

RESPIRATORY OUTBREAK MANAGEMENT

Facility Name:	Outbreak #: 2268 - -	Date: (YYYY-MM-DD)
Outbreak Declaration: <input type="checkbox"/> Suspect <input type="checkbox"/> Confirmed		
Affected Area: Entire facility <input type="checkbox"/> <u>OR</u> Name of unit(s):		
“Client” refers to resident, patient, inmate, child, etc.		
Case definition: determined by the WECHU		
<input type="checkbox"/> Abnormal temperature	<input type="checkbox"/> New dry cough	<input type="checkbox"/> New productive cough
<input type="checkbox"/> Nasal congestion/sneezing	<input type="checkbox"/> Sore throat/hoarseness	<input type="checkbox"/> Muscle aches
<input type="checkbox"/> Malaise/Fatigue	<input type="checkbox"/> Headache	<input type="checkbox"/> Other: _____
CONTACT		
<input type="checkbox"/> For any questions or concerns please contact your area Public Health Inspector or call the intake line at 519-258-2146 Ext 1420 .		
<input type="checkbox"/> The WECHU business hours are from 8:30am - 4:30pm Monday to Friday. Please contact the After-Hours hotline at 519-973-4510 to speak with on call personnel outside of WECHU business hours.		
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.		
<input type="checkbox"/> Additional specimen kits can be ordered online through the Public Health Ontario (PHO) website .		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> The facility will be required to arrange your own delivery to lab.		
<input type="checkbox"/> COVID-19: All clients who test positive for covid-19 cases by rapid test, are recommended to complete parallel testing by PCR test.		
<input type="checkbox"/> Multiplex Respiratory Virus Panel (MRVP): All symptomatic clients are eligible for respiratory virus testing using the MRVP. You may collect up to four MRVP swabs per outbreak. For MRVP, obtain specimens from most symptomatic clients prior to starting antibiotics.		
<input type="checkbox"/> FLUVID: After four MRVP swabs, you may continue testing symptomatic individuals using FLUVID. Select “Respiratory Viruses” under 5 - Test(s) Requested on the COVID-19 and Respiratory Virus Test Requisition .		

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LINE LISTS	
<input type="checkbox"/>	Update and fax client and/or staff line lists daily to WECHU by 10:00 am to fax #519-977-5097.
<input type="checkbox"/>	Only include clients to line list who meet case definition.
COMMUNICATION	
<input type="checkbox"/>	Post outbreak signage at all entrances of building.
<input type="checkbox"/>	<p>Notify all staff (including the house physician, facility pharmacist, DOC, etc.), students, volunteers, client families, and visitors of the outbreak.</p> <p>The WECHU will send your facility an Advisory Notice via e-mail to reflect current outbreak.</p> <p>An Outbreak Notification will be posted on the WECHU website (www.wechu.org/outbreaks) alerting other health care facilities and agencies of current outbreak in your facility.</p>
<input type="checkbox"/>	Your facility should convene an Outbreak Management Team (OMT) meeting daily to review the status of the outbreak.
PUBLIC HEALTH INSPECTOR	
<input type="checkbox"/>	Your Public Health Inspector (PHI) may reach out to conduct a site visit and meet with the IPAC lead.
GENERAL IPAC MEASURES	
<input type="checkbox"/>	<p>Refer to WECHU IPAC Hub for outbreak control measures and the Ministry of Health and Long-Term Care (MOHLTC) documents:</p> <p>COVID-19 Outbreak: COVID-19 Guidance for Public Health Units: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings, June 2023 or as current.</p> <p>Other Respiratory Outbreak: Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018 or as current.</p>
<input type="checkbox"/>	<p>Enhanced Environmental Cleaning</p> <p>Increase frequency of cleaning and disinfecting of high touched areas and surfaces to entire facility (e.g., washrooms, handrails, tabletops, chair arm rests, doorknobs, etc.).</p> <p>Choose product with proven efficacy against identified pathogens. Follow manufacturer's directions on proper concentration and contact times.</p> <p>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.).</p> <p>Limit movement of equipment/supplies through affected areas.</p>
<input type="checkbox"/>	<p>Hand Hygiene</p> <p>Ensure ample supply of soap and 70-90% alcohol-based hand sanitizers for hand hygiene. Increase Hand Hygiene auditing of staff.</p> <p>Implement the use of alcohol-based hand rubs in areas where sinks are not readily available.</p>

