Exposure and Outbreak Management in Healthcare Facilities Policy

1. Purpose

The purpose of this policy is to provide a framework for all WA Country Health Service (WACHS) healthcare facilities to effectively identify, investigate, control and manage infectious disease outbreaks. The policy provides a coordinated approach to managing transmission of communicable diseases in WACHS healthcare facilities and identifies roles and responsibilities of key individuals.

Management of exposures and outbreaks in the community setting is the responsibility of WACHS Public Health Units (PHUs) and is out of scope of this document.

2. Policy

Outbreaks of communicable diseases can be a source of morbidity and mortality and require early recognition and a co-ordinated approach to contain transmission. An outbreak may involve patients/residents/clients and/or healthcare workers (HCWs), can be confined to one location or involve the entire health service and has the potential to have a significant impact on core business for health services.

Outbreak containment requires timely recognition and assessment of the situation, prompt review of the case definition for the suspected/confirmed organism of concern, and the implementation of appropriate measures which interrupt transmission and limit further infection and/or colonised cases. A suspected exposure or outbreak in a WACHS healthcare facility may be identified by a HCW, laboratory personnel, state/territory health authorities, surveillance processes, reports of illness and/or reportable disease notifications.

2.1 Exposure or Outbreak Identification

An outbreak can be defined as an increase in the number of cases above the number normally occurring in a particular area over a defined period, or two or more 'linked' cases of the same illness. Depending on the outbreak organism of concern, 'linked' may refer to cases who have shared a room, been nursed in adjacent rooms, attended communal facility areas, or been cared for by a HCW who has now been identified as a case.

The risk of transmission of an infectious agent is dependent on the:
- source of the infectious agent including patients, staff, environment, food, and water
- route of transmission (i.e. contact, droplet and/or airborne/respiratory)
- host's susceptibility factors including comorbidities, age, immune status and wounds.

Organisms commonly necessitating an outbreak response include viral, bacterial, and fungal illnesses inclusive of diarrhoeal and respiratory pathogens and multi-resistant organisms (MROs).

A suspected exposure or outbreak in a healthcare facility is to be reported immediately to the facility manager/ward or unit coordinator and the health service Infection Prevention

and Control (IPC) representative for review and assessment of the situation, including assessment of clinical, epidemiological and/or microbiological evidence. Reference can be made to guidance documents in section 2.6 to determine whether the circumstances for exposure and/or outbreak have been met.

The decision to escalate from exposure management to outbreak management in a healthcare facility may be influenced by the identification of new case/s that suggest suspicion of transmission, and assessment of the potential impact of the infectious cases on clinical services and hospital resources. Exposure, outbreak management and contact tracing of exposed patients/residents/clients or HCWs may require significant resources.

On weekends/afterhours, the facility manager/ward or unit coordinator should notify the on-call executive asap, and in conjunction with the available IPC representative and medical officer support, should review outbreak management documentation in section 2.6 and commence actions in the exposure outbreak action checklist as soon as possible.

Identified exposures and outbreaks in the community will be managed by the relevant PHU and escalated as per appropriate PHU escalation pathways.
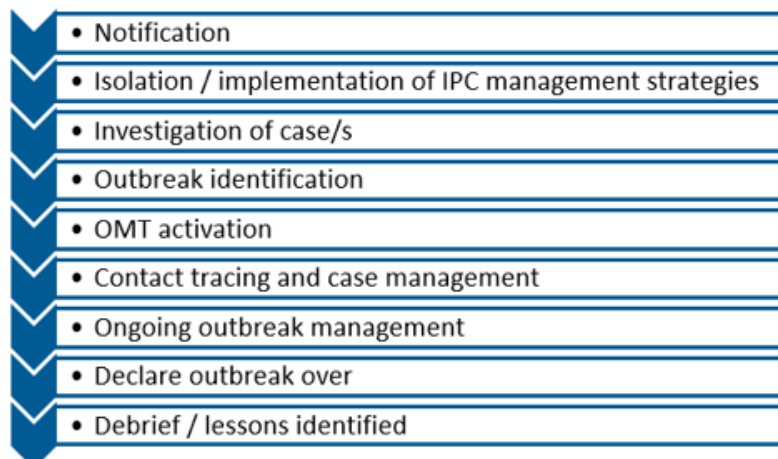
2.2 Outbreak Management Team guidelines

A dedicated Outbreak Management Team (OMT) is required to coordinate a response when the definition of an outbreak has been met. An OMT is responsible for coordinating the response to an outbreak including investigation of suspected cases, confirmation of cases, contact tracing, isolation/exclusion and, where applicable, cohorting of patients.

