INFECTION PREVENTION AND CONTROL (IPAC) AND OUTBREAK MANAGEMENT IN CONGREGATE LIVING SETTINGS

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WINDSOR-ESSEX COUNTY **HEALTH UNIT**

Department of Infectious Disease Prevention

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Purpose

This guide is a collection of evidence-based practice recommendations and resources on infection prevention and outbreak management. The purpose of this document is to provide information to CLS staff and workers about IPAC principles, and the necessary steps and resources for outbreak identification, prevention and management. The goal is that CLS staff will utilize the recommendations from this document to incorporate IPAC in daily service operations to those who work and access services within the setting.

For additional support or information about this guide, please call the WECHU IPAC Hub at **519-258-2146 ext. 1420**.

Refer to the online version of this guide for downloadable links.

Abbreviations

ABHR	Alcohol-based hand rub
ARI	Acute respiratory infection
BOH	Board of Health
CLS	Congregate living setting
CXR	Chest x-ray
DoPHS	Diseases of Public Health Significance
GI	Gastrointestinal
HCW	Health care worker
HCP	Health care provider
HPPA	Health Protection and Promotion Act, 1990
ICP	Infection control practitioner
IDP	Infectious Disease Prevention Department
IPAC	Infection prevention and control
JHSC	Joint health and safety committee
LTCH	Long-term care home
MCCSS	Ministry of Children, Community and Social Services
MMAH	Ministry of Municipal Affairs and Housing
MLTC	Ministry of Long-Term Care
MLITSD	Ministry of Labour, Immigration, Training and Skills Development
MOH	Ministry of Health
MSAA	Ministry of Seniors and Accessibility

NACI	National Advisory Committee on Immunization
NP	Nasopharyngeal (swab)
OB	Outbreak
OH	Ontario Health
OHS	Occupational health and safety
OHSA	Occupational Health and Safety Act, 1990
OMT	Outbreak management team
PCR	Polymerase chain reaction
PCRA	Point-of-care risk assessment
PRA	Personal risk assessment
PHAC	Public Health Agency of Canada
PHI	Public health inspector
PHU	Public health unit
PHO	Public Health Ontario
PIDAC	Provincial Infectious Disease Advisory Committee on Infection Prevention and Control
PPE	Personal protective equipment
RH	Retirement Home
RSV	Respiratory Syncytial Virus
SDM	Substitute decision maker
WECHU	Windsor-Essex County Health Unit
WSIB	Workplace Safety and Insurance Board

Definition of Terms

Additional precautions: These precautions (i.e., Isolation, Contact Precautions, Droplet Precautions, and Airborne Precautions) are carried out in addition to *Routine Practices* when infections are caused by organisms spread by these routes are suspected or diagnosed. They can include the physical separation of symptomatic individuals and the use of PPE (e.g., masks, gloves, eye protection etc.).

Alcohol-based hand rub/hand sanitizer: This is a liquid, gel or foam formula that contains alcohol which is used to reduce the number of germs on hands in situations when the hands are not visibly soiled.

Bodily substances: Includes blood and body fluids (e.g., excretions such as urine, feces, vomit, secretions such as semen, or saliva).

Case definition: Criteria for classifying whether a person has a specific disease.

Cleaning: The physical removal of debris and organic material (e.g. dust, soil, blood, or feces). Cleaning physically removes rather than kills germs. This is done with water, detergents and mechanical action (e.g., friction and rubbing).

Cohorting: Grouping of individuals who are infected or exposed to/with the same microorganism with staffing assignments restricted to the cohorted group of patients.

Congregate living setting: A range of locations where people (most of whom are not related) live or stay overnight and use shared spaces.

Contact Precautions: A type of Additional Precaution to reduce the risk of transmitting infectious agents via contact with an infectious person.

Contact time: The time that a disinfectant must be in contact with a surface or device to ensure that disinfection has occurred. For disinfectants, the surface should remain wet for the required contact time.

Contamination: The presence of germs on hands, or surfaces (e.g., clothing, personal protective equipment, environmental surfaces, bedding, toys, or dressings).

Control measure: Any action or activity that can be used to prevent or stop transmission of infection and outbreaks. Control measures for GI outbreaks are primarily focused on reducing additional exposure.

Cross-contamination: Refers to the transfer of germs from a dirty source to a clean source.

Disinfectant: A chemical product that is used on surfaces for the purposes of killing germs.

Disinfection: The process of using chemicals or heat to kill most germs on environmental surfaces/inanimate objects.

Enteric disease: Intestinal/stomach illness caused by microorganisms such as viruses, bacteria and parasites.

Epidemiological link: Can refer to but is not limited to common unit/floor/staff, shared activities or dining area, common visitors etc., where there is evidence of disease spread within the setting.

Food handler: A person who directly handles or prepares food.

Germ: Also known as a microorganism or infectious agent. A germ can cause an infection (e.g., a bacterium, fungus, parasite, virus or prion).

Hand hygiene: Refers to hand cleaning. Hand hygiene may be accomplished using soap and warm running water or ABHR.

Hand washing: The physical removal of germs from the hands using soap and warm running water.

Infection: The entry and growth of a germ in a host. May or may not cause clinical symptoms.

Infection prevention and control (IPAC): Evidence-based practices and procedures that, when applied consistently, can prevent or reduce the risk of infection.

Joint Health and Safety Committee (JHSC): A committee formed in workplaces to address health and safety concerns and improve health and safety in the workplace. This committee is composed of employer and worker representative.

Line list: A table that summarizes information about suspect, probable, or confirmed cases associated with an outbreak. It often includes identifying information, demographics, clinical information, and exposure or risk-factor information.

Mucous membranes: Body tissue lining that is rich in mucous glands such as the mouth, eyes and nose.

Non-intact skin: This refers to a break in the skin (e.g., wound).

OHS Workplace Designate: Anyone or any service that assumes the responsibility for the delivery of occupational health services to the setting.

Organizational risk assessment: An evaluation done by the organization or facility to implement controls to mitigate identified hazards.

Personal protective equipment (PPE): Clothing or equipment worn for protection against hazards (e.g., gloves, gowns, masks).

Point-of-care risk assessment (PCRA): Assesses the task, the patient, and the environment to identify the most appropriate precautions (PPE) that need to be taken for that interaction or task.

Respiratory disease: A type of disease that affects the lungs and other parts of the respiratory system.

Risk assessment: The evaluation of the interaction between staff and the person they are supporting or interacting with and the environment to analyze the risk of exposure to germs.

Routine practices: The system of infection prevention and control practices that are always used to prevent and control the spread of germs.

Sharps: Objects capable of causing punctures or cuts (e.g., needles, blades, or glass).

Surveillance: The process of collecting and analyzing symptoms of those within the setting over a period of time.

1.0 Chain of Infection

The spread of infection is referred to as a chain. The chain of infection explains how germs (bacteria, virus etc.) spread. If the six links of the chain are left intact, this will result in the spread of illness. Recognizing all six factors for infection spread allows you to identify specific actions that you can do to break the chain of infection and stop the spread of illness.

The six links of the chain of infection are:

1. The germs themselves.
2. Where germs can exist.
3. How germs exit (from where they exit).
4. How germs travel (mode of transmission).
5. How germs enter another person.
6. Who is at risk.

DOWNLOADABLE TOOLS FOR THIS SECTION:

- ✓ Tool 1: PHAC's Break the Chain of Infection poster

Specific actions that can be taken to break the chain of infection include:	Wash your hands with either soap and warm water or using hand sanitizer.
	Placement of the person with the illness within the setting (e.g., isolating ill individual(s), keeping ill individual(s) together etc.)
	Respiratory etiquette practices.
	Personal protective equipment (PPE) to be worn as needed.
	Clean the equipment in the home that is used for cleaning the home (e.g., wipe down buckets and broom handles, change cloths out after each use etc.) to prevent the germs from being transferred from one place to another.
	Cleaning of the care environment with recommended cleaning and disinfection practices/products to prevent germs from spreading.
	Careful separation of the clean and dirty linen.
	Managing blood and bodily fluid spills in a safe manner.
	Safe disposal of wastes and sharps.

Any of the above actions can be used together and will break the chain of infection at different links. More details on each of these actions can be found within this guide.

By applying the principles of the chain of infection you will be able to take action to reduce infection and know what (IPAC) practices, or specific actions, need to be initiated to protect yourself and others. Breaking the chain of infection stops the spread of germs and using more than one action to reduce infection is more effective as the chain of infection can be broken at multiple links.

2.0 IPAC Routine Practices and Additional Precautions

Routine practices are everyday tasks and procedures performed to prevent and control the spread of infection.[1] When applied consistently, routine practices will reduce or eliminate the risk of spreading germs. Routine practices are based on the idea that people can potentially spread germs that can cause infections even when they do not have symptoms. Therefore, consider all bodily substances (e.g., blood, body fluids), mucous membranes of the eyes, nose and mouth, non-intact skin or items soiled with bodily substances as potentially infectious.[2]

The basic elements of routine practices include[1]

1. Risk assessments.
2. Hand hygiene.
3. PPE (e.g., gloves, gowns, facial protection).
4. Control of the environment/environmental cleaning.
5. Administrative controls (good foundational IPAC practices).

There may be times when staff might need to use certain precautions in addition to routine practices – these are referred to as *additional precautions*.[1] Additional precautions are applied when routine practices alone do not fully control the transmission or impact of a specific microorganism.

