



OUTBREAK QUICK GUIDE

FOR LONG-TERM CARE AND
RETIREMENT HOMES

VERSION 5.0

WINDSOR-ESSEX COUNTY **HEALTH UNIT**
Department of Infectious Disease Prevention
October 2025



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Purpose

Outbreaks of respiratory or enteric illnesses can occur at any time of year. There is an opportunity for rapid disease spread in long-term care homes (LTCH), retirement homes (RH) and all other congregate living facilities. With the increased risk of severe complications due to characteristics such as older age, co-morbidities, and compromised immune systems, the timely implementation of infection control and outbreak management measures is necessary to protect the health and well-being of residents.

The goal of this guide is to provide staff with the necessary steps and resources from the Windsor-Essex County Health Unit (WECHU), Public Health Ontario (PHO) and the Ministry of Health (MOH) for outbreak management to detect the occurrence of potential infections and control their transmission. If you have questions about this guide or about a specific outbreak, please call the Infectious Disease Prevention department at **519-258-2146 ext. 1420**.

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

Abbreviations

ARI	Acute respiratory infections
CLS	Congregate Living Setting
CXR	Chest x-ray
DoPHS	Diseases of Public Health Significance
HCP	Health care provider
ICP	Infection prevention and control professional
IDP	Infectious Disease Prevention department
IPAC	Infection prevention and control
LTC	Long-term care home
MOH	Ministry of Health
NP	Nasopharyngeal (swab)
OMT	Outbreak management team
PCR	Polymerase chain reaction
PHI	Public health inspector
PHO	Public Health Ontario
PPE	Personal protective equipment
RH	Retirement home
WECHU	Windsor-Essex County Health Unit

Summary of Updates – Version 5.0

This document was created in accordance with the Ministry of Health’s most up-to-date [Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – February 2025](#).

In this version of the Outbreak Quick Guide:

- Wording shifted away from “isolation” to recommend resident stay in room to support mental health and wellbeing; additional precautions encompass isolation.
- Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings link revised with February 2025 update.
- 1.3 Outbreak Management Activities by Outbreak Type Enteric rescind criteria has been updated and non-roommate close contacts included.
- The following documents have been updated:
 - WECHU’s Outbreak Control Measures Checklist (Respiratory and Enteric)

1.0 Outbreak Management

1.1 Steps to Outbreak Identification and Management

REPORT ALL **SUSPECTED** AND **CONFIRMED** OUTBREAKS TO THE WECHU

Fax in a comprehensive line list to the WECHU **daily by 10:00AM**, including holidays and weekends, to **519-977-5097**. Call **519-258-2146 ext. 1420** for assistance with your facility outbreak.

SURVEILLANCE FOR OUTBREAK IDENTIFICATION

- Monitor or screen residents, staff and visitors daily for symptoms of illness.
- If symptoms are noted, implement additional precautions, use appropriate PPE, and practice hand hygiene.
- If you suspect an outbreak, refer to the *Outbreak Declaration Criteria* found in [Section 1.2](#).
- If cases meet criteria for outbreak definition, immediately report the outbreak to the WECHU using the *Comprehensive Line List* found on our website and in [Section 2.1](#).

OUTBREAK MANAGEMENT

- Follow the *Outbreak Control Measures Checklist – Respiratory or Enteric* (see [Section 1.4](#)) upon outbreak declaration. More details can be found in the ministry document [Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – February 2025](#), or as current.
- Outbreak management activities by outbreak type are found in [Section 1.3](#).
- 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 in [Section 2.0](#).
- An outbreak notice for the facility will be posted on the WECHU website.
- Designate an OMT, as per the page 17 of the [ministry's most up to date guidance](#) to ensure:
 - Line listings are accurate.
 - New cases meet case definition as per the outbreak criteria.
 - 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.
 - Communicate outbreak measures effectively with staff, residents, families, and volunteers.
- On the comprehensive line listing:
 - Track resident and staff cases and add only those who meet case definition (see [Section 1.2](#)).
 - Indicate all line listed residents and staff who are hospitalized, pass away, have CXR confirmed pneumonia, receiving antivirals and/or antibiotics.

DECLARING THE OUTBREAK OVER

- To identify when the outbreak meets conditions to be declared over, please refer to [Section 1.3](#).
 - Complete and fax in WECHU's *Lab Confirmed Outbreak Tracking Form* (see [Section 2.4](#)), and the *Final Respiratory Outbreak Report* (see [Section 2.5](#)), if applicable.
- A formal Rescind Notification Advisory will be forwarded to your facility once all documents required are received.

