

## RESPIRATORY OUTBREAK MANAGEMENT CHECKLIST

For Long-Term Care/Retirement Homes

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

| Facility Name:  |         |   | Outbreak #: 2268 - 2025                      | -                              | Date:                   |  |  |  |
|---|---------|---|--|--------------------------------|-------------------------|--|--|--|
| Outbreak Declaration:  Suspect Confirmed  |         |   |  |                                |                         |  |  |  |
| Affected Area: Entire facility  OR Name of unit(s):   |         |   |  |                                |                         |  |  |  |
| "Client" refers to  | a resid | dent, patient or other person l   | peing supported wi                           | thin the facilit               | <mark>y.</mark>         |  |  |  |
| Case definition: determined by the WECHU (Click here or visit wechu.org)  |         |   |  |                                |                         |  |  |  |
| ☐ Abnormal tem  | eratu   | ure $\square$ New/worse   | ning cough                                   | ☐ Shortnes                     | s of breath             |  |  |  |
| ☐ Nasal congestion/runny nose   |         | nny nose  | /hoarseness                                  | ☐ Loss of ta                   | ste/smell               |  |  |  |
| ☐ Malaise/fatigu  | е       | ☐ Headache  | e  |                                |                         |  |  |  |
|   |         | CC  | ONTACT                                       |                                |                         |  |  |  |
| Identify tl   | ne des  | signated WECHU nurse for you  | r outbreak:                                  |                                |                         |  |  |  |
| Nurse N   |         |   |  |                                |                         |  |  |  |
| For any questions or concerns please contact your designated nurse or the Infectious Disease Department (IDP) at <b>519-258-2146 ext. 1420.</b> The WECHU business hours are from 8:30am - 4:30pm Monday to Friday. Contact the After-Hours hotline at <b>519-973-4510</b> to speak with on-call personnel outside of WECHU business hours. |         |   |  |                                |                         |  |  |  |
| IMMEDIATE PRECAUTIONS   |         |   |  |                                |                         |  |  |  |
| If a client is  | Inc     | lividual should remain in their room.   |  |                                |                         |  |  |  |
| symptomatic:  |         | plement additional precautions (i.e., contact/droplet).   |  |                                |                         |  |  |  |
| *Expanded steps<br>available below  |         | ovide the necessary medical assessments.  |  |                                |                         |  |  |  |
| available below   | Tes     | st for COVID-19 and other resp  |  |                                |                         |  |  |  |
|   |         |   | CIMEN COLLECTIO                              |                                |                         |  |  |  |
| Ensure your facility has non-expired nasopharyngeal specimen (NP) collection kits, stored in a location that is known and accessible to staff. Additional specimen kits can be ordered online, see <a href="PHO's Kit and Test Ordering Instructions">PHO's Kit and Test Ordering Instructions</a> webpage to request these tests.          |         |   |  |                                |                         |  |  |  |
|   |         | <b>COVID-19</b> : All clients who test positive for COVID-19 by rapid test should complete parallel testing by MRVP.    |  |                                |                         |  |  |  |
| Test all symptom individua  |         | Multiplex Respiratory Virus<br>per outbreak. For MRVP, ob<br>symptoms of the suspected<br>Virus (including influenza) w | tain specimens from<br>illness prior to star | m clients with ting antibiotic | the most representative |  |  |  |
|   |         | <b>FLUVID:</b> After four MRVP swabs, you may continue testing symptomatic individuals using FLUVID.                    |  |                                |                         |  |  |  |
| Lab   |         | Complete lab requisition for form). Include outbreak nur requisition form.  | • •  | •                              |                         |  |  |  |
| requisitio  | 15      | Arrange for delivery to the lab within 72 hours – ensure you refrigerate the sample in a dedicated specimen fridge.     |  |                                |                         |  |  |  |