There are three categories of additional precautions: **Contact Precautions, Droplet Precautions and Airborne Precaution**s. For questions related to additional precautions, contact the WECHU or refer to the Provincial Infectious Disease Advisory Committee (PIDAC) Routine Practices and Additional Precautions in All Health Care Settings, 3rd Ed.

The remainder of this section covers each of the basic elements of routine practices.

DOWNLOADABLE TOOLS FOR THIS SECTION:

✓ Tool 2: PHO's Risk Algorithm to Guide PPE Use poster

2.1 Risk Assessment

A risk assessment is an evaluation of the interaction between staff and the person they are interacting with/their environment to analyze the risk of exposure to germs.[1] CLS staff are encouraged to perform a risk assessment (either formally or informally) before each interaction to help prevent acquiring or transmitting germs.

While doing the risk assessment, staff should consider:

- The time it takes to complete a task.
- The types of bodily fluids exposed to (if any).
- Route of exposure (e.g., mouth/nose, non-intact skin etc.).
- Their susceptibility to these germs.
- Environment in which the task will be conducted.

Where there is a risk of exposure to germs based on the risk assessment, workers should use protective techniques or appropriate PPE (see Section 2.3) to protect themselves and others.

Risk assessment examples:

- If an individual has uncontained diarrhea, gloves and a gown should be used when touching their belongings, linens etc.
- If an individual is coughing, avoidance techniques that reduce contact with potentially infectious particles should be used (e.g. sitting next to, rather than in front of the individual or wearing a mask).

2.2 Hand Hygiene

Hand hygiene is the most important and effective IPAC measure to prevent the spread of germs.[3] There are two ways to perform hand hygiene: 1) hand sanitizing with alcohol-based hand rubs (ABHR) and 2) hand washing (see Section 2.2.1).

Hand hygiene also includes hand care.[3] Having dry or chapped skin may make using ABHR painful. Hand moisturizer that is compatible with ABHR should be used to keep hands healthy. Hand moisturizers that are petroleum-based can damage gloves (if worn).

2.2.1 Hand Hygiene Methods

Alcohol-based Hand Rub (ABHR)[3]

ABHR containing 70-90% alcohol is the preferred method for hand hygiene when hands are not visibly soiled (>90% alcohol concentrations are less effective in killing germs and harsher on skin).

ABHR is convenient and can be made accessible in areas where plumbing for hand wash sinks is not available. For CLSs where wall-mounted ABHR is not available, it is recommended that staff carry portable/personal ABHR if possible. ABHR can also be offered to supported people/individuals accessing care/services to perform hand hygiene at designated times (e.g., before/after meals).

Jewellery, such as rings and watches, can act as a source for germs. If a watch or wrist jewellery is worn, it should be pushed up the arm to allow hands and wrists to be cleaned when performing hand hygiene.[3]

Hand Washing[3]

When hands are visibly soiled (e.g., have dirt on them) or feel sticky, they should always be cleaned with soap and warm water. If running water is not available, moistened towelettes followed by ABHR can be used.

DOWNLOADABLE TOOLS FOR THIS SECTION:

- ✓ Tool 3: PHO's How to Handrub poster
- ✓ Tool 4: WECHU's Hand Washing poster
- ✓ Tool 5: PHO's 4 Moments for Hand Hygiene poster

2.2.2 Indication for Hand Hygiene

Hands should be cleaned:

- Before preparing, handling, serving, or eating food.
- After personal body functions such as using the toilet or blowing one's nose.
- After contact with bodily substances, mucous membranes of the eyes, nose or mouth, or non- intact skin.
- Before putting on and after taking off PPE.
- Before and after contact with individuals being supported/accessing services in the setting.
- **Whenever there is a chance that hands may have been contaminated.**

2.3 Personal Protective Equipment (PPE)

PPE is equipment worn to reduce or prevent contact with germs and other hazards.[1] Types of PPE include gloves, gowns, surgical/N95 masks and respirators, goggles, and face shields. It is recommended CLSs ensure PPE is available and easily accessible and that staff are provided with the necessary PPE training. The choice of what PPE to use is based on your risk assessment, how germs can be spread and/or the risk of chemical exposure. See below for more information on the specific types of PPE and their uses.

Points to keep in mind about PPE:

- Access PPE with clean hands.
- PPE should be put on right before the activity that requires it and removed immediately after the activity, or when soiled or damaged.

- PPE should not be worn when it is not needed. Doing so might accidentally contaminate the environment (e.g., wearing the same gloves for various tasks).
- Training in the proper use of PPE is required.

2.3.1 Gloves

Gloves must be worn when it is anticipated that the hands will be in contact with mucous membranes, non-intact skin, tissue, blood, bodily fluids, secretions, excretions, or equipment and environmental surfaces contaminated with the substances above.[1]

Disposable gloves should be used with the idea of "one pair for one task". ***They should never be cleaned or re-used.***

Not all tasks require gloves. In general, gloves are not required if contact is with intact skin (although hands should be cleaned before and after doing this). A risk assessment should always be performed to determine if the hands are at risk of becoming contaminated. It is also important to follow the correct steps for putting on and taking off gloves to prevent contaminating the hands or the environment with germs.

Examples of commonly performed low-risk activities which **do not** require the use of gloves:

- Signing in for your shift
- Using the phone or computer
- Social touch, such as shaking hands
- Pushing a wheelchair
- Delivering snacks or drinks
- Attending a meeting
- Delivering clean linen or making a clean bed

Points to remember about gloves:

- Wear the correct size of gloves.
- Clean hands before putting on and after taking off gloves.
- Use one pair of gloves for each task, **do not clean or re-use gloves.**
- Throw gloves out immediately after removal.
- Do not wear two pairs of gloves at the same time.
- Change gloves when going from a dirty area/task to a clean area/task.
- Gloves are not a substitute for hand hygiene.

2.3.2 Gowns

A gown should be worn when the risk assessment suggests that an activity is likely to generate splashes or sprays of bodily substances that might contaminate forearms and/or clothing.[1]

Gowns should have long sleeves and fit snug at the cuffs. It should also fit comfortably and offer full coverage of the body front, from neck to mid-thigh or below. Workers should follow the correct steps to put on and remove a gown.

Points to remember about gowns:

- Always wear a gown with the opening at the back to prevent contaminating the clothing beneath.
- Gowns should be tied or fastened at the neck and the waist to prevent the gown from becoming loose or falling forward and contaminating clothing beneath.
- Choose a gown that fit well so that it provides adequate coverage of forearms and clothing.
- Gowns should be removed immediately after the task for which it was used.
- Do not re-use gowns.

2.3.3 Facial Protection

Facial protection is PPE that protects the eyes, nose, and mouth from splashes or sprays of bodily substances. Facial protection includes a mask AND eye protection, or a face shield. A risk assessment should be performed to determine when facial protection may be needed and should follow the correct steps when putting on and removing facial protection.

Examples of when facial protection may be used:

- Responding to an emergency where you may be exposed to bodily substances.
- When aiding (within 2 meters) an individual who is coughing.

Points to remember about using masks:

- Wear a mask that fits your face securely and covers your nose and mouth.
- Masks should be removed after the task for which it was used and thrown out immediately.
- Do not re-use masks.
- Masks should not be touched while being worn.
- Do not hang masks around your neck or on top of your head.
- A mask should be changed if it becomes wet.
- Education should be provided to CLS staff and supported individuals on the proper use of masks.

Points to remember about using eye protection:

- Clean your hands before removing eye protection.
- Remove eye protection immediately after the task for which it was used.
- Throw out disposable eye protection after use.
- If reusable eye protection is worn, ensure it is clean and disinfected properly before next use.
- Prescription eyeglasses should not be worn in place of eye protection – Wearing prescription glasses does not provide enough protection and may not protect eyes from exposure to germs.
- Eye protection should not be touched while in use as this may contaminate your hands and the eye protection.
- Never put eye protection on top of your head when not in use.

2.3.4 Complete PPE

Based on a risk assessment, there may be times when it is required to put on and take off full PPE (gloves, gown, and facial protection). It's important for staff to follow the correct steps for putting on full PPE to make sure that their hands, forearms, clothing, eyes, nose and mouth are protected. It's also important that the correct steps are taken to take off PPE to avoid contaminating hands, clothing, eyes, nose and mouth and to prevent spreading germs to other individuals and the environment.

DOWNLOADABLE TOOLS FOR THIS SECTION:

- ✓ Tool 6: PHO Putting on PPE poster
- ✓ Tool 7: PHO Taking off PPE poster

PPE should also be put on in a clean area and PPE should be removed in an area away from where PPE is being put on.

2.4 Control of the Environment/Environmental Cleaning

Control of the environment includes measures that are built into the physical and organizational structure of the setting that reduce the risk of infection. Examples include:

- Encouraging distance in sleeping arrangements to help reduce the spread of germs.
- Maintaining mattresses and furnishings in good repair.
- Cleaning equipment and the environment effectively.
- Having ABHR and sharps containers accessible.
- Having appropriate ventilation to help reduce exposure to infections that can spread through the air.

See Section 5.0 Environmental Guidelines for more information.

2.5 Supporting Good IPAC Practices (Administrative Controls)

Administrative controls are measures that are built into the operations or "day-to-day" work that protect everyone in the setting from infection[8]. Examples include:

- IPAC policies and procedures, including work exclusion and visitor restrictions.
- IPAC education and training.
- Having schedules for cleaning and disinfection.
- Occupational health and hygiene.

