like 1:1 when required.</li> <li>• Informs Unit Leaders of any practical challenges (personal protective equipment supply, logistical challenges).</li> <li>• Review the need for Additional Precautions alerts (initiate and discontinue).</li> <li>• Liaises with Unit Leaders/Infection Preventionist to support bed movement.</li> <li>• Adheres to Privacy and Confidentiality policies.</li> <li>• Works collaboratively with Environmental Services.</li> </ul>

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## Appendix J: Unit Leader Roles & Responsibilities

Prevention & Preparedness
<ul style="list-style-type: none"> <li>Ensure multiple points of screening and tracking are in place on the unit (Healthcare Providers (Health Care Provider) screening pre-shift, screening patients for symptoms twice daily and document).</li> <li><b>Ensure acute outbreak <a href="#">Acute Outbreak prevention audit tool</a> and Personal protective equipment audit Tool (pdf) audits are completed when indicated (recommended: acute outbreak prevention audit every 6 months, personal protective equipment audit every 3 months).</b> <ul style="list-style-type: none"> <li><b>Implement required changes as identified through assessment/audit results.</b></li> <li><b>Escalate issues as required to site leadership, Outbreak Management Team, quality councils or senior leadership as appropriate.</b></li> </ul> </li> <li>Ensure Health Care Provider safety huddles are in place and occurring.</li> </ul>
Alert/Enhanced Measures
<ul style="list-style-type: none"> <li>Send out communications as needed to families and Health Care Provider.</li> <li>Conduct acute outbreak prevention and personal protective equipment audit.</li> <li>Ensure all Health Care Providers, including medical staff and contracted staff, working on the unit self-screen for symptoms of communicable disease prior to starting their shift and at least once partway through the shift.</li> <li>There are no visitor restrictions.</li> <li>Every attempt should be made for confirmed positive patients to have single rooms, where possible and safe to do so.</li> <li>Cohorting Health Care Provider assignment is recommended.</li> <li>If cohorting is not possible, care should be provided to asymptomatic patients first, then to the confirmed positive patient(s).</li> <li>If any patient requires transfer to another unit or facility, follow the <a href="#">transfer algorithm</a> and complete <a href="#">the transfer risk assessment form</a>.</li> <li>Ensure there are enough personal protective equipment holders and personal protective equipment readily available at point-of-use (over weekends/Statutory Holiday).</li> <li>Ensure Line List (link) is initiated and Infection Preventionist is notified of any new healthcare associated symptomatic/confirmed cases.</li> <li>Notify Food Services of the need for tray service to the affected room(s).</li> </ul>
Outbreak
<ul style="list-style-type: none"> <li>Increase attention around management of confidential medical information during outbreak investigations.</li> <li>Ensure outbreak signage is posted at the unit entrance.</li> <li>Initial identification of a possible patient case: <ul style="list-style-type: none"> <li>Report symptomatic patient(s) to the Infection Preventionist.</li> </ul> </li> <li><b>When required</b>, for exposed or potentially exposed Health Care Provider compile a Health Care Provider list using staffing schedules and provide names to the Provincial Workplace Health Call Centre.</li> <li><b>If outbreak is occurring on your unit only:</b> <ul style="list-style-type: none"> <li>Once the official Outbreak Declaration has been received, send out the initial invite for the Outbreak Management Team meeting series, to occur within 24 hours of the outbreak declaration.</li> </ul> </li> </ul>
Outbreak Response
<ul style="list-style-type: none"> <li>Organizes and leads the Outbreak Management Team meetings at the outbreak site, with a focus on ensuring: <ul style="list-style-type: none"> <li>Implementation of prevention and control strategies and resolution of local issues.</li> <li>Effective communication and working relationships amongst interested parties.</li> <li>Outbreak Management Team Overview: page 20 follow actions for Outbreak Management Team lead.</li> </ul> </li> <li>Restrict Health Care Provider movement between affected unit and other units/sites, when possible.</li> <li>Ensure Additional Precautions are in place in collaboration with IPAC.</li> <li>Admission and discharges to be discussed with Infection Preventionist/Medical Microbiologist and at the Outbreak Management Team meeting.</li> <li>Visitor restrictions may be required.</li> <li>Continue to report symptomatic patients or unusual cluster of illness to the Infection Preventionist using the Patient Line List.</li> <li>Readiness Audits (if not already completed during Alert/Enhanced Measures): <ul style="list-style-type: none"> <li>Conduct Acute Outbreak Prevention Audit.</li> <li>Conduct personal protective equipment Audit.</li> <li>Health Care Provider Screening.</li> </ul> </li> <li>Ensure all Health Care Provider, including medical staff and contracted staff, working on the unit are screened for symptoms of communicable disease prior to starting their shift and at least once partway through the shift.</li> </ul>
Outbreak Ending & Recovery
<ul style="list-style-type: none"> <li>Support site leaders and teams with return to standard operations.</li> </ul>
Debrief & Learning
Facilitated Conversations
<ul style="list-style-type: none"> <li>If required, including frontline Health Care Provider s and leadership involved in the outbreak. Ask: <ul style="list-style-type: none"> <li>What went well?</li> </ul> </li> </ul>