1.2 Outbreak Declaration Criteria



Outbreak Declaration Criteria – For Long-Term Care/Retirement Homes and Other Congregate Living Settings

Respiratory (including COVID-19) Outbreak Criteria

SUSPECT	CONFIRMED
Two or more patient/resident cases¹ 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 cases¹ 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 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.
<p>¹Refer to the most up-to-date COVID-19 Infectious Disease Protocol for case definitions of confirmed and probable COVID-19 cases.</p> <p>²ARI 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).</p> <p>*Note: the elderly and those who are immune compromised may not be febrile in response to a respiratory infection.</p>	

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 cases¹ meeting the case definition with a common epidemiological link (e.g., unit, floor, same caregiver) with initial onset within a 48-hour period.
<p>¹Enteric Case Definition:</p> <ul style="list-style-type: none">Two or more episodes of diarrhea (e.g., loose/water bowel movements) within a 24-hour period, <i>OR</i>Two or more episodes of vomiting within 24-hour period, <i>OR</i>One or more episodes of diarrhea <i>AND</i> one or more episodes of vomiting within a 24-hour period. <p>*Note: Signs and symptoms depend upon causative agent and may also include nausea, vomiting, diarrhea, abdominal pain, tenderness, headache, chills, fever and/or myalgia.</p>	

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

1.3 Outbreak Management Activities by Outbreak Type



AT A GLANCE – 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 <i>norovirus</i> , 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, 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.	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 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.	N/A

Outbreak Activity	RESPIRATORY	COVID-19	ENTERIC
	In facility: 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 one incubation period (or 5 days if pathogen is unknown).	In facility: 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 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 .	Refer to Appendix B: Antivirals/Therapeutics (page 82-92) of the ministry's most up-to-date recommendations .	N/A
Staff return to work	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 facilities 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.

1.4 Outbreak Management Checklists – Respiratory and Enteric

Downloadable version available here: [LTC/RH Outbreak Management Checklist – Respiratory](#)

RESPIRATORY OUTBREAK MANAGEMENT CHECKLIST

For Long-Term Care/Retirement Homes

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

Facility Name:		Outbreak #: 2268 -	Date:
Outbreak Declaration: <input type="checkbox"/> Suspect <input type="checkbox"/> Confirmed			
Affected Area: Entire facility <input type="checkbox"/> OR Name of unit(s):			
"Client" refers to a resident, patient or other person being supported within the facility.			
Case definition: determined by the WECHU (Click here or visit wechu.org)			
<input type="checkbox"/> Abnormal temperature	<input type="checkbox"/> New/worsening cough	<input type="checkbox"/> Shortness of breath	
<input type="checkbox"/> Nasal congestion/runny nose	<input type="checkbox"/> Sore throat/hoarseness	<input type="checkbox"/> Loss of taste/smell	
<input type="checkbox"/> Malaise/fatigue	<input type="checkbox"/> Headache	<input type="checkbox"/> Other: _____	
CONTACT			
Identify the designated WECHU nurse for your outbreak: Nurse Name: _____ Phone #: 519-258-2146 ext. _____ <input type="checkbox"/> For any questions or concerns please contact your designated nurse or the Infectious Disease 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 PRECAUTIONS			
If a client is symptomatic: *Expanded steps available below	Individual should remain in their room.		
	Implement additional precautions (i.e., contact/droplet).		
	Provide the necessary medical assessments .		
	Test for COVID-19 and other respiratory illness.		
TESTING & SPECIMEN COLLECTION			
<input type="checkbox"/> 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 PHO's Kit and Test Ordering Instructions webpage to request these tests.			
<input type="checkbox"/> Test all symptomatic individuals	COVID-19: All clients who test positive for COVID-19 by rapid test should complete parallel testing by MRVP.		
	Multiplex Respiratory Virus Panel (MRVP): You may collect up to four MRVP swabs per outbreak. For MRVP, obtain specimens from clients with the most representative symptoms of the suspected illness prior to starting antibiotics. See PHO's Respiratory Virus (including influenza) web page for more information.		
	FLUID: After four MRVP swabs, you may continue testing symptomatic individuals using FLUID.		
<input type="checkbox"/> Lab requisitions	Complete lab requisition form in its entirety (ensure facility name and address on form). Include outbreak number and at least 2 client identifiers on both sample and requisition form .		