3.0 Hygiene and Etiquette

The spread of many infections among individuals being supported by and/or accessing services in the setting can be prevented through the maintenance of personal hygiene and practicing respiratory etiquette.

3.1 Respiratory Etiquette

Respiratory droplets can spread up to 2 metres and germs in respiratory droplets can spread easily in settings where people are in close contact.[1] **Respiratory etiquette** are personal practices that can help prevent or reduce the spread of germs that can cause respiratory infections (e.g., the flu, COVID-19 etc.). Respiratory etiquette should be reinforced with all individuals within the setting.

DOWNLOADABLE TOOLS FOR THIS SECTION:

- ✓ Tool 8: PHO Cover Your Cough poster

Respiratory etiquette includes[4]:	Wearing a face mask that covers the mouth, nose, and chin.
	Staying home when ill with a respiratory infection.
	Minimizing airborne droplets when coughing or sneezing, by: • Turning your head away from others and sneezing or coughing into your arm (e.g., "sneeze into the sleeve" and "cover your cough"). • Maintaining a two-metre separation from others, when possible. • Covering your nose and mouth with a tissue. • Disposing of used tissues into the garbage immediately after use. • Practicing proper hand hygiene immediately after coughing or sneezing.

3.2 Skin Conditions

Parasitic insects (e.g., head/body lice and scabies) and other insects such as bed bugs can cause skin infections when the bitten area is scratched hard enough to break the skin, allowing germs to enter. Staff should encourage individuals who have skin infections or breaks in their skin to keep their wounds covered with a dressing (bandaging) and to be seen by a healthcare provider for assessment and treatment, if possible.

Below is information on common insects that can lead to secondary skin infections. For more in-depth information on skin conditions, please contact a healthcare provider.

Lice[10]

The most common symptom of lice is itching and broken skin from scratching. Signs of infestation may be bites and red, raised areas of the skin. Lice is usually treated with topical sprays/creams and shampoos. Areas where their heads have rested (e.g. pillows, chairs) also need treatment. For items that cannot be machine-washed, they can be placed in an airtight bag for 10 to 14 days.

Scabies[11]

Scabies is a contagious skin infestation caused by mites and is spread by close contact with a person with an infestation or infested bedding. Itching from scabies is often very intense. Signs and symptoms include white skin ridges formed from the burrowing of the mite that can usually be seen between fingers, on the palms and inner sides of the wrists, red pustules, and crusted lesions. Laundering clothing and personal belongings with hot water and detergents can help eliminate mites.

Bed Bugs[12,13]

Bed bugs are small biting insects that can multiply quickly and travel easily. Bed bugs come out at night and prefer to feed on people and domestic animals in locations where they can hide easily and feed regularly, like sleeping areas. Regular checks for evidence of bed bugs are strongly encouraged.

Example of how non-intact skin is related to the spread of germs:

- Germs can enter the body through non-intact skin. Unclean hands can be carrying germs.
- When non-intact skin comes in contact with unclean hands, this can allow the germs from their hands to enter the body and cause a skin infection.
- Non-intact skin can also act as an exit point for infectious germs to leave the body and contaminate the environment such as linens or clothing.

If an individual being supported by/accessing services within the setting indicates that they were staying somewhere with known bed bugs or if they have bed bug bites, their clothing and bag carrying their belongings should be immediately washed and dried if possible. Washing and drying at high temperatures kills bed bugs – if drying is the only option, workers can tumble dry the clothing for 30 minutes in a hot dryer.

See Section 5.3 Linen, Mattresses, and Sleeping Mats for more information.

4.0 Food Safety

Meals prepared in-house and/or pre-made meals obtained through a distributer or catering company requires safe food handling practices to prevent foodborne illness.

Settings should[5]:

- Have a plan and/or procedures in place in relation to food preparation, handling, storage and transportation.
- Ensure that all food is prepared, handled, stored and transported in a sanitary manner that follows food preparation requirements.
- Ensure that donated food is safe, of good quality, protected from contamination and has a label with an expiry date visible (if applicable).
- Educate workers on food safety through WECHU's free Online Food Handler Course.

CLSs that prepare food on-site may be inspected by the WECHU's Environmental Health department (unless exempt). For more information about food safety and food premise inspections, contact the Environmental Health department at **519-258-2146 ext. 4475.**

Four Steps to Food Safety

1. **Clean**: wash hands, surfaces, kitchen equipment and food often and thoroughly.
2. **Separate**: avoid cross-contamination by keeping raw meat, poultry and seafood (and their juices), dirty hands and dirty utensils separate from cooked/ready to cook food.
3. **Cook**: cook foods to proper internal temperatures (i.e., temperature high enough to kill harmful pathogens).
4. **Chill**: chill your food promptly, as the bacteria in food at room temperature doubles every 20 minutes.

DOWNLOADABLE TOOLS FOR THIS SECTION:

- ✓ Tool 9: WECHU Safe Cooking and Reheating Temperatures poster
- ✓ Tool 10: WECHU's Food Safety at Home booklet (available in multiple languages at wechu.org)

Cross-Contamination

To avoid cross-contamination between foods, separate raw meat, poultry and seafood in the grocery cart, bags and fridge, placing these foods on the bottom shelf of the fridge and in leak-proof containers. Use separate cutting boards and utensils, and wash hands thoroughly after handling raw meat, poultry and seafood.

Handling food when unwell increases the risk of spreading illness to others. To protect yourself and others, **avoid food preparation when you are ill with or have symptoms of a foodborne/enteric illness** (e.g., nausea, diarrhea etc.).

Safe Food Heating and Reheating Temperatures

Harmful bacteria can't be seen, smelled or tasted, which is why it's important that food is cooked to a safe internal cooking temperature to help kill the germs and avoid food poisoning. Checking the temperature of cooked meat, poultry, and seafood with a food thermometer is the only reliable way to make sure food has reached a safe internal cooking temperature. If food is not being eaten immediately, keep it hot at 60°C (140°F) or higher as bacteria can grow between 4°C and 60°C (40°F to 140°F). this temperature range is known as the *Danger Zone*.

Reheat food until it reaches an internal temperature of 74°C (165°F) or higher, while sauces, soups and gravy can be reheated to a rolling boil (stir while heating).

Microwaving sometimes leaves cold spots in food where bacteria may survive. To prevent cold spots, stir and rotate the food once or twice. Cover the food container with a microwave safe lid or plastic wrap, leaving a small section uncovered so steam can escape. Standing time is additional cooking that occurs after microwaving stops. Ensure that standing time as called for in a recipe or package directions is complete before eating the food.

Refrigeration

Cool air must circulate freely to keep food chilled, so avoid overloading the refrigerator/freezer. Set your fridge temperature to 4°C (40°F) and check the temperature often. Refrigerate or freeze perishable food within 2 hours, discarding foods that have been left out for longer. Any leftover food should be consumed in 3-4 days.

Defrost Food Safely

Frozen food can be defrosted in a leak-proof container in the fridge, under cold running water or in the microwave. Note, if you defrost food using the microwave, cook the food immediately after. Avoid defrosting food at room temperature. Thawed food **should not** be refrozen.

5.0 Environmental Guidelines

The physical environment can harbour germs that can cause infections to those in the setting. Keeping a clean and safe environment is an essential component of IPAC and is important for the safety of everyone in the setting.

5.1 Cleaning and Disinfecting

Cleaning is the physical removal of foreign material (e.g., dust, soil etc.) and organic material (e.g., blood, secretions, excretions, microorganisms etc.) off an environmental surface.[6] Note, cleaning does not kill germs.

Choosing a Cleaning Product:

When choosing a cleaning product, consider the following:

- The effectiveness of the product on the finishes, furnishings, surfaces and equipment used in the setting.
- Compatibility with other cleaning agents and disinfectants used in the centre (e.g., do not use chlorine bleach and ammonia together as it can cause harmful fumes).
- Whether it has a drug identification number (DID) from Health Canada (if it contains a disinfectant) and a safety data sheet and instructions for use.

Disinfection is completed after cleaning and is the process of killing most disease-causing microorganisms on objects using chemical solutions.[6] It's important that disinfectants are used according to the correct **contact time** in order for it to kill the germs.

- **Contact time** means the amount of time that a disinfectant needs to be wet on a surface for it to be effective against the types of germs listed on its label.

Choosing a Disinfectant:

When choosing a disinfectant, consider the following:

- Whether it has a drug identification number (DID) from Health Canada (if it contains a disinfectant) and a safety data sheet and instructions for use.
- Use a ready-to-use/pre-mixed disinfectant is ideal compared to mixing chemicals on site.
- Easy to use (e.g., clear label instructions).
- Non-toxic or non-irritating at mixed concentrations.
- Broad spectrum (destroys a variety of harmful microorganisms).
- Not affected by environmental factors (e.g., disinfectant remains active in the presence of different soils or contaminants; doesn't react negatively with other cleaning products).
- Compatible with a wide range of materials (e.g., wood, leather, etc.).
- Be effective on the finishes, furnishings, surfaces and equipment used in the setting.
- Be stable in concentrate or diluted form and have a pre-determined shelf-life.

