



Version 3.1

Updated: May 19, 2022



QUICK
GUIDE



TABLE OF CONTENTS

For COVID-19 outbreak forms and process flow chart, please click on the following links:

- [COVID-19 Outbreak Line List – RESIDENTS](#)
- [COVID-19 Outbreak Line List - STAFF](#)
- [COVID-19 Outbreak Process Flow Chart for LTCH/RH Operators](#)

STEPS TO OUTBREAK MANAGEMENT

2

Sample Forms

Respiratory Line List – Residents	4
Respiratory Line List – Staff	5
Enteric Line List – Residents	6
Enteric Line List – Staff	7
General Test Requisition – Respiratory	8
General Test Requisition – Enteric	9
Lab Confirmed Influenza Cases	11
Final Respiratory Outbreak Report	12

Outbreak Control Measures

Respiratory Outbreak Control Measures	13-15
Enteric Outbreak Control Measures	16-18

RESOURCES

Diseases of Public Health Significance	19
Wash Your Hands Poster	20
Respiratory Outbreaks – Common Viruses	21
Enteric Outbreaks – Common Viruses	22
Outbreak signage – English	23
Outbreak signage – French	24
Putting on PPE	25
Taking off PPE	26
Additional Precautions	27-28
Contact and Droplet Precautions	29-31

Summary of Updates – Version 3.1

- Added COVID-19 Documentation Links (at top of Table of Contents)
- Updated fax number throughout document
- Updated Diseases of Public Health Significance Chart

STEPS TO OUTBREAK MANAGEMENT

RESPIRATORY

Suspect Respiratory Outbreak:

- Two cases of acute respiratory infections (ARI) occurring within 48 hrs. with any common epidemiological link (e.g., unit, floor)
OR
- One laboratory-confirmed case of influenza

Confirmed Respiratory Outbreak:

- Two cases of ARI within 48 hrs. with any common epidemiological link (e.g., unit, floor), at least one of which must be laboratory-confirmed,
OR
- Three cases of ARI occurring within 48 hrs. with any common epidemiological link (e.g., unit, floor)

Resident Case Definition:

- Two or more new symptoms for the individual

Clinical Compatible Signs & Symptoms:

- Fever/Abnormal Temperature
- Dry cough
- Productive cough
- Headache
- Nasal Congestion/Sneezing
- Sore Throat/Hoarseness
- Muscle Aches
- Malaise/Fatigue

ENTERIC

Suspect Gastroenteritis Outbreak:

- If an outbreak is suspected, notify the local board of health to support with the investigation and management

Confirmed Gastroenteritis Outbreak:

- Two or more cases meeting the case definition with a common epidemiological link (e.g. unit, floor, same caregiver) with initial onset within a 48 hour period.

Resident Case Definition:

- Two or more episodes of diarrhea (i.e. loose/watery bowel movements) within a 24-hour period, **OR**
- Two or more episodes of vomiting within a 24-hour period, **OR**
- One or more episodes of diarrhea **AND** one or more episodes of vomiting within a 24-hour period

Clinical Compatible Signs & Symptoms:

- Nausea
- Vomiting
- Diarrhea
- Abdominal Pain or Tenderness
- Abnormal Temperature

The role of the Windsor-Essex County Health Unit (WECHU) is to provide effective support and assistance in the prevention and management of outbreaks. Prompt reporting of an outbreak results in a rapid response in the initiation of infection prevention and control measures. This can help to decrease the length and severity of the outbreak. Healthcare facilities and institutions are legally required to report outbreaks. It is the obligation of each facility to contact WECHU with any questions or concerns. Facilities can access WECHU's website for current resources and updated information on outbreaks occurring in our community www.wechu.org.

CONTACT INFORMATION

Windsor-Essex County Health Unit	Tel.: 519-258-2146 ext. 4475 Fax: 226-894-3768 After Hours: 519-973-4510 Mailing Address: 1005 Ouellette Ave, Windsor, ON N9A 4J8
London Public Health Lab	Tel.: 519-455-9310 Toll Free: 1-877-204-2666 Fax: 519-455-3363 Mailing Address: 5 th Floor, 850 Highbury Ave, London, ON N5Y 1A4
Specimen Collection Courier <i>*Input Your Facilities Courier Information</i>	Name: Tel.: Mailing Address:

IDENTIFYING AN OUTBREAK

- ✓ Report all suspected and confirmed outbreaks to the WECHU
- ✓ Call **519-258-2146 ext. 4475** to report an outbreak, or for assistance in identifying if your facility is in outbreak

If you suspect an outbreak, break the chain of transmission and implement outbreak controls.