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- What would you suggest we improve (or, what would have made the experience better)
- What did you learn during this outbreak that you will take forward with you in your practice?

**Health Care Provider Critical Incident Debrief**

If required, facilitate a Health Care Provider Critical Incident Debriefing. To be organized in collaboration with Occupational Health & Safety.

**If outbreak is occurring on your unit only and you are the Outbreak Management Team lead:****Outbreak Debrief**

- Outbreak Management Team lead to set up debrief meeting within 14 days of end of outbreak. The debrief will focus on:
  - What went well?
  - What could have gone better? How could we improve?
  - What did you learn from this outbreak that you will take forward with you in your practice?
- Once completed, ensure the Outbreak Debrief Report is reported to the applicable interested parties.

## Appendix K: Site Director/Manager Roles & Responsibilities

<b>Prevention &amp; Preparedness</b>
<ul style="list-style-type: none"> <li>Share the IH Acute Outbreak Toolkit at site meetings and the importance of leaders and front-line staff knowledge of the tool.</li> <li>Ensure audits listed in the IH Acute Outbreak Toolkit are being completed site-wide and that risk-mitigation measures are occurring.</li> </ul>
<b>Alert/Enhanced Measures</b>
<ul style="list-style-type: none"> <li>Notify Unit staff and site of Alert/Enhanced measures.</li> <li>Ensure Health Care Provider safety huddles are in place and occurring.</li> </ul>
<b>Initial Outbreak</b>
<ul style="list-style-type: none"> <li>Ensure site wide communication about the outbreak.</li> <li><b>If outbreak is occurring on more than one unit or department:</b> <ul style="list-style-type: none"> <li>Once the official Outbreak Declaration has been received, send out the initial invite for the Outbreak Management Team meeting series, to occur within 24 hours of the outbreak declaration.</li> <li>Ensure outbreak signage is posted at the facility entrance (if required).</li> </ul> </li> </ul>
<b>Outbreak Response</b>
<ul style="list-style-type: none"> <li><b>If outbreak is occurring on more than one unit or department:</b> <ul style="list-style-type: none"> <li>Organizes and leads the Outbreak Management Team meetings at the outbreak site, with a focus on ensuring: <ul style="list-style-type: none"> <li>Implementation of prevention and control strategies and resolution of local issues.</li> <li>Effective communication and working relationships amongst interested parties.</li> <li>Outbreak Management Team Overview: – follow actions for Outbreak Management Team lead.</li> </ul> </li> <li>Restrict Health Care Provider movement between affected unit and other units/sites, where possible.</li> <li>Ensure Additional Precautions are in place in collaboration with IPAC.</li> <li>Admission and discharges to be discussed with Infection Preventionist/Medical Microbiologist and at the Outbreak Management Team meeting.</li> <li>Visitor restrictions may be required.</li> </ul> </li> </ul>
<b>Outbreak Ending &amp; Recovery</b>
<ul style="list-style-type: none"> <li>Support site leaders and teams with return to standard operations.</li> <li>Remove any signage related specifically to the outbreak from facility main entrances.</li> <li>Discontinue the Outbreak Management Team meetings</li> </ul>
<b>Debrief &amp; Learning</b>
<p><b>Outbreak Debrief</b></p> <ul style="list-style-type: none"> <li>Outbreak Management Team lead to set up debrief meeting within 14 days of end of outbreak. The debrief will focus on: <ul style="list-style-type: none"> <li>What went well?</li> <li>What could have gone better? How could we improve?</li> <li>What did you learn that you will take forward with you in your practice?</li> </ul> </li> <li>Once completed, ensure the Outbreak Debrief Report is reported to applicable interested parties.</li> </ul> <p><b>Facilitated Conversations</b></p> <ul style="list-style-type: none"> <li>If required, including frontline Health Care Provider and leadership involved in the outbreak. Ask: <ul style="list-style-type: none"> <li>What went well?</li> <li>What would you suggest we improve or made the experience better?</li> <li>What did you learn that you will take forward with you in your practice?</li> </ul> </li> </ul> <p><b>Health Care Provider Critical Incident Debrief</b></p> <ul style="list-style-type: none"> <li>If required, facilitate a Health Care Provider Critical Incident Debriefing. To be organized in collaboration with Occupational Health &amp; Safety.</li> </ul>