When using a cleaning or disinfecting agent, staff are encouraged to:	Use cleaning and disinfecting products according to the manufacturer's recommendations.
	Wear appropriate PPE.
	Lock away cleaning and disinfecting products when not in use/store them in a dedicated room/cabinet.
	Clean and disinfect in progression from low-touch to high-touch surfaces, from cleaner areas to dirtier areas, and from top to bottom.
	Keep equipment clean to avoid cross-contamination.
	Ensure cleaning and disinfectant products are not expired before use.
	Wash mop heads after use or when soiled and let dry thoroughly before storage.
	Label cleaning and disinfecting products.
	Minimize mist and spray when applying cleaning products or disinfectants to avoid eye and respiratory irritation.
	Avoid carrying equipment used to clean toilets from room to room.
	Not "top-up" cleaning or disinfecting solutions.

Surface types are important to consider when determining frequency of cleaning and disinfecting[4].

High Touch Surfaces	Frequent cleaning and disinfection at least daily, and more frequently when the risk of contamination is higher than usual (e.g., increased illness at the setting). Examples: elevator buttons, desks, tables, doorknobs, toys, cribs/cots, light switches, computer keyboards etc.
Low Touch Surfaces	Routine cleaning regularly (not daily) and requires immediate cleaning when visibly soiled. Examples: floors, walls, windows.

Carpets should be vacuumed regularly, cleaned right away if a spill occurs, and shampooed/steam cleaned every 3-6 months (or as recommended by the Public Health Inspector). Other surfaces such as floor mats that are soiled and cannot be adequately cleaned and disinfected should be promptly removed and replaced.

5.2 Individual Sleeping Placements

Multiple individuals may sleep in the same area and it's helpful to have clear protocols in place regarding individual sleeping placement to decrease the risk of transmission of germs to others.

Staff are encouraged to:	Attempt as much as possible to maintain 2 metres of facial separation in sleeping areas to decrease the transmission of germs.
	Report any respiratory symptoms to consider increasing bed spacing.
	Keep designated sleeping areas physically separate from dining areas and other communal areas.

5.3 Linen, Mattresses and Sleeping Mats

Cloth surfaces tend to have higher concentrations of germs. When items with cloth surfaces are used, they should have removable covers for cleaning and be replaced as soon as possible if damaged.

Staff are encouraged to:	Have a linen changing schedule.
	Keep clean and soiled linen separate.
	Provide clean bedding for everyone, if appropriate.
	Have a cleaning plan for cloth surfaces, mattresses/sleeping mats/cots.
	Have mattresses/sleeping mats with foam resistant to mould and be quick drying.
	Provide education to prevent sharing of used linen.
	Have a mattress, sleeping mat and pillow replacement plan.
	Have an inspection schedule for bed bugs and common defects (e.g., stains, rips etc.).

5.4 Laundry

Bed sheets, linens and clothes can harbour germs that readily grow in the moist, warm environment next to an individual's body. Laundry policies and procedures should be in place and followed if the CLS does its own laundry.

Staff are encouraged to:	Have policies and procedures for the collection, transport, handling and washing of soiled linen which include protection of staff and hand hygiene.
	Establish a schedule for regular laundry services.
	Be mindful of sharps when handling linen.
	Wear appropriate PPE.

5.5 Toys

Infants and young children share toys and often place them in their mouths. This increases the risk of spreading infections that can be present in saliva, respiratory droplets, feces and other bodily substances. To reduce this risk, play areas and storage spaces should be cleaned and disinfected on a regular basis. Ensure that the disinfectant is safe and suitable for use on toys.

Staff are encouraged to:	Ensure that all toys are fully cleanable (e.g., smooth, non-porous etc.).
	Have procedures for cleaning toys which includes: • Frequency and methods of cleaning • Inspection for damage, cracks or broken parts • Options for disinfection (e.g., use of a commercial dishwasher or an approved disinfectant) • Thoroughly rinsing toys following disinfection and air-drying prior to storage
	Promote hand hygiene before and after playing with toys.
	Empty, clean and disinfect toy storage boxes/cupboards and inspect bins for pests on a scheduled basis.
	Clean high-touch play surfaces daily.
	Clean and disinfect shared electronic equipment that is touched frequently like video games and computers daily. If feasible, use computer keyboard covers which are easier to clean and disinfect. Disinfectant wipes may be used for items that cannot be soaked.
	Launder plush/soft toys.

Points to remember when cleaning and disinfecting toys:

- Toys must be cleaned, rinsed, and dried before disinfection.
- Ensure that the disinfectant being used is safe and suitable for the intended purpose and that the manufacturer's directions for dilution and contact times are followed. Do not use phenolics as this can cause skin and respiratory issues particularly for children.
- Ideally hard toys should be cleaned and disinfected using the 3-compartment sink method or in a dishwasher.
    - The first sink is used for washing with detergent, the second sink is used for cleaning with water, and the third sink is used for disinfecting.
    - The 2-compartment sink method is acceptable if washing and rinsing are done in the first sink.

5.6 Cleaning Up Bodily Substances

Bodily substances (e.g., blood, body fluids) should be considered potentially infectious. Spills must be contained, and the area cleaned/disinfected immediately.[7]

Staff are encouraged to:	Have policies and procedures that include: • Responsibility for cleaning in each area during all hours • A timely response • A method to contain/clean the spill • Proper disposal of waste • Documentation of the incident
	Provide PPE, equipment/supplies, waste and linen disposal.
	Provide training on how to clean up bodily substances.

Points to remember when cleaning up bodily substances:

- Assemble materials prior to putting on PPE.
- Be mindful of splatters and restrict the area until it has been cleaned, disinfected and is dry.
- Wipe up/absorb any bodily substances immediately using either disposable or paper towels prior to cleaning and disinfecting the area.
- If the spill occurred on a carpet, mop as much as possible with a paper towel and inform a manager so it can be wet/steamed cleaned.

6.0 Staff Health and Safety

6.1 Staff Immunization

CLS staff are encouraged to stay up to date with their seasonal respiratory illness vaccines, including flu, COVID-19 and RSV (if they are eligible). Consultation with a healthcare provider for more information is encouraged.

DOWNLOADABLE TOOLS FOR THIS SECTION:

- ✓ Tool 11: Ontario's Immunization Through the Lifespan poster

6.2 Sharps Safety

Sharps are items such as needles, razor blades, scissors, knives and broken glass that can cut or puncture the skin. If sharps that are contaminated with harmful germs or blood penetrate the skin, they may carry the germs into the body where an infection can occur.

CLS staff should have procedures for the safe handling of all sharps, including the safe disposal of sharps.[9] Sharps containers should be puncture-resistant, leak-proof, and designed to easily place a sharp into the container with one hand. They should be tamper-proof (difficult to remove the contents of or have a guard to prevent entry) and be labeled as "biohazardous" materials. Sharps injury prevention education is also recommended, which includes information on the risks associated with unsafe practices such as re-capping needles and a process for dealing with occupational exposures.

Steps to safe needle disposal:

1. Put on gloves (latex, garden, or vinyl) to protect yourself from fluid contamination. These gloves will not protect against punctures or cuts.
2. Using tongs or tweezers, pick up needle by the middle of the plastic tube (syringe) with the sharp end facing down. If there are multiple needles, pick them up one at a time.
3. Place the needle sharp end first into a puncture proof, sealable container. Close the container tightly.
4. Remove gloves and wash hands with warm soap and water or use hand sanitizer.
5. Dispose of containers at sharps disposal bins (throughout the City of Windsor) or at your local pharmacy.

6.3 Exposure to Bodily Substances

Bloodborne pathogens are germs that are present in the blood and can cause diseases. These germs may include:

- Hepatitis B virus (HBV)
- Hepatitis C virus (HCV)
- Human Immunodeficiency Virus (HIV)

Exposure to blood borne infections may occur in the following cases:

- When blood or bodily fluid from one person enters the body of another person (e.g., someone's blood splashes into someone else's mouth, a human bite that breaks the skin); or
- When an object contaminated with blood or body fluid enters another person's body (e.g., getting stuck by a used needle).

Mandatory Blood Testing Act, 2006

The Mandatory Blood Testing Act, 2006 (MBTA), allows an individual ("applicant") to apply to have the blood of another person ("respondent") tested for specific infectious diseases if they have come into contact with their bodily fluids.

If you think you have been exposed to the bodily fluids of another person who may have one of the above infectious diseases, you should immediately contact a medical professional who can help assess the risk of infection and discuss care and treatment options. For more information about the MTBA, visit our website or call the WECHU at 519-258-2146 ext. 1420.

Post-exposure prophylaxis (PEP)

PEP is an emergency medical response given as soon as possible after a potential bloodborne infection exposure to reduce the risk of transmission of a bloodborne infection. Accidental exposure to potentially infected blood or other bodily fluids is a medical emergency and the following measures should be taken right away:

- First-aid care.
- Report the accident as soon as possible (e.g., to document the situation and fill out necessary forms).
- Consult a healthcare provider right away for assessment and/or PEP (if applicable).

7.0 Management of Outbreaks

7.1 Steps to Outbreak Management

Disease of Public Health Significance (DoPHS) are those illnesses that have a negative impact on health and well-being. Continuous monitoring for these diseases allows the WECHU and the affected setting to quickly respond, keep people informed, and protect those who are vulnerable to serious consequences.

Below are the recommended steps for outbreak detection and management.

DOWNLOADABLE TOOLS FOR THIS SECTION:

✓ Tool 12: WECHU's DoPHS poster

SURVEILLANCE FOR OUTBREAK IDENTIFICATION

- Monitor or screen everyone for symptoms of illness.
- If symptoms are noted, isolate those affected and implement additional precautions (if possible), use appropriate PPE, and practice hand hygiene.
- If you suspect an outbreak, refer to the *Outbreak Declaration Criteria* found in Section 7.2 and if the cases meet the outbreak definition criteria, immediately report to the WECHU using the comprehensive line list found on our website and in Section 7.5.