SURVEILLANCE

- ✓ Monitor for ill residents and staff
- ✓ Fax in **Respiratory Line Listing** or **Enteric Line Listing**
- ✓ Isolate residents and implement droplet/contact precautions for suspect and confirmed cases

OUTBREAK MANAGEMENT TEAM (OMT)

- ✓ IPAC Lead and all Department Representatives shall meet to ensure:
 - Line listings are accurate
 - Cases meet outbreak definition
 - Surveillance is being conducted
 - Outbreak control measures are being implement and maintained
- ✓ Ensure adequate coverage is maintained for staff absences i.e. designate an alternate person who is knowledgeable on the outbreak process to fax in line listings
- ✓ Communicate effectively with staff, residents, families, and volunteers

LINE LISTINGS

- ✓ Track resident and staff cases on line listings
- ✓ Fax in **Respiratory Line Listing** or **Enteric Line Listing** before 10:00 AM daily; including on holidays and weekends to 226-894-3768.
- ✓ Add only residents and staff to line listing that meet the WECHU-provided Case Definition
- ✓ Fax in a “No New Cases” line listing if all residents and/or staff are removed, or no symptomatic residents and/or staff are identified during the outbreak
- ✓ Notify the WECHU of all line listed residents and staff who are hospitalized, or who pass away
- ✓ Notify the WECHU of all line listed residents with Chest X-Ray confirmed cases of pneumonia

OUTBREAK CONTROL MEASURES

- ✓ Refer to **Respiratory Outbreak Control Measures** or **Enteric Outbreak Control Measures** upon outbreak declaration

SPECIMEN COLLECTION

- ✓ The **Outbreak Number** provided for suspect and confirmed outbreaks is required on all Lab Requisitions and WECHU Forms
- ✓ Complete all Lab Requisitions with 2 patient identifiers – 2 matching patient identifiers required on both the sample and Lab Requisitions (**General Test Requisition – Respiratory** or **General Test Requisition – Enteric**)

INFLUENZA OUTBREAKS ONLY

- ✓ Fax in **Lab Confirmed Influenza Cases Form** within 24 hrs. of identification of influenza as the causative organism

DECLARING THE OUTBREAKS OVER

- ✓ The WECHU will notify the facility when outbreak meets conditions for the outbreak to be declared over
- ✓ A formal Rescind Notification Advisory will be forwarded to your facility
- ✓ Fax in **Final Respiratory Outbreak Report** for all Respiratory outbreaks

POST OUTBREAK COMMUNICATION

- ✓ Encouraged to complete and submit an anonymous Electronic Post Outbreak Survey for any feedback and suggestions you may have for improvements in the WECHU's process, or additional support needs for your facility

Fax line lists daily by 10:00 AM to 226-894-3768
until outbreak declared over by the WECHU
Phone: 519-258-2146 ext. 4475
After Hours: 519-973-4510

Name of Facility:		Outbreak #: 2268 -		Date: DD - MMM - YYYY																			
Address of Facility:																							
# of Pages:																							
<p>Affected Area: Entire facility: <input type="checkbox"/> OR Specific unit/floor:</p> <p>Suspect Outbreak: [1] 2 cases of acute respiratory infections occurring within 48 hrs. with a common epi link (e.g., unit, floor) OR [2] 1 laboratory-confirmed case of influenza.</p> <p>To include on the Line Listing, a RESIDENT must have: 2 or more symptoms that are abnormal for that RESIDENT.</p> <p>Case Definition: Check all as defined by WECHU. Only include RESIDENTS that meet case definition: <input type="checkbox"/> Abnormal temp. <input type="checkbox"/> Dry cough <input type="checkbox"/> Productive cough <input type="checkbox"/> Headache <input type="checkbox"/> Nasal congestion/sneezing <input type="checkbox"/> Sore throat/hoarseness <input type="checkbox"/> Muscle aches <input type="checkbox"/> Malaise</p>																							
Name of Resident	Room Number	DOB (DD-MMM)	Onset Date First Symptom (DD-MMM)	Symptoms (check symptoms that apply)												Treatment				Complications			
				Record abnormal temp only ≥ 37.5 or ≤ 35.5 °C	New dry cough	New productive cough	Nasal congestion/sneezing	Sore throat/ hoarseness	Muscle aches	Malaise/ fatigue	Headache	24 hours symptom free	48 hours symptom free	Influenza vaccine (Y/N)	Antiviral medication (Y/N)	Antibiotic treatment (Y/N)	Pneumonia (CXR confirmed)	Hospitalization Admission (DD-MMM)	Remains in hospital (Y/N)	Hospitalization discharge (DD-MMM)	Death (DD-MMM)		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Residents can only be removed from the line list when they have been asymptomatic for 48 hours or if they have deceased in the last 24 hours

Faxed By:

Completed By:

(Print Name)

The information contained in this facsimile message is intended only for the use of the recipient named above and may be confidential.