	Arrange for delivery to the lab within 72 hours – ensure you refrigerate the sample in a dedicated specimen fridge.
LINE LISTS	
<input type="checkbox"/>	Create a line list of clients who belong to the outbreak (click here to download the line list or visit wechu.org). *Only include clients to line list who meet case definition
<input type="checkbox"/>	Update and fax line lists daily to WECHU by 10:00 am to fax #519-977-5097.
COMMUNICATION	
<input type="checkbox"/>	Post outbreak signage at all entrances of building.
	Notify all staff (including the house physician, facility pharmacist, DOC, etc.), students, volunteers, client families, and visitors of the outbreak.
<input type="checkbox"/>	The WECHU will send your facility an Advisory Notice to reflect the current outbreak. An Outbreak Notification will be posted on the WECHU website alerting other health care facilities and agencies of current outbreak in your facility.
<input type="checkbox"/>	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 designated Public Health Inspector (PHI) from WECHU for your facility:
<input type="checkbox"/>	PHI Name: _____ Phone #: 519-258-2146 ext. _____ Your Public Health Inspector (PHI) may reach out to conduct a site visit and meet with the IPAC lead/OMT.
IPAC 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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Case Control 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 Section 1.3 of the <i>Outbreak Quick Guide 5.0</i> for more information.
<input type="checkbox"/>	Additional Precautions
	All positive cases should be placed on Droplet and/or Contact Precautions 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.
	Minimize movement of staff/students/volunteers between affected and unaffected areas as much as possible (i.e., cohort staff).
<input type="checkbox"/>	Staff/Student/Volunteers Control Measures
	Exclude ill staff/students/volunteers until 24hr symptom-free and no fever present or longer if indicated by your facilities internal policies. Upon return to work, staff should mask and avoid caring for highest risk residents for 10 days from symptom onset or specimen collection date (whichever is earlier).

	Refer to your institutional policy regarding unvaccinated staff/students/volunteers during influenza outbreaks. Exclusion is strongly recommended if unvaccinated and not on antiviral prophylaxis. Offer vaccination.
<input type="checkbox"/> Visitor Control Measures	Restrict visitors to essential caregivers on affected units.
	Ensure those who do visit: <ul style="list-style-type: none"> • Are screened for signs and symptoms of illness • Practice vigilant hand hygiene • Visit clients in their rooms and avoid communal areas • Visit only one client; do not mingle with other clients • 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.
	Provide visitors with the WECHU pamphlet “What Visitors Need to Know” during an outbreak.
<input type="checkbox"/> Enhanced Environmental Cleaning	Increase frequency of cleaning and disinfecting of high touched areas and surfaces to entire facility a minimum of twice daily (e.g., washrooms, handrails, tabletops, chair arm rests, doorknobs, etc.).
	Choose products with proven efficacy against identified pathogens. Follow the manufacturer’s directions on proper concentration and contact times. For more information, refer to PHO’s Best Practices for Environmental Cleaning – April 2018 or as current.
	Dedicate use of equipment, when possible, to the ill client or clean and disinfect between use as per manufacturer’s directions (e.g., wheelchairs, lifts, scales, blood glucose meters, BP cuffs, thermometers, etc.).
	Limit movement of equipment/supplies through affected areas.
<input type="checkbox"/> Hand Hygiene	Ensure proper handwashing is maintained by clients and staff by providing ample supply of soap and 70-90% alcohol-based hand sanitizers.
	Implement the use of alcohol-based hand rubs in areas where sinks are not readily available.
<input type="checkbox"/> PPE	Ensure proper PPE, for example, masks (N95 where applicable), gloves, gowns, eye protection are available and accessible throughout the facility.
	Wear proper masks, goggles and/or face shield when providing care within two meters of case/suspect case. *Dispose mask after single use and clean and disinfect goggles.
	Perform hand hygiene before applying and after removal of gloves. *Discard immediately after use and wash hands.
	Wear gowns only if skin or clothing likely to be contaminated during care.
	Provide a container for soiled PPE/linen : <ul style="list-style-type: none"> • If the container is located <i>inside</i> the client room, the container must be a minimum of 6ft or more away from the client’s bed. • If not possible, place the container <i>outside</i> the room a minimum of 6ft away from any clean linen.
	*Ensure alcohol-based hand sanitizer is available by the container.
<input type="checkbox"/> Audit	Increase audits of staff practices (e.g. hand hygiene, cleaning, use of PPE, etc.).
<input type="checkbox"/> Dietary	Sick clients should receive meals (tray service) in their room. *Ensure the staff who deliver meals are practicing proper hand hygiene in between rooms and

	wearing appropriate PPE.
<input type="checkbox"/> Activities	Discontinue group outings from the affected unit/floor.
	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.
	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.
<input type="checkbox"/> Admissions/ Readmissions & Transfer	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 32-33) of the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – February 2025 or as current.
<input type="checkbox"/> 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	
<input type="checkbox"/>	For influenza and COVID-19, determine eligibility of antivirals for residents and staff. Refer to 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: [LTC/RH Outbreak Management Checklist – Enteric](#)