REPORT ALL SUSPECTED AND CONFIRMED OUTBREAKS TO THE WECHU

Fax in a completed comprehensive line listing found to the WECHU **daily by 10:00AM**, including holidays and weekends, to **519-977-5097.** All line listings will be reviewed by a WECHU nurse, who will then reach out to your setting for further details prior to an outbreak being declared. Call **519-258-2146 ext. 1420** for assistance.

OUTBREAK MANAGEMENT

- Follow the *Outbreak Control Measures Checklist – Respiratory or Enteric* (see Section 7.4).
- An overview of outbreak management activities by outbreak type are found in Section 7.3.
- A WECHU nurse will provide an Outbreak Advisory Notice with an outbreak number (**2268-YEAR-XXXXX**).
    - Include this outbreak number on all lab requisitions and WECHU forms.
- An outbreak notice for the setting will be posted on the WECHU website (note, information about the CLS, including the name and address, will not be disclosed).
- Staff permitting, designate an outbreak management team (as per page 15 of the Ministry's most up to date guidance) to ensure:
    - Line listings are accurate and new cases meet case definition.
    - Surveillance is being conducted.
    - Outbreak control measures are being implemented and maintained.
    - Adequate coverage is maintained for staff absences and cohorting, in addition to designating an alternate person who is knowledgeable on the outbreak process to fax in line listings.
    - Communication of outbreak measures.
- On the comprehensive line listing:
    - Track all cases, adding only those who meet case definition (see Section 7.2).
    - Indicate all line listed cases who are hospitalized, pass away or have chest x-ray confirmed pneumonia.

DECLARING THE OUTBREAK OVER

- To identify when the outbreak meets conditions to be declared over, please refer to Section 7.3.
- A formal Rescind Notification Advisory will be forwarded to your setting.
- Complete and fax in the WECHU's *Final Respiratory Outbreak Report* (see Section 7.6), if applicable.

7.2 Outbreak Declaration Criteria

Outbreak Declaration Criteria – For All Congregate Living Settings

Respiratory (including COVID-19) Outbreak Criteria

SUSPECT	CONFIRMED
Two or more patient/resident cases[1] of acute respiratory infection (ARI)[2] with symptom onset within 48 hours and an epidemiological link (e.g., same unit/floor/service area) suggestive of transmission within the setting AND testing is not available or all negative.	**Two or more patient/resident cases**[1] of test-confirmed acute respiratory infection (ARI)[2] with symptom onset within 48 hours and an epidemiological link (e.g. same unit/floor/service area) suggestive of transmission within the setting **OR** **Three or more patient/resident cases**[1] of ARI with symptom onset within 48 hours and an epidemiological link suggestive of transmission within the setting AND testing is not available or all negative.
[1]Refer to the most up-to-date COVID-19 Infectious Disease Protocol for case definitions of confirmed and probable COVID-19 cases. [2]ARI case definition**:** Any new onset ARI with symptoms of a new or worsening cough or shortness of breath and often fever, that could potentially be spread through the droplet route (either upper or lower respiratory tract). *Note: the elderly and those who are immune compromised may not be febrile in response to a respiratory infection.	

Source: OPHS Infectious Disease Protocol – Appendix 1: Case Definitions and Disease-Specific Information: Respiratory Infection Outbreaks in Institutions and Public Hospitals (September 2024)

Source: OPHS Infectious Disease Protocol – Appendix 1: Case Definitions and Disease-Specific Information: Coronavirus Disease 2019 (COVID-19) (October 2024)

Enteric Outbreak Criteria

SUSPECT	CONFIRMED
No definition. Notify the WECHU if an outbreak is suspected.	**Two or more cases**[1] meeting the case definition with a common epidemiological link (e.g., unit, floor, same caregiver) with initial onset within a 48-hour period.
[1]**Enteric Case Definition:** • Two or more episodes of diarrhea (e.g., loose/water bowel movements) within a 24-hour period, *OR* • Two or more episodes of vomiting within 24-hour period, *OR* • One or more episodes of diarrhea *AND* one or more episodes of vomiting within a 24-hour period. *Note: Signs and symptoms depend upon causative agent and may also include nausea, vomiting, diarrhea, abdominal pain, tenderness, headache, chills, fever and/or myalgia.	

Source: OPHS Infectious Disease Protocol – Appendix 1: Case Definition and Disease Specific Information: Gastroenteritis Outbreaks in Institutions and Public Hospitals (May 2022)

7.3 Outbreak Management Activities by Outbreak Type

Outbreak Activity	RESPIRATORY	COVID-19	ENTERIC
Precautions	Droplet/Contact	Droplet/Contact	Contact (Droplet may be required)
PPE for staff/ essential caregivers	Medical mask, eye protection, gown, gloves.	Eye protection, gown, gloves, and fit-tested, seal check N95 respirator (or equivalent). If not yet fit-tested, wear a well-fitted surgical mask or a non-fit tested N95 respirator.	Gown and gloves*. *Mask and eye protection may be added if there is a risk of aerosol or splashing (e.g., active vomiting).
Isolation length for cases	**5 days** after the onset of acute illness or **until symptoms have resolved** (whichever is shorter) then wear a well-fitted mask, if tolerated, when receiving care and when outside of their room until **10 days** from symptom onset.	**5 days from symptom onset** then wear a well-fitted mask when receiving care and when outside of their room until **10 days** from symptom onset. If unable to mask, remain on additional precautions for **10 days** from symptom onset.	Until **48 hours** symptom free. For *norovirus,* isolate case until **72 hours** symptom free.
Roommate isolation	Yes – Move roommate to single room* for **one incubation period** (or **5 days** if pathogen is unknown). Roommates should then wear a well-fitting mask, if tolerated, when receiving care and when outside of their room until **day 7** from the case's symptom onset. *When not possible, isolate for **5 days** from case's symptom onset, then wear well-fitted mask until **day 10** from case's symptom onset.	Yes – Move roommate to single room* for **one incubation period** (or **5 days** if pathogen is unknown). Roommates should then wear a well-fitting mask when receiving care and when outside of their room until **day 7** from the case's symptom onset. *When not possible, isolate for **5 days** from case's symptom onset, then wear well-fitted mask until **day 10** from case's symptom onset.	No
Non-roommate close contacts	In outbreak unit: Monitor once daily for symptoms. Recommend resident to wear a well-fitting mask, if tolerated, when receiving care and when outside of their room for 7 days following their last exposure to the individual with ARI In facility: Monitor once daily for symptoms.	In outbreak unit: Monitor once daily for symptoms. Recommend resident to wear a well-fitting mask, if tolerated, when receiving care and when outside of their room for 7 days following their last exposure to the individual with ARI In facility: Monitor once daily for symptoms.	N/A

Outbreak Activity	RESPIRATORY	COVID-19	ENTERIC
	Recommend resident to wear a well-fitting mask, if tolerated, when receiving care and when outside of their room for one incubation period (or 5 days if pathogen is unknown).	Recommend resident to wear a well-fitting mask, if tolerated, when receiving care and when outside of their room for one incubation period (or 5 days if pathogen is unknown).	
Antiviral prophylaxis and treatment	For influenza only: Refer to **Appendix B: Antivirals/ Therapeutics** (page 82-92) of the ministry's most up-to-date recommendations.Ministry's most up-to-date recommendations.	Refer to **Appendix B: Antivirals/Therapeutics** (page 82-92) of the ministry's most up-to-date recommendations.Ministry's most up-to-date recommendations.	N/A
Staff return to work recommendations	Remain home until symptoms have been improving for **24 hours and no fever.** Mask and avoid caring for highest risk residents for **10 days** from symptom onset or specimen collection date (whichever is earlier).	Remain home until symptoms have been improving for **24 hours and no fever.** Mask and avoid caring for highest risk residents for **10 days** from symptom onset or specimen collection date (whichever is earlier).	Remain home until **48 hours** symptom free, or longer if indicated by your internal policies. If a specific causative agent is known, disease-specific exclusions apply.
Outbreak rescind criteria	**8 days** from the onset of the last resident case or **3 days** from the last day of work of an ill staff, whichever is longer.	**8 days** from the onset of the last resident case or **3 days** from the last day of work of an ill staff, whichever is longer.	**5 days** from onset of last resident case (if Norovirus or unknown pathogen). If pathogen is known, rescind based on the period of communicability plus incubation period of pathogen.

7.4 Outbreak Management Checklists – *Respiratory and Enteric*

Downloadable version available here: CLS Outbreak Management Checklist – *Respiratory*

RESPIRATORY OUTBREAK MANAGEMENT CHECKLIST

For Congregate Living Settings

Refer to this checklist to manage outbreaks as per the Ministry of Health's protocols and the Windsor-Essex County Health Unit (WECHU) recommendations. Retain for your records.

Setting Name:	**Outbreak #:** **2268 - -**	**Date:**

Outbreak Declaration: ☐ Suspect ☐ Confirmed

Affected Area: Entire living setting ☐ OR Name of unit(s)/floor(s):

Case definition: determined by the WECHU (Click here or visit wechu.org)

☐ Abnormal temperature	☐ New/worsening cough	☐ Shortness of breath
☐ Nasal congestion/runny nose	☐ Sore throat/hoarseness	☐ Loss of taste/smell
☐ Malaise/fatigue	☐ Headache	☐ Other: _____

CONTACT

☐ Identify the designated WECHU nurse for your outbreak:

Nurse Name: _____ **Phone #:** 519-258-2146 ext._____

☐ For any questions or concerns please contact your designated nurse or the Infectious Disease Prevention department (IDP) at **519-258-2146 ext. 1420.** The WECHU business hours are from 8:30am - 4:30pm Monday to Friday. Contact the After-Hours hotline at **519-973-4510** to speak with on-call personnel outside of WECHU business hours.