## Appendix L: Outbreak Acute Outbreak Management Team Meeting Template

<b>Acute Care OMT Agenda Template</b> Alert Monitoring & Surveillance <i>OR</i> Outbreak Management Team Meeting <b>MS Teams</b>			
<b>Facility Name:</b>		<b>Facility Location:</b>	
<b>Unit Type/Location:</b> [Enter unit info e.g. Medical 2 east]		<b>Meeting Classification:</b> Choose an item.	
		<b>DATE:</b> [Enter Date]	
<b>Land Acknowledgment:</b> Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Däkelh Dené (Ka-kelh De-ney), Ktunaxa (Ton-ah-hah), Nlaka'pamux (Ing-Khla-kap-muh), Secwépemc (She-whep-m), St'át'imc (Stat-liem), syilx (saay-ilks), and Tšilhqot'in (Chil-co-teen) Nations, where we live, learn, collaborate and work together.			
<b>Recorder:</b>			
<b>Check In/Roll Call:</b>			
<b>Daily Facility Outbreak Management Team Invitees and Participants:</b>			
Facility Manager or Designate (Co-chair)			
Infection Preventionist (Co-chair)			
Medical Microbiologist			
Site Representatives (PCC, RCC, Director, Manager, Unit or Program Manager)			
Support Services (EVS, Food Services, Laundry)			
IH WHS (Optional)			
Employee Health & Wellness Call Centre			
Communications			
Allied Manager			
<b>Additional Attendees (Invite as Needed):</b> Epidemiologist, Access & Flow Representative, Logistics (supply chain), CDU etc.			
<b>Numbers Last Updated:</b> [Enter Date]			
<b>Outbreak DECLARED:</b> [Enter Date]			
Outbreak ID:			
Date of First Case Symptom Onset:	[Enter Date]	Total Number of Patient Cases:	
Date of Confirmed First Case:	[Enter Date]	Total Number of Staff Cases:	
Date of Last Confirmed Case:	[Enter Date]	Total Number of Exposures:	
Projected Date to Declare Over:	[Enter Date]	Pending Results:	
New Ill reported since last meeting:		Total Number tested:	
Ruled out since last meeting:		Number of Deaths:	
<b>CUMULATIVE Agenda Item Log of Outbreak</b>		<b>ACTIONS</b>	
Visitation			
Staffing Levels			
Communal Spaces			