ENTERIC OUTBREAK MANAGEMENT CHECKLIST

For Long-Term Care/Retirement Homes

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

Facility Name:		Outbreak #: 2268 – –	Date:
Outbreak Declaration: <input type="checkbox"/> Suspect <input type="checkbox"/> Confirmed			
Affected Area: Entire facility <input type="checkbox"/> OR Name of unit(s):			
"Client" refers to resident, patient, child, person supported etc.			
Case definition: determined by the WECHU (Click here or visit wechu.org)			
<input type="checkbox"/> Abnormal temperature <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Chills <input type="checkbox"/> Cramps <input type="checkbox"/> Nausea <input type="checkbox"/> Malaise/fatigue <input type="checkbox"/> Headache <input type="checkbox"/> Other: _____			
CONTACT			
Identify the designated WECHU nurse for your outbreak: Nurse Name: _____ Phone #: 519-258-2146 ext. _____ <input type="checkbox"/> For any questions or concerns please contact your designated nurse or the Infectious Disease 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 PRECAUTIONS			
If a client is symptomatic: *More information available below	Individual should remain in their room.		
	Implement additional precautions (i.e., Contact, Droplet <i>if applicable</i>).		
	Provided the necessary medical assessments .		
	Test to determine specific illness.		
TESTING & SPECIMEN COLLECTION			
<input type="checkbox"/> Ensure your facility has non-expired specimen collection kits, stored in a location that is known and accessible to staff. Additional specimen kits can be ordered online, see PHO's Kit and Test Ordering Instructions webpage to request these tests.			
<input type="checkbox"/> Lab Requisitions	Collect lab specimens from clients who most recently became ill within 48 hours of onset of symptoms and who have the most representative symptoms of the suspected illness. Consult with the WECHU as needed.		
	Complete the lab requisition form in its entirety (ensure facility name and address on form). Include the outbreak number and at least two client identifiers on both the sample and the requisition form.		
	Arrange for delivery to the lab within 72 hours – ensure you refrigerate the sample in a dedicated specimen fridge.		
<input type="checkbox"/> Test all symptomatic individuals	A total of five stool specimens can be collected and sent to lab (testing will stop after two positive results). See PHO's Gastroenteritis – Stool Viruses webpage for more information.		
LINE LISTS			

<input type="checkbox"/>	Create a line list of clients who belong to the outbreak (click here to download the line list or visit wechu.org). *Only include clients to line list who meet case definition.
<input type="checkbox"/>	Update and fax line lists daily to WECHU by 10:00 am to fax (519)-977-5097.
COMMUNICATION	
<input type="checkbox"/>	Post outbreak signage at all entrances of building.
	Notify all staff (including the house physician, facility pharmacist, DOC, etc.), students, volunteers, client families, and visitors of the outbreak.
<input type="checkbox"/>	The WECHU will send your facility an Advisory Notice to reflect the current outbreak. An Outbreak Notification will be posted on the WECHU website alerting other health care facilities and agencies of current outbreak in your facility.
<input type="checkbox"/>	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 designated Public Health Inspector (PHI) from WECHU for your facility:
<input type="checkbox"/>	PHI Name: _____ Phone #: 519-258-2146 ext. _____ Your Public Health Inspector (PHI) may reach out to conduct a site visit and meet with the IPAC lead/OMT.
IPAC MEASURES	
	Refer to WECHU IPAC Hub website and the Ministry of Health documents for additional resources related to outbreak control measures:
<input type="checkbox"/>	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.
<input type="checkbox"/>	Client Control 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 Section 1.3 of the <i>Outbreak Quick Guide 4.0</i> for more information.
<input type="checkbox"/>	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 Public Health Ontario for more information on additional precautions. Post additional precautions signage on the door of case rooms.
<input type="checkbox"/>	Staff/ Students/ Volunteers Control Measures
	Minimize movement of staff/students/volunteers between affected and unaffected 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 your facilities internal policies. NOTE: If a specific causative agent is known, disease-specific exclusions apply.
	If dietary staff become ill while working, discard all ready-to-eat food they prepared while on shift.
	Staff working at another facility should notify the facility NOT in outbreak and wait at least 48 hours from last exposure at the outbreak facility and be symptom-free. This period may be modified if the specific illness type is known.