IMMEDIATE ACTIONS

If someone residing in the setting is symptomatic: *More information on these steps below	**Individual** should remain in their room.
	Implement **additional precautions** (i.e., contact/droplet), if possible.
	Provide any necessary **medical assessments.**
	Test for COVID-19 or other respiratory illness.

TESTING

☐ Ensure there is a plan in place to test individuals residing in the setting for pathogens in accordance with internal policies and procedures. Refer to the PHO's Kit and Test Ordering Instructions or the Respiratory Viruses (including influenza) webpages for more information on testing procedures.

☐ Consult with your WECHU outbreak nurse and a primary care provider for more information on specific test types and lab requisitions.

LINE LISTS

☐ Create a line list of ill individuals who belong to the outbreak (click here to download the line list or visit wechu.org).

*Only include those on the line list who meet case definition (see above).

☐ Update and fax line lists **daily** to the WECHU **by 10:00 am** to fax #519-977-5097.

COMMUNICATION

☐ Post outbreak signage at all entrances of building.

☐	Notify all staff, students, volunteers, families and visitors of the outbreak. The WECHU will send your setting an **Advisory Notice** to reflect the current outbreak. An **Outbreak Notification** will be posted on the WECHU website alerting others of a current outbreak in a congregate living setting, however identifying details such as the name of the setting and the address will not be disclosed.	
☐	Convene an Outbreak Management Team (OMT) and meet daily to review the status of the outbreak and communicate updates to the WECHU.	
	PUBLIC HEALTH INSPECTOR	
☐	Identify the designated Public Health Inspector (PHI) from the WECHU for your setting, if applicable: **PHI Name**: _____ **Phone #:** 519-258-2146 ext._____ Your Public Health Inspector (PHI) may reach out to conduct a site visit.	
	IPAC OUTBREAK MEASURES	
☐	Refer to WECHU IPAC Hub website and the following Ministry of Health documents for additional resources related to outbreak control measures: Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – February 2025, or as current. Appendix 1: Ontario Public Health Standards, Respiratory Infection Outbreaks in Institutions and Public Hospitals – September 2024, or as current. Appendix 1: Ontario Public Health Standards, Coronavirus Disease 2019 (COVID-19) – October 2024, or as current.	
☐	Outbreak Education	Provide education to those in the setting about outbreak control measures, such as proper use of masks, cleaning hands, and reporting any new symptoms to staff.
☐	Case Control Measures	Symptomatic individuals should remain in their room and cohort cases (i.e., limit movement of individuals between outbreak areas and non-outbreak areas) where/when possible.
		Refer to Section 7.3 of the *Infection Prevention and Control (IPAC) and Outbreak Management in Congregate Living Settings* document for more information.
☐	Additional Precautions	All positive cases should be placed on **droplet and/or contact precautions** in addition to routine practices. Refer to Section 2.0 of the *Infection Prevention and Control (IPAC) and Outbreak Management in Congregate Living Settings* document or PHO's Routine and Additional Precautions webpage for more information.
		Post additional precautions signage on the door of case rooms, when possible.
☐	Staff/Student/ Volunteers Control Measures	Minimize movement of staff/students/volunteers between affected and unaffected areas as much as possible (i.e., cohort staff).
		Exclude ill staff/students/volunteers **until 24hr symptom-free** and **no fever present** or longer if indicated by internal policies. Upon return to work, staff should mask and avoid caring for highest risk individuals for **10 days** from symptom onset or test date (whichever is earlier).
		Refer to your internal policy regarding **unvaccinated** staff/students/volunteers during influenza (flu) outbreaks. **Exclusion is strongly recommended** if unvaccinated and not on antiviral prophylaxis.
☐	Visitor Control Measures	Restrict visitors to essential caregivers in affected areas.
		Ensure those who do visit: • Are screened for signs and symptoms of illness. • Practice vigilant hand hygiene. • Visit individuals in their rooms and avoid communal areas.

		• Visit only one individual; do not mingle with others. • Use appropriate PPE especially if providing direct care.
		Ill visitors should be advised not to visit while they are ill and wait until symptoms have ended.
☐	Increased Environmental Cleaning	For more information, refer Section 5.1 of the *Infection Prevention and Control (IPAC) and Outbreak Management in Congregate Living Settings* document or to PHO's Best Practices for Environmental Cleaning – April 2018, or as current.
☐	Hand Hygiene	Ensure proper handwashing is maintained by everyone in the setting by providing ample supply of soap and 70-90% alcohol-based hand sanitizers (e.g., where sinks are not readily available).
☐	PPE	Ensure proper PPE, for example, masks (N95 where applicable), gloves, gowns and eye protection, are available and accessible throughout the setting.
		Provide a **container for soiled PPE/linen**: • If the container is located *inside* the individual's room, the container must be a **minimum of 6ft** or more away from the individual's bed. • If not possible, place the container *outside* the room a **minimum of 6ft** away from any clean linen. *Ensure alcohol-based hand sanitizer is available by the container.
		Refer to Section 2.0 and Section 7.3 of the *Infection Prevention and Control (IPAC) and Outbreak Management in Congregate Living Settings* document for more information on the required PPE for a respiratory outbreak.
☐	Auditing	Increase audits of staff practices (e.g. hand hygiene, cleaning, use of PPE, etc.).
☐	Dietary	Ensure there is a dining policy in place to separate exposed and unexposed individuals.
		Provide in-room tray service meals within the outbreak area, if available. **Ensure the staff who deliver meals are practicing proper hand hygiene in between rooms.**
☐	Activities	Reschedule communal activities in the affected area(s).
		Exceptions regarding non-outbreak units/floors should be discussed with the OMT involving outside groups such as entertainers, volunteer organizations, and community groups.
☐	Admissions/ Readmissions & Transfers	Limit, if possible, when a new outbreak has been declared. For specific guidance on admissions/readmission/transfers, refer to **Section 3.5 and 3.6** (page 29-31) of the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – February 2025, or as current.
☐	Medical/Other Appointments	If possible, reschedule non-urgent appointments until the outbreak is over.
		Symptomatic clients/residents/patients should wear a mask (as tolerated for respiratory illnesses) and the receiving facility should be notified of the outbreak.
ANTIVIRALS		
☐	Consult with a primary care provider to check if an individual is eligible to take medications for COVID-19 or influenza/the flu (called *anti-viral medications*). More information can be found in **Appendix B: Antivirals/Therapeutics** (page 95-105) of the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – February 2025, or as current.	
Signature and Designation:		**Date:**

Downloadable version available here: CLS Outbreak Management Checklist – *Enteric*

ENTERIC OUTBREAK MANAGEMENT CHECKLIST

For Congregate Living Settings

Refer to this checklist to manage outbreaks as per the Ministry of Health's protocols and the Windsor-Essex County Health Unit (WECHU) recommendations. Retain for your records.

Setting Name:	**Outbreak #:** **2268 – –**	**Date:**

Outbreak Declaration: ☐ Suspect ☐ Confirmed

Affected Area: Entire living setting ☐ OR Name of unit(s)/floors(s):

Case definition: determined by the WECHU (Click here or visit wechu.org)

☐ Abnormal temperature	☐ Vomiting	☐ Diarrhea
☐ Chills	☐ Cramps	☐ Nausea
☐ Malaise/fatigue	☐ Headache	☐ Other: _____

CONTACT

☐ Identify the designated WECHU nurse for your outbreak:

Nurse Name: _____ **Phone #:** 519-258-2146 ext._____

☐ For any questions or concerns please contact your designated nurse or the Infectious Disease Prevention department (IDP) at **519-258-2146 Ext 1420.** The WECHU business hours are from 8:30am - 4:30pm Monday to Friday. Contact the After-Hours hotline at **519-973-4510** to speak with on-call personnel outside of WECHU business hours.

IMMEDIATE ACTIONS

If someone residing in the setting is symptomatic: *More information available below	Individual should remain in their room.
	Implement **additional precautions** (i.e., contact/droplet), if possible.
	Provided the necessary **medical assessments.**
	Test to determine specific illness.

TESTING

☐ Ensure there is a plan in place to test individuals residing in the setting for pathogens in accordance with internal policies and procedures. Refer to the PHO's Kit and Test Ordering Instructions webpage for more information on enteric illness testing.

☐ Consult with your WECHU outbreak nurse and a primary care provider for more information on specific test types and lab requisitions.

LINE LISTS

☐ Create a line list of ill individuals who belong to the outbreak (click here to download the line list or visit wechu.org).

*Only include those on the line list who meet case definition (see above).

☐ Update and fax line lists **daily** to WECHU **by 10:00 am** to fax (519)-977-5097.