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| LINE LISTS               |  |   |  |  |  |  |
|--------------------------|--|---|--|--|--|--|
|                          | Create a line list of clients who belong to the outbreak ( <u>click here</u> to download the line list or visit wechu.org).  |   |  |  |  |  |
|                          | •  | *Only include clients to line list who meet case definition   |  |  |  |  |
|                          | Update and fax   | line lists <u>daily</u> to WECHU <u>by 10:00 am</u> to fax #519-977-5097.   |  |  |  |  |
|                          |  | COMMUNICATION   |  |  |  |  |
|                          | Post outbreak s  | k signage at all entrances of building.   |  |  |  |  |
|                          | •  | ncluding the house physician, facility pharmacist, DOC, etc.), students, volunteers, client itors of the outbreak.  |  |  |  |  |
|                          | The WECHU will send your facility an <b>Advisory Notice</b> to reflect the current outbreak.   |   |  |  |  |  |
|                          | An <b>Outbreak Notification</b> will be <u>posted on the WECHU website</u> alerting other health care facilities and agencies of current outbreak in your facility.  |   |  |  |  |  |
|                          | Convene a multidisciplinary Outbreak Management Team (OMT) and meet daily to review the status of the outbreak and support infection control efforts across the various departments (i.e., Nursing, Dietary, Environmental, House Physician etc.). |   |  |  |  |  |
|                          |  | PUBLIC HEALTH INSPECTOR   |  |  |  |  |
|                          | Identify the desi  | gnated Public Health Inspector (PHI) from WECHU for your facility:  |  |  |  |  |
|                          | _  | PHI Name: Phone #: 519-258-2146 ext   |  |  |  |  |
|                          | Your Public Heal lead/OMT.   | Health Inspector (PHI) may reach out to conduct a site visit and meet with the IPAC   |  |  |  |  |
|                          |  | IPAC MEASURES   |  |  |  |  |
|                          | Refer to WECHU IPAC Hub website and the Ministry of Health documents for additional resources related to outbreak control measures:  |   |  |  |  |  |
| Recommenda February 2025 |  | ons for Outbreak Prevention and Control in Institutions and Congregate Living Settings — 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.  |   |  |  |  |  |
|                          | Case Control<br>Measures   | Symptomatic clients should remain in their rooms and cohort cases (i.e., limit movement between clients in outbreak area and non-outbreak areas) were possible.                                   |  |  |  |  |
|                          |  | Refer to <u>Section 1.3</u> of the <i>Outbreak Quick Guide 5.0</i> for more information.  |  |  |  |  |
|                          | Additional<br>Precautions  | All positive cases should be placed on <b>droplet and/or contact precautions</b> in addition to routine practices. Refer to Public Health Ontario for more information on additional precautions. |  |  |  |  |
|                          |  | Post additional precautions signage on the door of case rooms.  |  |  |  |  |
|                          | Staff/Student/<br>Volunteers   | Minimize movement of staff/students/volunteers between affected and unaffected areas as much as possible (i.e., cohort staff).  |  |  |  |  |