<input type="checkbox"/> Dietary	Sick clients should receive meals (tray service) in their room.
	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 PHN.
<input type="checkbox"/> Visitor Control Measures	Restrict visitors to essential caregivers on affected units.
	Ensure those who do visit: <ul style="list-style-type: none"> • Practice vigilant hand hygiene • Visit clients in their rooms and avoid communal areas • Visit only one client; do not mingle with other clients • 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.
	Provide visitors with the WECHU pamphlet “What Visitors Need to Know” during an outbreak.
<input type="checkbox"/> Enhanced Environmental Cleaning	Increase frequency of cleaning and disinfecting of high touched areas and surfaces to entire facility a minimum of twice daily (e.g., washrooms, handrails, tabletops, chair arm rests, doorknobs, etc.).
	Choose products with proven efficacy against identified germs. Follow the manufacturer’s directions on proper concentration and contact times. For more information, refer to PHO’s Best Practices for Environmental Cleaning – April 2018 or as current.
	Dedicate use of equipment, when possible, to the ill client or clean and disinfect between use as per manufacturer’s directions (e.g., wheelchairs, lifts, scales, blood glucose meters, BP cuffs, thermometers, etc.).
	Commodes should remain with the client and are to be cleaned and disinfected. If possible, use disposable bedpans.
	Limit movement of equipment/supplies through affected areas.
<input type="checkbox"/> Hand Hygiene	Ensure proper handwashing is maintained by clients and staff by providing ample supply of soap and 70-90% alcohol-based hand sanitizers.
	Implement the use of alcohol-based hand rubs in areas where sinks are not readily available.
<input type="checkbox"/> PPE	Ensure proper PPE (for example, masks (N95 where applicable), gloves, gowns, eye protection etc.) are available and accessible throughout the facility.
	Wear proper masks, goggles and/or face shield when providing care within two meters of case/suspect case, if droplet precautions are initiated. *Dispose mask after single use and clean and disinfect goggles.
	Perform hand hygiene before applying and after removal of gloves. *Discard immediately after use and wash hands.
	Wear gowns only if skin or clothing likely to be contaminated during care.
	Provide a container for soiled PPE/linen : <ul style="list-style-type: none"> • If the container is located <i>inside</i> the client room, the container must be a minimum of 6ft or more away from the client’s bed. • If not possible, place the container <i>outside</i> the room a minimum of 6ft away from any clean linen.
	*Ensure alcohol-based hand sanitizer is available by the container.

<input type="checkbox"/> Audit	Increase audits of staff practices (e.g. hand hygiene, cleaning, use of PPE, etc.).		
<input type="checkbox"/> Activities	Discontinue group outings from the affected unit/floor.		
	Reschedule communal meetings or 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.		
	Social activities should be postponed for clients/residents/patients with GI symptoms until additional precautions are discontinued.		
	Asymptomatic or well clients on affected units may continue to participate in small group activities (i.e. physiotherapies, occupational therapy etc.) on the unit only; proper precautions should be taken, and the outbreak unit should be visited last.		
<input type="checkbox"/> Admissions/ Readmissions & Transfers	Exceptions regarding non-outbreak units/floors should be discussed with the OMT involving outside groups such as entertainers, volunteer organizations, and community groups.		
	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.		
<input type="checkbox"/> Medical/Other Appointments	If possible, reschedule non-urgent appointments until the outbreak is over.		
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Signature and Designation:</td> <td style="width: 50%;">Date:</td> </tr> </table>		Signature and Designation:	Date:
Signature and Designation:	Date:		

Downloadable version available here: [WECHU Comprehensive Line List](#)

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

Downloadable version available here: [PHO Respiratory Test Requisition](#)Ontario 

2.3 PHO Test Requisition – Enteric Example

Downloadable version available here: [PHO General Test Requisition](#)

General Test Requisition **SAMPLE**

Public Health Ontario | Santé publique Ontario

ALL sections of the form must be completed by authorized health care providers for each specimen submitted, or testing may be delayed or cancelled. Verify that all testing requirements are met before collecting a specimen.

For HIV, respiratory viruses, or culture isolate requests, use the dedicated requisitions available at: [publichealthontario.ca/requisitions](#)

For Public Health Ontario's laboratory use only:

Date Received (yyyy-mm-dd): PHO Lab No.:

Submitter / Health Care Provider (HCP) Information

Licence No.: Lab / Hospital or Facility Name:

HCP Full Name: Address:
City: Postal Code: Province:
Tel: Fax:

Copy to Other Lab / Health Unit / Authorized Health Care Provider (HCP)

Licence No.: Other Lab / Health Unit / Facility Name:

HCP Full Name: Address:
City: Postal Code: Province:
Tel: Fax:

Patient Information

Health Card No.:
Date of Birth (yyyy-mm-dd): Sex: ☒ Male ☐ Female
Medical Record No.:
Last Name (per health card):
First Name (per health card):
Address: Postal Code:
City: Tel:

Investigation / Outbreak No. from PHO or Health Unit (if applicable):

Specimen Information

★ Date Collected (yyyy-mm-dd): Submitter Lab No.:
☐ Whole Blood ☐ Serum ☐ Plasma
☐ Bone Marrow ☐ Cerebrospinal Fluid (CSF) ☐ Nasopharyngeal Swab (NPS)
☐ Oropharyngeal / Throat Swab ☐ Sputum ☐ Bronchoalveolar Lavage (BAL)
☐ Endocervical Swab ☐ Vaginal Swab ☐ Urethral Swab
☐ Urine ☐ Rectal Swab ☒ Faeces
Other (Specify type AND body location):

Test(s) Requested

Enter each assay as per the [publichealthontario.ca/testdirectory](#):

1.
2.
3.
4.
5.
6.