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<input type="checkbox"/>	PPE	Ensure masks, gloves, gowns, eye protection are available and accessible. Increase PPE auditing of staff.
		Masking and goggles or a face shield - when providing care within two meters of case/suspect case; dispose mask after single use or clean and disinfect goggles.
		Gloving - perform hand hygiene before applying and after removal; discard immediately after use and wash hands.
		Gowning - only if skin or clothing likely to be contaminated during care.
		Provide containers in client's room for the disposal of soiled PPE.
<input type="checkbox"/>	Additional Precautions	All positive cases and high-risk-contacts should be placed on Droplet and/or Contact Precautions in addition to routine practices
		Post additional precautions (droplet-contact) signage on the door of case rooms.
<input type="checkbox"/>	Audit	Increase audits of staff practices (e.g. hand hygiene, cleaning, use of PPE, etc.).
<input type="checkbox"/>	Isolation and Cohorting	Clients with one symptom should be isolated for at least 48 hours using same precautions; extend isolations if symptoms persist or worsen.
		Isolate cases for 5 days from symptom onset or until symptom-free , whichever is shorter ; maintain physical separation from roommates. Isolation periods may vary by type of organism. NOTE: Do not confine/restrain ill clients to their room if it causes undue stress or agitation.
		All other clients are to cohort within affected areas for meals and activities (i.e., avoid contact with clients in other areas of the home). NOTE: Asymptomatic clients from the outbreak unit/floor may leave the congregate facility to visit in the community as long as they understand they are not to visit other health care institutions.
<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.
<input type="checkbox"/>	Activities	Reschedule communal meetings on the affected unit/floor. Visits by outside groups (e.g., entertainers, community groups, etc.) are not permitted during an outbreak.
		Well clients may participate in small group activities and therapies on the unit only; proper precautions should be taken and the outbreak unit should be visited last.
<input type="checkbox"/>	Transfers	Advise ambulance service of outbreak prior to client transfer to hospital.
		Transfers to other facilities are not recommended during an outbreak.

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<input type="checkbox"/> Admissions/ Readmissions	For all outbreaks , admissions and readmissions can be considered on a case-by-case basis.
	For guidance of COVID-19 related outbreaks, please refer to the “Appendix E: Algorithm for New Admissions and Transfers for LTCHs and RHs” (pp. 49 in the COVID-19 Guidance for Public Health Units: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings, June 26, 2023 or as current).
	For guidance on all other respiratory related outbreaks, please refer to the “Sample Transfer & Return Algorithm for Use During Outbreaks” (pp. 76-77 in the MOHLTC Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018 or as current).
<input type="checkbox"/> Medical/Other Appointments	If possible, reschedule non-urgent appointments until outbreak is over.
<input type="checkbox"/> Staff/Students /Volunteers	Minimize movement of staff/students/volunteers between affected and unaffected areas as much as possible (i.e., consider cohorting staff) NOTE: <i>Where possible, have recovering staff returning to work to care for symptomatic clients.</i>
	Exclude ill staff/students/volunteers for 5 days from onset of symptoms or until 24hr symptom-free , whichever is shorter .
	Refer to institutional policy regarding unvaccinated staff/students/volunteers during influenza outbreaks. Exclusion is strongly recommended if unvaccinated and not on antiviral prophylaxis. Offer vaccination.
	Staff working at another facility should wait at least 72 hours from last exposure and be symptom-free. This period may be modified if the causative agent is known. During influenza outbreaks, staff that are immunized and/or taking antivirals can work at other facilities without waiting 72 hours
<input type="checkbox"/> Visitors	Restrict visitors to essential caregivers on affected units.
	Provide education regarding hand hygiene, use of appropriate PPE, etc.
	Encourage visitors to postpone visits whenever possible. Discourage children from visiting unless there are exceptional circumstances. Those who do visit should: <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 Provide visitors with the WECHU pamphlet “What Visitors Need to Know” during an outbreak.
	Ill visitors should be advised not to visit while they are ill and wait until symptoms have ended.



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ANTIVIRALS	
<input type="checkbox"/> Refer to MOHLTC guidelines for treatment and prophylaxis of COVID-19/influenza.	
Refer to Use of Antivirals for Prevention and Treatment of Residents During Influenza Outbreaks in Long-Term Care Homes and Retirement Homes Algorithm on WECHU IPAC Hub website.	
Signature and Designation:	Date: (YYYY-MM-DD)