Any other use, disclosure or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us at 519-258-2146 ext. 4475.

Downloadable version available here: [Respiratory Line List - Staff](#)

Name of Facility:		Outbreak #: 2268 -		Date: DD - MM - YYYY														
Address of Facility:																		
Affected Area: Entire Facility: <input type="checkbox"/> OR Affected area staff worked:		# of Pages:																
<p>Suspect Outbreak:</p> <p>[1] 2 cases of acute respiratory infections occurring within 48 hrs. with a common epi link (e.g., unit, floor) OR, [2] 1 laboratory-confirmed case of influenza.</p> <p>To include on the Line Listing, STAFF must have: 2 or more symptoms that are abnormal for that STAFF MEMBER. Case Definition: Check all as defined by WECHU. Only include STAFF that meet case definition: <input type="checkbox"/> Abnormal temp <input type="checkbox"/> Dry cough <input type="checkbox"/> Productive cough <input type="checkbox"/> Headache <input type="checkbox"/> Nasal congestion/sneezing <input type="checkbox"/> Sore throat/hoarseness <input type="checkbox"/> Muscles aches <input type="checkbox"/> Malaise</p>																		
Name of Staff Member	Case Identification			Symptoms (check symptoms that apply)										Treatment				
	Work Assignment Location	Onset Date First Symptom (DD-MMM)	Last Day of Work (DD-MMM)	Temperature reported (Y/N)	New dry cough	New productive cough	Nasal Congestion/ sneezing	Sore throat/hoarseness	Muscle aches	Malaise/fatigue	Headache	Remains at Work (Y/N)	Date Returned to Work (DD-MMM)	Influenza Vaccine (Y/N)	Antiviral medication (Y/N)	Antibiotic treatment (Y/N)	Pneumonia (CXR confirmed) (Y/N)	Employed at other facility (Y/N)
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Staff can only be removed from the line list when they have been asymptomatic for 48 hours

Completed By:

(Print Name)

The information contained in this facsimile message is intended only for the use of the recipient named above and may be confidential. Any other use, disclosure or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us at 519-258-2146 ext. 4475

Fax line lists daily by 10:00 AM to 226-894-3768
until outbreak declared over by the WECHU
Phone: 519-258-2146 ext. 4475
After Hours: 519-973-4510

ENTERIC LINE LIST RESIDENTS

Name of Facility:		Outbreak #: 2268 -		Date: DD - MMM - YYYY												
Address of Facility:																
Affected Area: Entire facility: <input type="checkbox"/> OR Specific unit/floor: <input type="checkbox"/> # of Pages: <input type="text"/>																
<p>Confirmed Outbreak: 2 or more cases of acute gastroenteritis with a common epi link (e.g., in a specific area or floor, same care giver) within 48 hrs.</p> <p>To include on the Line Listing, RESIDENTS must have:</p> <p>[1] 2 or more episodes of loose/watery bowel movements within 24 hrs., OR</p> <p>[2] 2 or more episodes of vomiting within 24 hrs., OR</p> <p>[3] 1 or more episode of diarrhea, AND 1 or more episode of vomiting within 24 hrs.</p>																
<p>Case Definition: Please check all symptoms as defined by WECHU. Only place residents on the line list that meet case definition:</p> <p><input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Diarrhea <input type="checkbox"/> Abnormal Temp.</p>																
Case Identification			Symptoms (check symptoms that apply)				Treatment		Complications							
Name of Resident	Room Number	DOB (DD-MMM-YYYY)	Onset Date First Symptom (DD-MMM)	Record abnormal temp ≥ 37.5 or ≤ 35.5 °C	Nausea	Vomiting - indicate # of episodes e.g. X 2	Abdominal pain	Diarrhea - indicate # of episodes e.g. X 2	24 hours symptom free	48 hours symptom free	Stool specimen collection (DD-MMM)	Antibiotic treatment (Y/N)	Hospitalization admission (DD-MMM)	Remains in hospital (Y/N)	Hospitalization discharge (DD-MMM)	Death (DD-MMM)
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Residents can only be removed from the line list when they have been asymptomatic for 48 hours or if they have deceased in the last 24 hours

Faxed By:

Completed By: _____ (Print Name)

The information contained in this facsimile message is intended only for the use of the recipient named above and may be confidential. Any other use, disclosure or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately

Form 2B – Enteric Line List – Staff

Downloadable version available here: [Enteric Line List - Staff](#)



ENTERIC LINE LIST
STAFF

Fax line lists daily by 10:00 AM to 226-894-3768
until outbreak declared over by the WECHU
Phone: 519-258-2146 ext. 4475
After Hours: 519-973-4510