For routine hepatitis A, B or C serology, complete this section instead:

Hepatitis A ☐ Immune Status (HAV IgG) ☐ Acute Infection (HAV IgM, signs/symptoms info)
Hepatitis B ☐ Immune Status (anti-HBs) ☐ Chronic Infection (HBsAg + total anti-HBc)
☐ Acute Infection (HBsAg + total anti-HBc + IgM if total is positive) ☐ Pre-Chemotherapy Screening (anti-HBs + HBsAg + total anti-HBc)
Hepatitis C ☐ Current / Past Infection (HCV total antibodies)
No immune status test for HCV is currently available.

Patient Setting

☒ Clinic / Community ☐ ER (Not Admitted / Not Yet Determined) ☐ ER (Admitted)
☐ Inpatient (Non-ICU) ☐ ICU / CCU ☐ Congregate Living Setting

Testing Indication(s) / Criteria

☒ Diagnosis ☐ Screening ☐ Immune Status ☐ Follow-up / Convalescent
☐ Pregnancy / Perinatal ☐ Impaired Immunity ☐ Post-mortem

Other (Specify):

Signs / Symptoms

☐ No Signs / Symptoms ☒ Onset Date (yyyy-mm-dd):
☐ Fever ☐ Rash ☐ STI
☒ Gastrointestinal ☐ Respiratory ☐ Hepatitis ☐ Meningitis / Encephalitis

Other (Specify):

Relevant Exposure(s)

☐ None / Not Applicable ☐ Most Recent Date (yyyy-mm-dd):
Occupational Exposure / Needlestick Injury (Specify): Source ☐ Exposed

Other (Specify):

Relevant Travel(s)

☐ None / Not Applicable ☐ Most Recent Date (yyyy-mm-dd):
Travel Details:

The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36 (1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHO's Laboratory Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-SD-SOG-1000, version 004.1 (January 2024).

Ontario 

2.4 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): 2024-09-01
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 admitted into the hospital during the current outbreak who were:		
a. immunized prior to the onset of the current outbreak	1	0
b. <i>not</i> 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 with CXR+ pneumonia during the current outbreak who were:		
a. immunized prior to the onset of the current outbreak	0	0
b. <i>not</i> immunized prior to outbreak	0	0
c. immunized less than 14 days prior to the current outbreak	0	0
<i>Complete only if antivirals were used in the current outbreak</i>		
12. Total # of people that received antivirals for prophylaxis	238	49
13. Total # of persons who became ill that received antivirals for treatment <i>within</i> 48 hours of onset of symptoms	15	0
14. Total # of persons who became ill that received antivirals for treatment <i>over</i> 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 Lab Confirmed Influenza Outbreak Outcome Tracking form for ALL 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

2.5 WECHU Lab Confirmed Influenza Outbreak Tracking Form

Downloadable version available at wechu.org or click here: [Lab Confirmed Outbreak Tracking Form](#)



Lab Confirmed Influenza Outbreak Outcome Tracking

Please complete the following for line listed clients who were lab confirmed cases of Influenza.

Facility Name: SUNSHINE LONG-TERM CARE HOME	Outbreak #: 2268 - YEAR - XXXXX
---	---

Client Name: JOHN SMITH	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	DOB (YYYY-MM-DD): 1940-03-23
Influenza Vaccine Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Vaccine Name: FLUVIRAL Lot #: LN12345	Site: IM Date Administered: 2024-09-01
Ordering Physician:		Administered by:
Hospitalization: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Hospital Name:	Admission Date (YYYY-MM-DD)
Underlying Medical Conditions: NA		
Pneumonia diagnosed by chest x-ray (CXR): Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		Date of CXR:
Deceased: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Date of Death (YYYY-MM-DD)	Cause of death related to influenza: Y <input type="checkbox"/> N <input type="checkbox"/>
Additional Information:		
Completed by: Name and Designation JANE DOE, RN		Date (YYYY-MM-DD) 2024-09-01

Client Name:	Gender: M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	DOB (YYYY-MM-DD):
Influenza Vaccine Y <input type="checkbox"/> N <input type="checkbox"/>	Vaccine Name: Lot #:	Site: Date Administered:
Ordering Physician:		Administered by:
Hospitalization: Y <input type="checkbox"/> N <input type="checkbox"/>	Hospital Name:	Admission Date (YYYY-MM-DD)
Underlying Medical Conditions:		
Pneumonia diagnosed by chest x-ray (CXR): Y <input type="checkbox"/> N <input type="checkbox"/>		Date of CXR:
Deceased: Y <input type="checkbox"/> N <input type="checkbox"/>	Date of Death (YYYY-MM-DD)	Cause of death related to influenza: Y <input type="checkbox"/> N <input type="checkbox"/>
Additional Information:		
Completed by: Name and Designation		Date (YYYY-MM-DD)

Fax to WECHU Infectious Disease Prevention Department at **519-977-5097**.