Confirmation of a healthcare facility outbreak and the need to establish an OMT will be made in collaboration with key stakeholders e.g. the facility manager/ward or unit coordinator, the IPC representative/Regional IPC Clinical Nurse Specialist (CNS), treating medical team member/s and facility executive based on the:
- disease/organism suspected/confirmed to be causing the outbreak
- number of suspected/confirmed cases - patients and/or HCWs
- number of patients at risk
- likely source
- the potential impact on service delivery.

When established, the OMT will generally meet daily (including weekends as required).

Outbreak Management Framework

- Notification
- Isolation / implementation of IPC management strategies
- Investigation of case/s
- Outbreak identification
- OMT activation
- Contact tracing and case management
- Ongoing outbreak management
- Declare outbreak over
- Debrief / lessons identified

Key members for an OMT include:
- Chair - Regional Director Medical Services/Executive Director/Operations Manager
- Director of Nursing/Health Service Manager/Facility Manager
- Infectious Diseases Physician/Microbiologist
- Public Health Physician/PHU representative
- Regional IPC CNS/local IPC Clinical Nurses (CNs)/IPC representative
- Ward or unit coordinator
- Medical lead for affected area/s
- Support Services Manager/representative
- Administrative support.

The OMT may also co-opt the following members as required:
- Regional Director of Nursing Services
- Patient Flow Coordinator/s
- Work, Health and Safety Representative
- Infrastructure/Maintenance representative
- Pharmacy representative
- Allied Health representative
- Laboratory representative
- Communications/Media representative
- Workforce Coordinator/representative.

Refer to OMT Members Responsibilities in section 2.6.

2.3 Infection Prevention and Control Outbreak Management Strategies

IPC representatives in consultation with Infectious Disease Physicians, Microbiologists or Public Health Physicians, can assist in providing guidance relating to the following actions, to support the investigation and/or early management of a suspected exposure or outbreak:
- specimen collection, isolation, contact tracing, vaccination and/or prophylaxis for patients/residents/clients and/or HCWs
- communication with relevant key stakeholders
- advice to patients/residents/clients/carers/visitors and HCWs
- advice/information/communication with contacts re incubation/isolation periods, transmissibility, prophylaxis, vaccination, etc
- advice regarding implementing widespread mask wearing in the outbreak area for respiratory pathogens
- advice to HCWs from external agencies identified as potential contacts e.g. St John Ambulance, RFDS to follow their relevant IPC protocols or to contact PHU staff
- documentation/line listings/reporting requirements (NB: specific current requirements for reporting for aged care facilities should be reviewed here - Aged Care Forms/Links/Resources and consideration should be given to any reporting requirements required at the commencement of an outbreak for notification to the Infection Prevention, Policy and Surveillance Unit (IPPSU), although generally reporting to IPPSU is undertaken post cessation of the outbreak – refer to section 2.7).
- ongoing monitoring of the situation.

The WACHS - Why am I in isolation? Information for patients and families brochure should be provided to all patients placed in isolation for IPC reasons.

IPC Strategy	Action
Standard Precautions	Reinforce Standard Precautions, e.g. appropriate Hand Hygiene (HH), Environmental Cleaning, personal protective equipment (PPE) use. Ensure sufficient HH and relevant PPE products are available for staff, patients/residents/clients, and visitors.
Transmission Based Precautions*	Implement relevant transmission-based precautions with relevant signage displayed, including isolation and cohorting as directed by the OMT. Consider use of portable HEPA filter units where applicable.
Patient Alerts	Add an electronic alert (e.g. micro alert) on medical records of cases and contacts as relevant.
Patient dedicated equipment	Where possible, use patient-dedicated or single-use non-critical equipment.
Patient, visitor and HCW restrictions*	• Restrict movement of patients to reduce risk of transmission. • Seek advice from OMT for intra or inter health service transfers. • Consider exclusion of patients from group activities. • Implement relevant visitor restrictions. • Exclude symptomatic staff from work. • Manage vaccine refusal, contraindication or non-responders by ensuring appropriate work placement and work restrictions. • Dedicate staff to suspected or confirmed cases as appropriate.
Environmental Cleaning	In an outbreak setting the frequency of environmental cleaning is to be increased to reduce environmental contamination to a minimum of twice daily cleaning and disinfection and ad hoc high touch surface cleaning, particularly in shared care areas.
Collection of Specimens	The OMT will communicate appropriate specimen/s to be collected, relevant collection method/s and direct any additional screening.
Environmental sampling	Should only be undertaken on direction from the OMT.
Staff Screening	Staff screening may be considered and directed by the OMT.
Pharmaceutical intervention	Vaccination, prophylactic medication, and decolonisation therapy may be considered as relevant and will be directed by the OMT.
Information and Communication	Standardised and/or global communications to staff, patients and visitors as directed by OMT. Refer to the WA health link - "Healthy WA Health Conditions A - Z" for relevant fact sheets for Patients, Visitors and HCWs.
*Consideration must be given in respect to residents living with dementia and their ability to adhere to isolation requirements, and potential risks of moving them from their familiar environment.	