COMMUNICATION

☐	**Post outbreak signage at all entrances of building.**	
☐	Notify all staff, students, volunteers, families, and visitors of the outbreak. The WECHU will send your setting an **Advisory Notice** to reflect the current outbreak. An **Outbreak Notification** will be posted on the WECHU website alerting others of a current outbreak in a congregate living setting, however identifying details such as the name of the setting and the address will not be disclosed.	
☐	Convene an Outbreak Management Team (OMT) and meet daily to review the status of the outbreak and communicate updates to the WECHU.	
	PUBLIC HEALTH INSPECTOR	
☐	Identify the designated Public Health Inspector (PHI) from WECHU for your setting, if applicable: **PHI Name**: _____ **Phone #:** 519-258-2146 ext._____ Your Public Health Inspector (PHI) may reach out to conduct a site visit.	
	IPAC OUTBREAK MEASURES	
☐	Refer to WECHU IPAC Hub website and the Ministry of Health documents for additional resources related to outbreak control measures: Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – February 2025, or as current. Appendix 1: Ontario Public Health Standards, Gastroenteritis Outbreaks in Institutions and Public Hospitals – May 2022, or as current.	
☐	Outbreak Education	Provide education to those in the setting about outbreak control measures, such as proper use of masks, cleaning hands, and reporting new symptoms to staff.
☐	Case Control Measures	Symptomatic individuals should remain in their room and cohort cases (i.e., limit movement of individuals between outbreak areas and non-outbreak areas) where/when possible.
		Refer to Section 7.3 of the *Infection Prevention and Control (IPAC) and Outbreak Management in Congregate Living Settings* document for more information on outbreak control measures by outbreak type.
☐	Additional Precautions	All positive cases should be placed on **contact precautions** in addition to routine practices. **Droplet precautions** may be required based on PHO's Risk Assessment Related to Routine Practices and Additional Precautions. Refer to Section 2.0 of the *Infection Prevention and Control (IPAC) and Outbreak Management in Congregate Living Settings* document or PHO's Routine and Additional Precautions webpage for more information.
		Post additional precautions signage on the door of case rooms, when possible.
☐	Staff/Students /Volunteers Control Measures	Minimize movement of staff/students/volunteers between outbreak and non-outbreak areas as much as possible (i.e., cohorting staff).
		Exclude ill staff/students/volunteers for **at least 48 hours** after their last symptom or longer if indicated by internal policies. ***NOTE:*** *If a specific illness is known, disease-specific exclusions apply.*
		If dietary staff become ill while working, discard all ready-to-eat food they prepared while on shift.
☐	Dietary	Ensure there is a dining policy in place to separate exposed and unexposed individuals.
		Provide in-room tray service meals within the outbreak area, if available. **Ensure the staff who deliver meals are practicing proper hand hygiene in between rooms.**
		DO NOT dispose of food samples until speaking with your PHI or WECHU nurse.

☐	Visitor Control Measures	Restrict visitors to essential caregivers on affected units.
		Ensure those who do visit: • Are screened for signs and symptoms of illness. • Practice vigilant hand hygiene. • Visit individuals in their rooms and avoid communal areas. • Visit only one individual; do not mingle with others. • Use appropriate PPE especially if providing direct care.
		Ill visitors should be advised not to visit while they are ill and wait until symptoms have ended.
☐	Increased Environmental Cleaning	For more information, refer Section 5.1 of the *Infection Prevention and Control (IPAC) and Outbreak Management in Congregate Living Settings* document or to PHO's Best Practices for Environmental Cleaning – April 2018, or as current.
☐	Hand Hygiene	Ensure proper handwashing is maintained by everyone in the setting by providing ample supply of soap and 70-90% alcohol-based hand sanitizers (e.g., where sinks are not readily available).
☐	PPE	Ensure proper PPE, for example, masks (N95 where applicable), gloves, gowns and eye protection, are available and accessible throughout the setting.
		Provide a **container for soiled PPE/linen**: • If the container is located *inside* the individual's room, the container must be a **minimum of 6ft** or more away from the individual's bed. • If not possible, place the container *outside* the room a **minimum of 6ft** away from any clean linen. *Ensure alcohol-based hand sanitizer is available by the container.
		Refer to Section 2.0 and Section 7.3 of the Infection Prevention and Control (IPAC) and Outbreak Management in Congregate Living Settings document for more information on the required PPE for a respiratory outbreak.
☐	Audit	Increase audits of staff practices (e.g. hand hygiene, cleaning, use of PPE, etc.).
☐	Activities	Reschedule communal activities in the affected area.
		Exceptions regarding non-outbreak units/floors should be discussed with the OMT involving outside groups such as entertainers, volunteer organizations, and community groups.
☐	Admissions/ Readmissions & Transfers	Limit, if possible, when a new outbreak has been declared. For specific guidance on admissions/readmission, refer to **Section 8.5 and 8.6** (page 73-74) of the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – February 2025 or as current.
☐	Medical/Other Appointments	If possible, reschedule non-urgent appointments until the outbreak is over.
Signature and Designation:		**Date:**

Downloadable version available here: WECHU Comprehensive Line List

WINDSOR-ESSEX COUNTY HEALTH unit
Bureau de santé de Windsor-comté d'Essex

Facility Outbreak Line List

SAMPLE

Fax line lists daily by **10:00 AM** to **519-977-5097** until outbreak declared over by the WECHU.

Phone: 519-258-2146 ext. 1420
After Hours: 519-973-4510

Facility Name: SUNSHINE LONG-TERM CARE HOME
Facility Address: 123 RIVERSIDE DR
Facility Phone and Ext: 519-999-9999
Contact Person #1:
Contact Person #2:

Select ONLY one: ☐ Respiratory ☐ Enteric

Select ONLY one: ☐ Resident ☐ Patient ☐ Children ☐ Staff

Line List Outbreak # 2268- YEAR _XXXX
Index Case Symptom Onset Date: YYYY-MM-DD 2024-11-01
Control Measures Started Date: YYYY-MM-DD 2024-11-01
Submission Date: YYYY-MM-DD 2024-11-01
Submitted By:

Respiratory	Enteric	Case Definition
Submit line list when: [1] Two or more cases of acute respiratory infections (ARI) occur within 48hrs with a common epi-link (e.g., unit, floor) and testing is not available/negative *OR* [2] Two or more cases of test-confirmed ARI occur within 48hrs with common epi-link (e.g., unit, floor *OR* [3] Three or more cases of ARI occur within 48hrs with common-epi link (e.g., unit, floor) and testing is not available/negative *OR* [4] Directed by WECHU	**Submit line list when 2 or more people have:** [1] Two or more episodes of diarrhea (e.g., loose/watery bowel movements) within a 24-hour period, *OR* [2] Two or more episodes of vomiting within a 24-hour period, *OR* [3] One or more episodes of diarrhea *AND* one or more episodes of vomiting within a 24-hour period	Check all as defined by **WECHU:** ☑ Fever(≥37.8°C) ☐ Nausea/Vomiting ☑ Sore throat/ Hoarseness ☐ Headache ☐ Diarrhea ☐ Nasal Congestion/ Sneezing ☐ Malaise/Fatigue ☐ Shortness of Breath ☑ New Cough ☐ Muscle Aches ☐ Loss of taste/smell ☐ Rash ☐ Other:

Case Demographics			Isolation	Symptoms (new or worsening)											Specimens Diagnostics		Vaccination/Treatment				Complications/Outcome				
Case Name (Last, First)	**Date of Birth** YYYY-MM-DD	**Unit/Room #** (resident) OR **Unit Worked/Role** (Staff)	**Isolation & additional precaution start date** or **date of last shift.** MM-DD	Symptom onset date MM-DD	Fever/Abnormal Temp (Celsius)	Rash	Cough	Shortness of Breath	Hoarseness/Sore Throat	Runny Nose/Nasal Congestion	Headache	Fatigue/Malaise/Myalgias	Loss of taste/smell	Vomiting # of episodes	Diarrhea # of episodes **	Specimen Collection Date MM-DD	Type of Test & Result (+ or -) (RAT, PCR, MRVP, NAAT, Stool)	Covid-19 Vaccine (# of doses)	Influenza Vaccine MM-DD	Antiviral Treatment MM-DD	Antibiotic Treatment MM-DD	**Clinical/X-RAY evidence of pneumonia MM-DD**	Hospitalization Date MM-DD	Hospital Discharge Date MM-DD	**Death MM-DD**	Out of Isolation OR Return to Work Date MM-DD
JOHN SMITH	1940-03-04	3E, RM 1	11/1	10/31	38		X		X							11/1	RAT+									11/5

**If resident is experiencing new onset of diarrhea, collect stool sample using enteric outbreak stool kit for viral and bacterial testing.

7.5 WECHU Final Respiratory Outbreak Report Form

Downloadable version available here: Final Respiratory Outbreak Report

FINAL RESPIRATORY OUTBREAK REPORT

Outbreak #: **2268 -** YEAR **-** XXXXX	**Date (YYYY-MM-DD):** 2025-09-01
Facility Name: SUNSHINE LONG-TERM CARE HOME	**SAMPLE**

INSTRUCTIONS:

Please complete this form following every respiratory outbreak and fax it to the WECHU at **519-977-5097.** Please note, immunization numbers are required by the Ministry of Health and do not breach privacy as there is no personal health information or personal identifiers (name, DOB, etc.) provided.

[1]"**Line listed case**" refers to individuals (residents and staff) who became ill and determined to be part of the outbreak.

[2]"**Applicable vaccine**" refers to influenza, RSV or COVID-19.

[3]"**Affected area"** refers to the area of the current outbreak (i.e., unit, floor or if applicable, the entire facility).
*If the outbreak is in the entire facility, then your responses to questions 3 and 4 will be the same.