If you have questions, please call **519-258-2146 ext. 1420**.

3.0 Resources and Posters

3.1 Common Viruses – Respiratory Outbreaks

ORGANISM	SYMPTOMS	INCUBATION	PERIOD OF COMMUNICABILITY	MODE OF TRANSMISSION	DIAGNOSIS	PRECAUTIONS AND PPE
Adenovirus	<ul style="list-style-type: none"> Less common cause of outbreaks Fever, runny nose, sore throat, conjunctivitis 	<ul style="list-style-type: none"> 2 to 14 days 	<ul style="list-style-type: none"> As long as symptoms continue Days to weeks 	<ul style="list-style-type: none"> Direct person-to-person by droplet/contact through coughing/sneezing or secretions on hands Indirect contact by exposure to contaminated respiratory secretions on articles/ environmental surfaces 	<ul style="list-style-type: none"> Nasopharyngeal swab (virus testing) 	Droplet/Contact Precautions <ul style="list-style-type: none"> Hand hygiene Gloves Gown Protective eyewear Mask
Coronavirus	<ul style="list-style-type: none"> Usually mild, similar to common cold: stuffy nose, cough 	<ul style="list-style-type: none"> 1 to 5 days 	<ul style="list-style-type: none"> As long as symptoms continue Less than 21 days 			
Influenza Type A or B	<ul style="list-style-type: none"> Sudden onset of fever, followed by muscle aches, headache, runny nose, sore throat, dry cough, lethargy, chills <u>Note</u>: immunized, elderly population may not always develop fever 	<ul style="list-style-type: none"> 1 to 4 days 	<ul style="list-style-type: none"> One day before symptoms and up to 10 days after onset of symptoms 			
Metapneumovirus	<ul style="list-style-type: none"> Runny nose, congestion, cough, shortness of breath, fever 	<ul style="list-style-type: none"> Not known 	<ul style="list-style-type: none"> As long as symptoms continue 1 to 2 weeks 			
Parainfluenza	<i>Not related to the virus which causes influenza</i> <ul style="list-style-type: none"> Runny nose, sore throat, mild to moderate fever 	<ul style="list-style-type: none"> 2 to 6 days 	<ul style="list-style-type: none"> Up to 10 days 			
Rhinovirus	<ul style="list-style-type: none"> Most frequent cause of the common cold Runny nose, sore throat, sneezing, watery eyes, fatigue 	<ul style="list-style-type: none"> 2 to 4 days 	<ul style="list-style-type: none"> 1 to 3 weeks 			
RSV	<ul style="list-style-type: none"> Usually mild, similar to a common cold: stuffy nose, cough 	<ul style="list-style-type: none"> 3 to 7 days 	<ul style="list-style-type: none"> Usually 3 to 8 days Up to 3 to 4 weeks 			

References:

Baker, C., Long, S., & McMillan, J. (Eds.). (2012). Red Book: Report of the Committee on Infectious Diseases, 29th edition. Elk Grove Village, IL: American Academy of Pediatrics. Heymann, D. (Ed.). (2015) Control of Communicable Diseases Manual, 20th edition. Washington, DC: American Public Health Association

Ontario Public Health Standards: Disease-Specific Chapters. http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/infdispro.aspx PHO Test Information Index. <https://www.publichealthontario.ca/en/laboratory-services/test-information-index>

3.2 Common Viruses – Enteric Outbreaks

ORGANISM	SYMPTOMS	INCUBATION	PERIOD OF COMMUNICABILITY	MODE OF TRANSMISSION	DIAGNOSIS	PRECAUTIONS AND PPE
Adenovirus (Type 40 & 41)	<ul style="list-style-type: none"> Nausea, vomiting, watery diarrhea, abdominal pain, and fever Symptoms usually last 1 to 7 days 	<ul style="list-style-type: none"> 3 to 10 days 	<ul style="list-style-type: none"> Most contagious during first few days of communicability 	<ul style="list-style-type: none"> Fecal-oral route through direct and indirect contact May also be spread when vomiting is occurring 	<ul style="list-style-type: none"> Stool specimen 	Contact Precautions <ul style="list-style-type: none"> Hand hygiene Gloves Gown Droplet Precautions (if vomiting is occurring) <ul style="list-style-type: none"> Protective eyewear Mask
Norovirus	<ul style="list-style-type: none"> Sudden onset of watery, non-bloody diarrhea, vomiting, abdominal cramps, and nausea Headaches, low-grade fever, chills, and malaise may also be present Symptoms usually last 24 to 72 hours 	<ul style="list-style-type: none"> 12 to 48 hours 	<ul style="list-style-type: none"> From onset of symptoms until 48 to 72 hours after symptoms resolve Can be as long as 3 weeks after symptoms resolve 	<ul style="list-style-type: none"> Fecal-oral route through direct and indirect contact May also be spread when vomiting is occurring 		Contact Precautions <ul style="list-style-type: none"> Hand hygiene Gloves Gown Droplet Precautions (if vomiting is occurring) <ul style="list-style-type: none"> Protective eyewear Mask <p><i>Must use soap and water to wash hands, hand sanitizer will not kill norovirus*</i></p>
Rotovirus	<ul style="list-style-type: none"> Vomiting, fever, and severe watery diarrhea Symptoms usually last 3 to 9 days 	<ul style="list-style-type: none"> 24 to 72 hours 	<ul style="list-style-type: none"> Before symptoms appear, during acute stage of illness and up to approximately 8 days after symptoms resolve May be as long as 30 days in people who are immune compromised 	<ul style="list-style-type: none"> Fecal-oral route through direct and indirect contact May also be spread when vomiting is occurring 		Contact Precautions <ul style="list-style-type: none"> Hand hygiene Gloves Gown Droplet Precautions (if vomiting is occurring) <ul style="list-style-type: none"> Protective eyewear Mask