2.4 Cleaning

Increased frequency of environmental cleaning and disinfection is required during an outbreak in addition to enhanced cleaning in all relevant areas including shared clinical and non-clinical areas.

When an outbreak is suspected or confirmed the facility manager/ward or unit coordinator should liaise with support service representatives to facilitate the cleaning required and ensure adequate human resources, cleaning and linen supplies and waste collections are provided.

Ward/unit/facility staff should assist cleaning staff by removing clutter from corridors, patient/resident/client rooms, bathrooms, shared care/recreation areas, storerooms and office spaces etc. All staff can assist with enhanced cleaning of high touch points, horizontal surfaces and shared items. All shared patient care equipment must be free from damage or other impediments to facilitate effective cleaning i.e. sticky tape/adhesive label residue, torn/cracked/crazed surfaces.

Refer to the WACHS Environmental Cleaning Policy and the associated Patient Support Services Manual for cleaning and disinfection guidance as required.

2.5 Microbiological screening for Multi-Resistant Organisms

MRO screening of inpatients may be utilised to establish the identification and/or extent of an MRO outbreak. MRO screening of patients and/or staff in relation to outbreak management is to be undertaken at the direction of IPC staff. The effectiveness of MRO screening as an outbreak management strategy is dependent on timely collection and processing of swabs from the targeted screening group. Liaison with PathWest regarding specimen collection may be required.

Refer to MP 0177/23 Screening and Management of Multi-resistant Organisms in Healthcare Facilities Policy.

2.6 Exposure/Outbreak Management

WACHS Outbreak Management resources:
- WACHS Outbreak Management Flowchart
- WACHS Exposure/Outbreak Action Checklist
- WACHS Outbreak Line Listing
- WACHS Outbreak Situation Report
- WACHS Outbreak Management Team members responsibilities
- WACHS Outbreak Management Team Meeting Agenda Template
- WACHS Outbreak Management Team Meeting Minutes Template
- WACHS Measles Exposure and Outbreak Management
- WACHS Varicella Exposure and Outbreak Management

WA Department of Health resources:
- WA DoH Measles management (contact tracing, case investigation and fact sheets)
- WA DoH Varicella management
- WA DoH Screening and Management of MROs in Healthcare Facilities Policy
- WA DoH Public Health Communicable Disease Guidelines

- WA DoH COVID-19 IPC in Western Australian Healthcare Facilities
- WA DoH Guidelines for the prevention and management of gastroenteritis outbreaks in residential care facilities
- WA DoH PH management of notifiable infectious diseases and related conditions
- WA DoH Silver book – STI/BBV management guidelines
- MP 0188/24 Staff Screening for Tuberculosis Policy

Communicable Diseases Network Australia (CDNA) National PHU guidelines:
- CDNA Series of national guidelines (SoNGs) for Public Health Units
- CDNA Norovirus and suspected viral gastroenteritis
- Coronavirus (COVID-19) CDNA National Guidelines for PHUs National Outbreak Management Guideline for Acute Respiratory Infection (including COVID-19, influenza and RSV) in Residential Aged Care Homes

Facility/Ward/Unit specific resources:
- WACHS Why am I in isolation brochure? Information for patients and families
- WACHS IPC Checklist for closing a ward, unit or facility for Outbreak Management
- WACHS PPE Calculator
- WACHS Standard Precautions Poster
- WACHS Contact Precautions Poster
- WACHS Droplet Precautions Poster
- WACHS Airborne Precautions Poster
- WACHS Correct Use of Personal Protective Equipment
- WACHS Operating a Negative Pressure Isolation Room (NPIR)
- WACHS IPC Checklist for opening a ward, unit or facility post Outbreak Management

