Sepsis Early Recognition and Escalation Training Course

3 – 7 January 2027
Toronto

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Training Center

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Ref: 1536_213505 **Date:** 3 – 7 January 2027 **Location:** Toronto **Fees:** 12000 Euro

Overview

Sepsis Early Recognition and Escalation Training Course is a one-week foundation course for nursing staff, allied health professionals, healthcare assistants, clinical support personnel, care coordinators, and service managers, who leave with a Sepsis Recognition and Escalation Toolkit. The course addresses delayed recognition through structured observation, early warning signs, infection prevention, clinical communication, escalation of care, documentation, coordinated response, and post-event learning. Agile Leaders Training Center frames sepsis early recognition as a shared patient-safety responsibility.

Who Should Attend

- Teams responsible for routine patient observation and recording changes in condition
- Functions responsible for infection prevention and safe care practices
- Personnel responsible for communicating concerns and activating escalation pathways
- Teams coordinating care handoffs across clinical and support services
- Managers responsible for patient safety, staff readiness, and service improvement

The course assumes participants observe, support, coordinate, or manage patient care and leaves out independent diagnosis, prescribing, and specialist critical-care treatment.

Departments and Industries

The course supports departments and organizations that require reliable recognition and escalation of infection-related deterioration.

- Hospitals, clinics, and ambulatory care services
- Nursing, allied health, and clinical support departments
- Residential care, rehabilitation, and community health services
- Patient safety, quality improvement, and infection prevention teams
- Care coordination, operations, and service management functions

Learning Objectives

By the end of this course, participants will be able to:

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- Apply a role-appropriate sepsis recognition pathway
- Use structured observations to identify deterioration cues
- Prioritize infection-prevention actions linked to sepsis risk
- Build clear escalation and clinical communication messages
- Analyze documentation and care-coordination gaps
- Evaluate events for practical service improvements

Course Agenda

Day 1: Sepsis Recognition Foundations

- Sepsis Recognition Scope and Role Boundary Map
- Infection-to-Deterioration Pathway Diagram
- Sepsis Risk Factor Identification Checklist
- Early Warning Sign Observation Guide
- Recognition Bias and Concern Prompt Card

Day 2: Observation and Deterioration Cues

- Structured Vital-Sign Observation Record
- NEWS2-Supported Escalation Context
- Trend Comparison and Change Detection Method
- Patient and Family Concern Capture Tool
- Reassessment and Safety-Netting Checklist

Day 3: Prevention and Safe Response

- Infection Prevention Interface Map
- Hand Hygiene and Device-Care Control Check
- Healthcare-Associated Infection Risk Review
- Local Sepsis Pathway Activation Guide
- Role Boundary and Immediate Action Matrix

Day 4: Communication and Coordinated Escalation

- SBAR Sepsis Concern Communication Template
- Escalation Trigger and Responsibility Matrix
- Rapid Response Huddle Structure
- Sepsis Observation Documentation Audit
- Care Handoff and Follow-Through Tracker

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Day 5: Sepsis Response Practice

- Suggested Exercise: Early Warning Cue Review
- Suggested Exercise: Observation Trend Interpretation
- Suggested Exercise: SBAR Escalation Simulation
- Suggested Exercise: Post-Event Learning Review
- Capstone Exercise: Sepsis Recognition and Escalation Toolkit

Practical Exercises

The course uses suggested activities based on fictional hospital, residential care, rehabilitation, and community-service situations.

- Suggested activity: identify infection-related deterioration cues from observation records and state the role-appropriate next action.
- Suggested activity: prepare and deliver an SBAR concern message using documented findings and local escalation roles.
- Suggested activity: trace a care handoff, identify prevention and communication gaps, and assign follow-through actions.
- Suggested activity: review a fictional event and build a team improvement brief without assigning blame.

FAQs

Who suits sepsis early recognition training, and what does it assume?

Nursing, allied health, care-support, coordination, and service-management personnel suit the training; it assumes responsibility for observing, supporting, or managing care and excludes independent diagnosis, prescribing, and specialist critical-care treatment.

How does sepsis early recognition training differ from general infection prevention training?

Sepsis early recognition training focuses on deterioration cues, structured observation, communication, and escalation, while general infection prevention training concentrates on reducing infection transmission and exposure across services.

Which early warning signs support sepsis recognition?

Useful warning signs include changes in temperature, heart rate, breathing, blood pressure, urine output, skin condition, pain, alertness, and overall behavior, interpreted together with infection concern and change from the person's baseline.

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How should healthcare teams escalate a possible sepsis concern?

Healthcare teams should follow the local escalation pathway, communicate observations and trends in a structured format, identify the reason for concern, confirm responsibility for review, and continue role-appropriate monitoring and documentation.

Why is post-event learning important in sepsis response?

Post-event learning reveals gaps in recognition, observation, handoffs, escalation, documentation, and follow-through so teams can improve processes, staff readiness, and coordination without replacing formal clinical governance.

Conclusion

Participants leave with a Sepsis Recognition and Escalation Toolkit containing observation guides, risk checks, communication templates, escalation matrices, documentation audits, and review tools. The toolkit makes deterioration cues and responsibilities visible. It supports faster, clearer coordination across clinical, support, safety, and management teams.