*For **ALL RESPIRATORY** outbreaks*	**Residents**	**Staff**
1. Total **# of people (i.e., both ill and non-ill)** in the **affected area**[3]	32	20
2. Total **# of people** in the **entire institution/facility**	256	200
3. Total **# of line listed cases**[1] **(i.e., only those who were ill)** in the facility	18	4
4. Total **# of line listed cases** admitted to hospital	1	0
5. Total **# line listed cases** with chest x-ray confirmed [CXR+] pneumonia during the current outbreak	0	0
6. Total **# of deaths** among **line listed cases** during the current outbreak	0	0
*Complete **ONLY** if the current outbreak was due to a virus with an **APPLICABLE VACCINE**[2]* *Provide data for specific routine vaccine associated with the outbreak*		
7. Total **# of people** in the **entire institution/facility** who were:		
a. immunized prior to the onset of the current outbreak	214	151
b. *not* immunized prior to outbreak	42	49
c. immunized less than 14 days before the onset of current outbreak	2	0
d. immunized once the outbreak was declared	0	0
8. Total **# of people** in the **affected area** who were immunized prior to the onset of the current outbreak	30	17
9. Total **# of line listed cases** who were:		
a. immunized prior to the onset of the current outbreak	30	17
b. *not* immunized prior to the current outbreak	2	3

c. immunized less than 14 days prior to the current outbreak	1	0
10. Total **# of line listed cases <u>admitted into the hospital during the current outbreak</u>** who were:		
a. immunized prior to the onset of the current outbreak	1	0
b. *not* immunized prior to outbreak	0	0
c. immunized less than 14 days prior to the current outbreak	0	0
11. Total **# of line listed cases <u>with CXR+ pneumonia during the current outbreak</u>** who were:		
a. immunized prior to the onset of the current outbreak	0	0
b. *not* immunized prior to outbreak	0	0
c. immunized less than 14 days prior to the current outbreak	0	0
*Complete only if **antivirals** were used in the current outbreak*		
12. Total **# of people** that received antivirals **for prophylaxis**	238	49
13. Total **# of persons who became ill** that received antivirals **for treatment** *within* 48 hours of onset of symptoms	15	0
14. Total **# of persons who became ill** that received antivirals **for treatment** *over* 48 hours of onset of symptoms	3	0
15. Total # of **people** that developed side effects from antivirals	11	6
16. Of those that developed side effects, how many discontinued use of antivirals due to side effects	1	6

Please attach the completed <u>Lab Confirmed Influenza Outbreak Outcome Tracking</u> form for <u>ALL</u> influenza outbreaks.

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, and Ontario Reg. 135/18, outlines the requirements for physicians, practitioners, and institutions to report any suspect or confirmed disease of public health significance to the Medical Officer of Health.

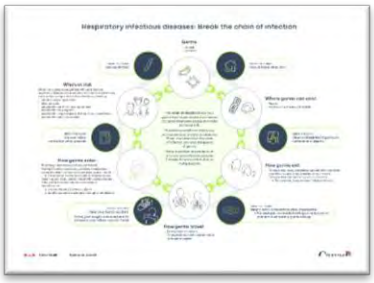
September 2025

References

1. Provincial Infectious Disease Advisory Committee (PIDAC). (2012). Routine practices and additional precautions: In all healthcare settings (3rd Ed.) Retrieved from https://www.publichealthontario.ca/-/media/documents/B/2012/bp-rpap-healthcare-settings.pdf
2. Canadian Centre for Occupational Health and Safety. (2019). Routine practices. Retrieved from https://www.ccohs.ca/oshanswers/prevention/universa.html
3. Provincial Infectious Disease Advisory Committee. (2014). Best practices for hand hygiene in all health care settings. (4th Ed.). Retrieved from https://www.publichealthontario.ca/-/media/documents/b/2014/bp-hand-hygiene.pdf
4. Windsor-Essex County Health Unit. (2024). Infection prevention and control (IPAC) and outbreak management in child care settings – Requirements and best practices. Retrieved from https://www.wechu.org/sites/default/files/IPAC_and_Outbreak_Guide_for_Child_Care-Jan-2024.pdf
5. Windsor-Essex County Health Unit. (2024). Food safety at home. Retrieved from https://www.wechu.org/sites/default/files/edit-resource/em-food-safety-home-booklet/foodsafetyathomeengoptii.pdf
6. Provincial Infectious Disease Advisory Committee. (2018). Best practices for environmental cleaning for prevention and control of infections. Retrieved from https://www.publichealthontario.ca/-/media/documents/B/2018/bp-environmental-cleaning.pdf
7. Toronto Public Health. (2019). Cleaning up body substances. Retrieved from https://www.toronto.ca/wp-content/uploads/2019/06/9a1b-tph-cleaning-body-substances-homelessness-service-june-2019.pdf
8. Public Health Ontario. (n.d.). IPAC Core Competencies – Administrative Controls. Retrieved from https://www.publichealthontario.ca/-/media/documents/i/2020/ipac-core-accessible-ac-course.pdf?la=en
9. Windsor-Essex County Health Unit. (n.d.). Safe Needle Disposal. Retrieved from https://www.wechu.org/your-environment/safe-needle-disposal
10. Centres for Disease Control and Prevention. (2024). About Head Lice. Retried from https://www.cdc.gov/lice/about/head-lice.html
11. Centres for Disease Control and Prevention. (2024). About Scabies. Retrieved from https://www.cdc.gov/scabies/about/index.html
12. Government of Canada. (2015). Bedbugs – what are they? Retrieved from https://www.canada.ca/en/health-canada/services/pest-control-tips/bedbugs-what-are-they.html
13. Government of Canada. (2015). Bedbugs: how do I get rid of them. Retrieved from https://www.canada.ca/en/health-canada/services/pest-control-tips/bedbugs-how-do-i-get-rid-them.html

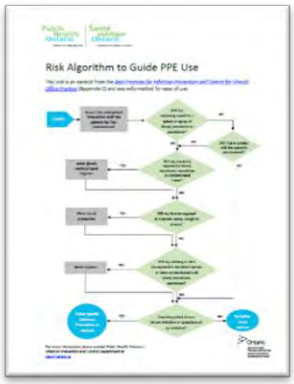
Tools and Resources

For more downloadable signs and brochures, click here or visit our website.



Tool 1: PHAC's Breaking the Chain of Infection Poster

Downloadable version available here: Chain of Infection



Tool 2: PHO's Risk Algorithm to Guide PPE Use Poster

Downloadable version available here: PPE Risk Algorithm

Tool 3: PHO's How to Handrub Poster

Downloadable version available here: How to Handrub

Tool 4: WECHU's Handwashing Poster

Downloadable version available in English, French or Arabic

Tool 5: PHO's 4 Moments for Hand Hygiene Poster

Downloadable version available here: [4 Moments for Hand Hygiene]

Tool 6: PHO's Putting on PPE Poster

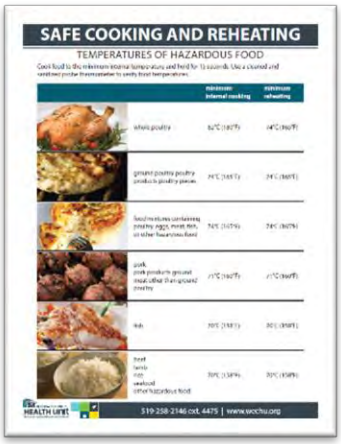
Downloadable version available here: [How to Put on PPE]

Tool 7: PHO's Taking Off PPE Poster

Downloadable version available here: [How to Take Off PPE]

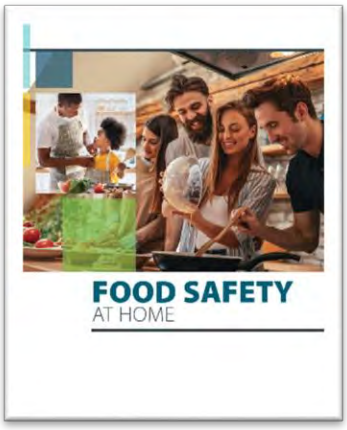
Tool 8: PHO's Cover Your Cough Poster

Downloadable version available here: [Cover Your Cough]



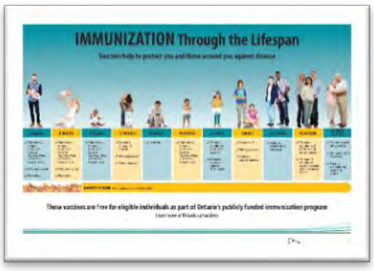
Tool 9: WECHU's Safe Cooking and Reheating Temperatures Poster

Downloadable version available here: [Safe Cooking/Reheating Temperatures]



Tool 10: WECHU's Food Safety at Home Booklet

Downloadable version available here: [Food Safety at Home]

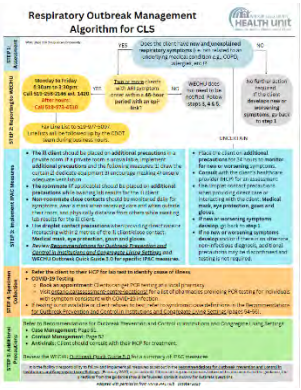


Tool 11: PHO's Immunization Through the Lifespan Poster

Downloadable version available here: [Immunizations]

Tools 12: WECHU's DoPHS Poster

Downloadable version available here: [DoPHS List]



Tools 13: WECHU Algorithm for Respiratory and Enteric Outbreaks

Downloadable version available here: [CLS Algorithms]

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