Outbreak related posters:
- WACHS Ward ARI Outbreak poster - template
- WACHS Ward Gastro Outbreak poster - template
- WACHS Room Visitor Alert poster - template
- WACHS - What to expect if there is a cluster of a transmissible disease - poster
- WACHS - Transmissible disease cluster - inpatient/resident information sheet
- WA DoH Protect yourself and others poster
- WA DoH Stop the spread of ARIs poster
- WA DoH Stay safe at work posters – COVID-19
- WA DoH How to put on and take off your face mask
- Aged Care Quality and Safety Commission Visiting an aged care home during an outbreak

Consumer resources:
- DoH Healthy WA – Consumer information - Health conditions A-Z
- ACSQH CPE: Information for patients
- ACSQH MRSA: information for patients
- ACSQH CDI: information for patients
- ACSQH VRE: information for patients

2.7 Outbreak Documentation, Reporting and Debriefs

Declaration of cessation of the outbreak management and the OMT meetings, will be decided by the chair in conjunction with OMT members.

The IPC staff are to liaise regularly with the relevant facility manager/ward or unit coordinator/s to ensure applicable documentation relating to all confirmed/suspected cases is updated and maintained.

The OMT is responsible to ensure effective communication of the implications of the exposure/outbreak to HCWs at affected sites at regular intervals. Communication is recommended to be disseminated daily after the OMT meetings in the most appropriate form for the facility affected. This may include email or follow up team meetings with relevant HCWs ensuring there is a method for two-way communication with HCWs rather than just dissemination of information.

Public reporting/notification requirements are to be considered by the chair of the OMT in conjunction other relevant OMT members, facility and regional executive and in liaison with the communications team representatives.

At the end of an outbreak, the IPC CNS/CN is to complete an outbreak summary report reviewing outbreak management implemented and outline successes/concerns/recommendations as relevant. A debrief session for relevant HCWs can be a useful exercise to be undertaken after an outbreak. The debrief can serve as a review process to analyse and assess the response to the outbreak and identify strengths, weaknesses, and areas for improvement in managing a similar situation in the future.

The summary report is to be disseminated to members of the OMT and relevant stakeholders such as the IPPSU using their notification form - HAIU Outbreak Notification Form.

3. Roles and Responsibilities

The WACHS Executive are responsible for ensuring all regions support the requirements of the NSQHS Standard 3, including facilitation of processes to ensure:
- service plans that include IPC risk management strategies and support for appropriate
- resources in relation to ICP and work health and safety (WHS) staff positions
- identification, management and reporting of incidents, hazards, and accidents related to IPC issues.

The Regional Executive are responsible for ensuring all health services adhere to the processes outlined in the NSQHS Standard 3, including facilitation of appropriately qualified infection control professionals and applicable resources required. They also have a responsibility to ensure appropriate representatives for the OMT are identified who can facilitate actions and recommendations outlined by the OMT during a suspected or confirmed outbreak of an Infectious Disease.

The Healthcare Facility Managers are responsible for:
- liaising closely with other relevant OMT members regarding actions to be initiated for outbreak management and for escalating concerns identified in relation to facilitating these actions
- delegating secretariat support for the OMT meetings
- monitoring and enabling all HCWs to complete their IPC related mandatory e-learning outlined in MyLearning and relevant practical assessments
- reporting uncontrolled risks or risks of a significant nature to relevant Executive Director/s and including these on risk registers.

The Treating Medical team for the patients/residents/clients involved in the outbreak are responsible for the clinical management of affected patients.

The Support Service Supervisors are responsible for ensuring appropriately trained staff are available to support relevant cleaning protocols and that suitable equipment and consumables are available to complete these tasks.

The Regional IPC Clinical Nurse Specialist, IPC Clinical Nurses, IPC Portfolio holders and Commonwealth mandated IPC leads in Residential Aged Care Facilities are responsible for providing IPC support and advice to health services as required.

The Workplace Health and Safety representatives are to provide a consultancy and advisory role to management, departments and HCWs on WHS related issues and appropriate management as required.

The Public Health Unit representatives can provide advice to IPC staff and health service managers during an outbreak on the public health management of cases and contacts of notifiable diseases as required.