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Transfers/Admissions  Isolation and Duration  <u>Supplies Reviewed</u>	
1. PCC/Manager unit report: <span style="float: right;">Review of Cases or Potential Exposures:</span>	
2. Infection Control Updates	
3. Med Micro Recommendation Updates	
4. Cohorting/Testing and Vaccination Updates (staff and patients)	
5. Facility Updates	
6. Communications	
7. Next Steps/Round Table/ Final Comments	
8. Additional Attendees required for next meeting:	
Adjournment:  NEXT MEETING:	

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## Appendix M: Acute Care Outbreak Summary Template

### INSTRUCTIONS

The **Outbreak Management Team lead** is responsible for the completion of the [Outbreak Summary Report](#) form and the action items.

The **Infection Preventionist** will provide a copy of the report (WITHIN 5 business days of the outbreak being declared over) to the **Outbreak Management Team lead** for further completion. An Outbreak Management Team debrief meeting should be held within 14 days of end of outbreak.

### Guide for completion:

#### Background

In point form, include:

- Information about the index case and spread.
- Interventions implemented and dates started.
- Epidemiological curve (attach graph) – optional.
- Current conditions.

#### Special Issues

In point form, include:

- Anything that may have been different in this outbreak.
- Issues that may have prolonged outbreak or increased spread to other areas.
- Any actions taken that may have helped contain outbreak faster.

#### Operational Impact

In point form, include:

- Increased costs incurred because of outbreak.
  - Staffing: relief, overtime or conversely working short.
  - Supplies: increased costs personal protective equipment, and Environmental Services costs.
- For acute care, if unit was closed or surgeries cancelled (lost patient days, # of surgeries).
- Any other disruption to unit/facility: cancellations of special events, delay of student practicums, etc.

#### Infection Preventionist Recommendations and Recognitions

In point form, identify:

- Any infection control measures used to contain the outbreak, and what went well as well as any recommendations/changes for future improvement.
- Consider:
  - Daily communication within OMT (verbal and written especially during IP off hours); timeliness of recognizing/reporting outbreak; implementing control measures; the effectiveness of control measures in limiting the outbreak; and any unforeseen difficulties.
  - Preparedness for this outbreak investigation (resources, Toolkits, policies, protocols, and actions such as when to swab, cohorting patients, removal of additional precautions, education), labs (appropriate samples, estimated time frame for results), information management and data sharing, delineation of responsibilities etc.

#### Unit and Site Leadership Recommendations and Recognitions

In point form, identify:

- Any control measures used to contain the outbreak, and what went well as well as any recommendations/changes for future improvement. Consider:
  - Daily communication within Outbreak Management Team (verbal and written especially during Infection Preventionist off hours); timeliness of recognizing/reporting outbreak.
  - Implementing control measures; the effectiveness of control measures in limiting the outbreak; and any unforeseen difficulties.
  - Preparedness for this outbreak investigation (resources, Toolkits, policies, protocols, and actions such as when to swab, cohorting patients, removal of additional precautions, education), information management and data sharing, delineation of responsibilities etc.

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Outbreak Summary Report:			
Date Completed			
Outbreak Management Team Lead		Infection Preventionist	
Outbreak Area		Date of Initial Case	
Type of Outbreak		Date Outbreak Declared	
Length of Outbreak		Date Outbreak Over	
Attack Rate		Patients	
		Health Care Provider	
Background			
Special Issues			
Operational Impact			
Infection Preventionist Recommendations and Recognitions			
Unit/Site leadership Recommendations and Recognitions			
ACTION PLAN			
Action Items Description	Person Responsible	Due Date	Outcomes

## Appendix N: Infection Preventionist Email Templates

See [Alert and Outbreak IP Internal Templates](#)

Effective Date		
Last Reviewed	October 4, 2024	
Approved By		
Owner		
Revision History Date	Section	Revision
August 2024	Definitions	Update RI Alert and Outbreak definitions
October 4, 2024	Whole document	Formatting and links updated

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