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| Control<br>Measure         |                                       | Exclude ill staff/students/volunteers until 24hr symptom-free and no fever present or longer if indicated by your facilities internal policies.   |  |
|----------------------------|---------------------------------------|---|--|
|                            | · ·                                   | work, staff should mask and avoid caring for highest risk residents for amptom onset or specimen collection date (whichever is earlier).  |  |
|                            | during influenz                       | stitutional policy regarding unvaccinated staff/students/volunteers a outbreaks. Exclusion is strongly recommended if unvaccinated and prophylaxis. Offer vaccination.  |  |
|                            | Restrict visitors                     | to essential caregivers on affected units.  |  |
|                            | Ensure those w                        | ho do visit:  |  |
|                            | • Are so                              | reened for signs and symptoms of illness  |  |
|                            | • Practi                              | ce vigilant hand hygiene  |  |
| Visitor C                  | • Visit c                             | lients in their rooms and avoid communal areas  |  |
| Measure                    | - \/:a:+ -                            | nly one client; do not mingle with other clients  |  |
|                            |                                       | opropriate PPE especially if providing direct care  |  |
|                            | Ill visitors shoul have ended.        | d be advised not to visit while they are ill and wait until symptoms  |  |
|                            | Provide visitors outbreak.            | with the WECHU pamphlet "What Visitors Need to Know" during an  |  |
|                            | · · · · · · · · · · · · · · · · · · · | ncy of cleaning and disinfecting of high touched areas and surfaces to minimum of twice daily (e.g., washrooms, handrails, tabletops, chair knobs, etc.).   |  |
| Enhance  Environr Cleaning | d manufacturer's information, re      | ts with proven efficacy against identified pathogens. Follow the directions on proper concentration and contact times. For more fer to PHO's <u>Best Practices for Environmental Cleaning – April 2018</u> or |  |
| Cicuming                   | Dedicate use of between use as        | equipment, when possible, to the ill client or clean and disinfect per manufacturer's directions (e.g., wheelchairs, lifts, scales, blood BP cuffs, thermometers, etc.).                                      |  |
|                            | Limit movemer                         | t of equipment/supplies through affected areas.   |  |
|                            | supply of soap                        | nandwashing is maintained by clients and staff by providing ample and 70-90% alcohol-based hand sanitizers.   |  |
| ☐ Hand Hy                  | Implement the available.              | use of alcohol-based hand rubs in areas where sinks are not readily   |  |
|                            |                                       | PPE, for example, masks (N95 where applicable), gloves, gowns, eye available and accessible throughout the facility.  |  |
|                            | Wear proper m<br>meters of case/      | asks, goggles and/or face shield when providing care within two suspect case.   |  |
| □ PPE                      | *Dispose mask                         | after <b>single use</b> and clean and disinfect goggles.  |  |
|                            |                                       | ygiene before applying and after removal of gloves.   |  |
|                            | *Discard imme                         | diately after use and wash hands.   |  |
|                            | Wear <b>gowns</b> or                  | ly if skin or clothing likely to be contaminated during care.   |  |
|                            | Provide a <b>conta</b>                | iner for soiled PPE/linen:  |  |



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|                            |  | If the container is located <i>inside</i> the client room, the container must be a  |       |  |
|----------------------------|--|---|-------|--|
|                            |  | <ul> <li>minimum of 6ft or more away from the client's bed.</li> <li>If not possible, place the container <i>outside</i> the room a minimum.</li> </ul>   |       |  |
|                            |  | from any clean linen.   |       |  |
|                            |  | *Ensure alcohol-based hand sanitizer is availab   |       |  |
|                            | Audit  | Increase audits of staff practices (e.g. hand hygiene, cleaning, use of PPE, etc.).   |       |  |
|                            |  | Sick clients should receive meals (tray service) in their room.   |       |  |
|                            | Dietary  | *Ensure the staff who deliver meals are practicing proper hand hygiene in between rooms and wearing appropriate PPE.  |       |  |
|                            |  | Discontinue group outings from the affected unit/floor.   |       |  |
| ☐ Activities               |  | Reschedule communal meetings or large group activities on the affected unit/floor (or entire facility if outbreak is determined to be facility wide). Meetings or activities may proceed in non-affected units/floors.  |       |  |
|                            |  | Conduct on-site programs in client/resident/patient rooms, if possible.   |       |  |
|                            | Activities   | Asymptomatic or well clients on affected units may continue to participate in small group activities (i.e. physiotherapies, OT) on the unit only; proper precautions should be taken, and the outbreak unit should be visited last.   |       |  |
|                            |  | Exceptions regarding non-outbreak units/floors should be discussed with the OMT involving outside groups such as entertainers, volunteer organizations, and community groups.   |       |  |
|                            | Admissions/<br>Readmissions<br>& Transfer  | Limit, if possible, when a new outbreak has been declared. For specific guidance on admissions/readmission/transfers, refer to <b>Section 3.5 and 3.6</b> (page 32-33) of the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – February 2025 or as current. |       |  |
| N/Lodi                     | Medical/Other  | If possible, reschedule non-urgent appointments until the outbreak is over.   |       |  |
|                            | Appointments   | Symptomatic clients/residents/patients should wear a mask (as tolerated for respiratory illnesses) and the receiving facility should be notified of the outbreak.   |       |  |
| ANTIVIRALS                 |  |   |       |  |
|                            | For influenza and COVID-19, determine eligibility of antivirals for residents and staff. Refer to <b>Appendix B: Antivirals/Therapeutics</b> (page 95-105) of the <u>Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – February 2025</u> or as current. |   |       |  |
| Signature and Designation: |  |   | Date: |  |