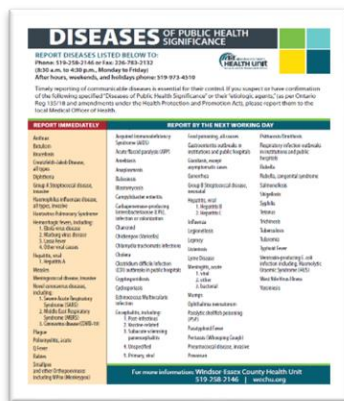
References:

Baker, C., Long, S., & McMillan, J. (Eds.). (2012). Red Book: Report of the Committee on Infectious Diseases, 29th edition. Elk Grove Village, IL: American Academy of Pediatrics. Heymann, D. (Ed.). (2015) Control of Communicable Diseases Manual, 20th edition. Washington, DC: American Public Health Association
 Ontario Public Health Standards: Disease-Specific Chapters. http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/infdispro.aspx PHO Test Information Index.
<https://www.publichealthontario.ca/en/laboratory-services/test-information-index>

For more downloadable signs and brochures, [click here](#) or visit our website.

3.3 DoPHS List – HCP Reporting Requirements

Downloadable version available here: [DOPHS List](#)



3.4 Hand Washing Poster

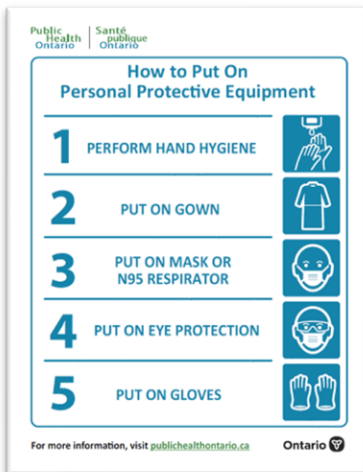
Downloadable version available in [English](#), [French](#) or [Arabic](#)

3.5 Outbreak Signage

Downloadable version available here: [Outbreak Signage](#)

3.6 Putting On PPE Poster

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







3.7 Taking Off PPE Poster

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

DROPLET		Organism / Disease			
Private room or 2 metre separation with curtain pulled		Pertussis (whooping cough)			
Staff - mask and eye protection		Meningococcal disease			
Patient / Resident - mask if outside room		RSV			
		Influenza			
		Parainfluenza			
		GAS (skin, wound, invasive)			
		ESBL			
		MRSA			
		VRE			
		Clostridium difficile			
		Norovirus			
		Tuberculosis (pulmonary)			
		Measles (Rubeola)*			
		Chickengpox*			
		Shingles (disseminated)*			
		Shingles (localized)			
		Routine Practices			
		*N95 Respirator when required			

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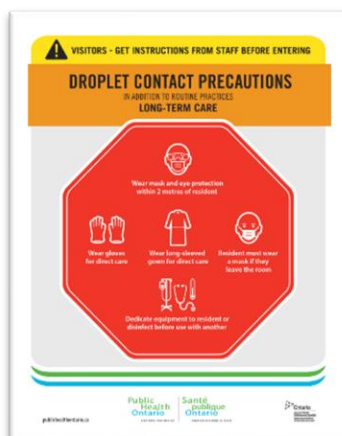
3.8 Additional Precautions Lanyard

Downloadable version available here: [Additional Precautions Lanyard](#)



3.9 Contact and Droplet Precautions Posters

Downloadable version available in [English](#) and [French](#)



Downloadable version available in [English](#) and [French](#)



**WINDSOR-ESSEX COUNTY
HEALTH UNIT**

1005 Ouellette Avenue
Windsor, Ontario N9A 4J8

www.wechu.org

519-258-2146

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