All WACHS health services should actively involve patients in their own care by providing relevant information and encouraging shared decision making.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

Monitoring of the effectiveness of this policy involves assessing how well the policy achieves its intended goals, such as reducing the spread of the disease within healthcare facilities, minimising morbidity and mortality, and ensuring appropriate public health management is implemented in a timely manner.

Outcome measures include:
- decreased infection transmission rates
- decreased number of outbreaks
- decreased hospitalisation rates
- decreased morbidity and mortality rates
- increased vaccination coverage rates
- increased compliance in relation to public health interventions e.g., social distancing, mask mandates, movements or travel restrictions.

Outcomes of process auditing and clinical indicator data is escalated as applicable with actions implemented, documented and monitored via regional Infection Prevention and Control Committees and other relevant committees. Outbreak management review and debriefs, are to be undertaken post an outbreak to assist in identifying areas for improvement.

The WACHS Infection Control Advisory Forum (ICAF) is to review this policy every five years, or earlier if required.

5. References

1. Communicable Diseases Network Australia (CDNA). Series of National Guidelines (SoNGs). Australian Government Department of Health and Aged Care, 2024. [accessed 7 October 2024]. https://www.health.gov.au/resources/collections/cdna-series-of-national-guidelines-songs#a

2. National Health and Medical Research Council. Australian Guidelines for the Prevention and Control of Infection in Healthcare, 2019. [accessed 7 October 2024]. https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019

3. Australian Commission on Safety and Quality in Health Care. National Hand Hygiene Initiative, 2019. [accessed 7 October 2024].
4. https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative

5. National Safety and Quality Health Service (NSQHS), preventing and controlling infections standard. Australian Commission on Safety and Quality in Health Care, 2021. [accessed 7 October 2024]. https://www.safetyandquality.gov.au/standards/nsqhs-standards/preventing-and-controlling-infections-standard

6. Communicable Diseases for Health Professionals. WA Department of Health, 2023. [accessed 7 October 2024]. https://www.health.wa.gov.au/Health-for/Health-professionals/Communicable-Diseases

7. Outbreaks and incident management. WA Department of Health, 2020. [accessed 7 October 2024]. https://www.health.wa.gov.au/Articles/N_R/Outbreaks-and-incident-management

8. Personal Protective Equipment in Healthcare Facilities Policy. WA Department of Health, 2022. [accessed 7 October 2024]. https://www.health.wa.gov.au/About-us/Policy-frameworks/Public-Health/Mandatory-requirements/Communicable-Disease-Control/Infection-Prevention-and-Control/Personal-Protective-Equipment-in-Healthcare-Facilities-Policy

9. Screening and Management of Multi-resistant Organisms in Healthcare Facilities. WA Department of Health, 2023. [accessed 7 October 2024.] https://www.health.wa.gov.au/About-us/Policy-frameworks/Public-Health/Mandatory-requirements/Communicable-Disease-Control/Infection-Prevention-and-Control/Screening-and-Management-of-Multi-resistant-Organisms-in-Healthcare-Facilities-Policy

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11. Optimising ventilation for infection prevention and control in healthcare settings. Australian Commission on Safety and Quality in Health Care, 2022. [accessed 7 October 2024]. https://www.safetyandquality.gov.au/publications-and-resources/resource-library/optimising-ventilation-infection-prevention-and-control-healthcare-settings

12. Department of Health and Aged Care - Interim guidance on monkeypox for health workers. Infection Prevention and Control Expert Group. [accessed 7 October 2024]. https://www.health.wa.gov.au/~/media/Corp/Documents/Health-for/Infectious-disease/IPPSU/interim-guidance-on-monkeypox-for-health-workers.pdf

13. Enteric infections. WA Department of Health, 2023. [accessed 7 October 2024]. https://www.health.wa.gov.au/Articles/A_E/Communicable-disease-control-guidelines/Enteric

14. Gastroenteritis in residential care facilities. WA Department of Health, 2013. [accessed 7 October 2024]. https://www.health.wa.gov.au/Articles/A_E/Communicable-disease-control-guidelines/Gastroenteritis-in-residential-care-facilities

6. Definitions

Term	Definition
Case Definition	A case definition is a standard set of criteria used in outbreak investigations to decide who is a case and who is not. A case definition should include well-defined criteria for person, place, time and clinical features (+/- laboratory criteria).
Close Contact	A close contact is a person who has had contact with an infected person for period of time that could lead to acquisition of the infection.
Contact Tracing	Contact tracing is the process by which any contacts of a transmissible disease are identified, actively or passively monitored, investigated for signs and symptoms of disease, diagnosed, and then treated. This process aims at preventing further transmission of infection/disease.
Exposure	An exposure is an episode of contact or being in close proximity to a person with a transmissible disease which could lead to acquisition of the infection.
Healthcare Workers	A healthcare worker is any person employed or contracted by WACHS, either on a permanent, temporary, casual, volunteer or agency basis to deliver or support healthcare services.
Multidisciplinary team	A multidisciplinary team is a team including clinicians from multiple disciplines who collaborate to provide comprehensive care for patients/resident and clients.
Notifiable disease	A notifiable disease is a disease that is required by law to be reported to Public Health Authorities at the time it is diagnosed because it is potentially dangerous to human health.

Outbreak Management Team	The Outbreak Management Team is a multi-disciplinary group responsible for co-ordinating the investigation and response to an outbreak.
Standard precautions	Standard precautions are the minimum IPC work practices which are required to achieve a basic level of infection prevention and control and must be always used for all patients in all situations.
Transmission based precautions	Transmission based precautions are additional infection prevention and control strategies implemented in situations where standard precautions alone may be insufficient to prevent transmission of an infectious agent/communicable disease.

7. Document Summary

Coverage	WACHS Wide
Audience	All staff responsible for managing and or responding to outbreak management in all WACHS healthcare facilities.
Records Management	Non Clinical: Corporate Recordkeeping Compliance Policy Clinical: Health Record Management Policy
Related Legislation	*Therapeutic Goods Act 1989* (Cth) *Health Services Act 2016* (WA) *Work Health and Safety Act 2020* (WA) Work Health and Safety (General) Regulations 2022 (WA) *Public Health Act 2016* (WA)
Related Mandatory Policies/Frameworks	• MP 0177/23 Screening and Management of Multi-resistant Organisms in Healthcare Facilities Policy • MP 0172/22 Personal Protective Equipment in Healthcare Facilities Policy • MP 0134/20 National Safety and Quality Health Service Standards Accreditation Policy • MP 0122/19 Clinical Incident Management Policy 2019 • MP 0188/24 Staff Screening for Tuberculosis Policy • Clinical Governance, Safety and Quality Framework • Public Health Policy Framework • COVID-19 Emergency Management Framework
Related WACHS Policy Documents	• COVID-19 Clinical Management for Inpatients Guideline • Engaging Consumer and Carer Representatives Policy • Environmental Cleaning Policy • Hand Hygiene Policy • Infection Prevention and Control Inpatient Placement and Cohorting Guideline • Infection Prevention and Control - Patient management and healthcare worker exclusion periods Policy • Infection Prevention and Control Policy • Negative Pressure Isolation Room Procedure • Specimen Collection Procedure • Work Health and Safety Policy • Waste Management Policy
Other Related Documents	• Policy and Resources Map – NSQHS Preventing and Controlling Infections Standard 3
Related Forms	Nil
Related Training	Available from MyLearning: • Hand Hygiene Declaration (CICHH EL2)

	• Infection Prevention in Healthcare for Non-Clinical Staff (IPNC EL1) • Basics of Infection Prevention and Control Orientation Module (CICB EL2) • Clean and Safe Healthcare Environment Practical Assessment (CSHE 003) • Clean and Safe Healthcare Environment Assessor/Trainer Declaration (CSHE EL5) • Correct Use of Personal Protective Equipment (PPE EL1)
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 3759
National Safety and Quality Health Service (NSQHS) Standards	1.01, 2.01, 3.01, 3.02
Aged Care Quality Standards	1(1), 1(2) (a), 1(2) (b), 1(2) (c), 3(1), 3(2), 4(1), 4(2), 5(1), 5(2), 7(1), 7(2), 8(1), 8(2)
Chief Psychiatrist's Standards for Clinical Care	Nil
Other Standards	Nil

8. Document Control

Version	Published date	Current from	Summary of changes
1.00	20 February 2025	20 February 2025	New Policy

9. Approval

Policy Owner	Executive Director Nursing and Midwifery Services
Co-approver	Executive Director Clinical Excellence
Contact	Clinical Nurse Consultant Infection Prevention and Control
Business Unit	WACHS Nursing and Midwifery
EDRMS #	ED-CO-24-343777

This document can be made available in alternative formats on request.