Name of Facility:		Outbreak #: 2268 -		Date: DD - MMM - YYYY								
Address of Facility:												
Affected Area: Entire Facility: <input type="checkbox"/> OR Affected area staff worked:				# of Pages:								
Confirmed Outbreak: 2 or more cases of acute gastroenteritis with a common epi link (e.g., in a specific area or floor, same care giver) within 48 hrs.												
To include on the Line Listing, STAFF must have:												
[1] 2 or more episodes of loose/watery bowel movements within 24 hrs., OR												
[2] 2 or more episodes of vomiting within 24 hrs., OR												
[3] 1 or more episode of diarrhea, AND 1 or more episode of vomiting within 24 hrs.												
Ensure symptoms are abnormal for that STAFF MEMBER and not due to laxative use, medication side effect, diet, or prior medical condition.												
Case Definition: Check all as defined by WECHU. Only include STAFF that meet case definition: <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Diarrhea <input type="checkbox"/> Abnormal Temp.												
Case Identification		Dates		Symptoms (check symptoms that apply)			Treatment					
Name of Staff Member	Work Assignment Location	Onset Date First Symptom (DD-MMM)	Last Day of Work (DD-MMM)	Temp reported - (Y/N)	Nausea episodes e.g. X 2	Vomiting- indicate # of episodes e.g. X 2	Abdominal pain episodes e.g. X 2	Diarrhea- indicate # of episodes e.g. X 2	24 hours symptom free	48 hours symptom free	Antibiotic treatment (Y/N)	Stool sample collected (Y/N)
Staff can only be removed from the line list when they have been asymptomatic for 48 hours												



Completed By: _____ (Print Name)

ie information contained in this facsimile message is intended only for the use of the recipient named above and may be confidential.
by other use, disclosure or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us at 519- 258-2146 ext. 4475

Date received	PHOL No.
SAMPLE - RESPIRATORY	

General Test Requisition

ALL Sections of this Form MUST be Completed

1 - Submitter <div> <div>Courier Code</div> <div>Provide Return Address:</div> <div>WECHU 1005 Ouellette Ave Windsor ON N9A 4J8</div> </div> <div> <div>Clinician Initial / Surname and OHIP / CPSO Number</div> <div>DR. Nesathurai</div> <div>Tel: 519-258-2146 Fax: 226-894-3768</div> </div> <div> <div>cc Doctor Information</div> <div> <div>Name: HOUSE DR.'S NAME Tel:</div> <div>Lab/Clinic Name: Fax:</div> <div>CPSO #: Address:</div> <div>Postal Code:</div> </div> </div>	2 - Patient Information <table border="1"> <tr> <td>Health No. (OHIP#) 000-000-0000</td> <td>Sex M</td> <td>Date of Birth: 1950/08/27</td> </tr> <tr> <td>Medical Record No.</td> <td colspan="2">Patient's Last Name (per OHIP card) SMITH</td> </tr> <tr> <td colspan="2"></td> <td>First Name (per OHIP card) JOHN</td> </tr> <tr> <td colspan="3">Patient Address FACILITY NAME AND ADDRESS</td> </tr> <tr> <td>Postal Code XXX XXX</td> <td colspan="2">Patient Phone No. XXX-XXX-XXXX</td> </tr> <tr> <td colspan="3">Submitter Lab No.</td> </tr> <tr> <td colspan="3">Public Health Unit Outbreak No. 2268-YEAR-XXX</td> </tr> </table> <div> <div>Public Health Investigator Information</div> <div> <div>Name: ENVIRONMENTAL HEALTH</div> <div>Health Unit: WINDSOR-ESSEX COUNTY HEALTH UNIT</div> <div>Tel: 519-258-2146 Fax: 226-894-3768</div> </div> </div>	Health No. (OHIP#) 000-000-0000	Sex M	Date of Birth: 1950/08/27	Medical Record No.	Patient's Last Name (per OHIP card) SMITH				First Name (per OHIP card) JOHN	Patient Address FACILITY NAME AND ADDRESS			Postal Code XXX XXX	Patient Phone No. XXX-XXX-XXXX		Submitter Lab No.			Public Health Unit Outbreak No. 2268-YEAR-XXX		
Health No. (OHIP#) 000-000-0000	Sex M	Date of Birth: 1950/08/27																				
Medical Record No.	Patient's Last Name (per OHIP card) SMITH																					
		First Name (per OHIP card) JOHN																				
Patient Address FACILITY NAME AND ADDRESS																						
Postal Code XXX XXX	Patient Phone No. XXX-XXX-XXXX																					
Submitter Lab No.																						
Public Health Unit Outbreak No. 2268-YEAR-XXX																						
3 - Test(s) Requested (Please see descriptions on reverse) Test: Enter test descriptions below Influenza A and B (flu) Virus	Hepatitis Serology Reason for test (Check (✓) only one box): <input type="checkbox"/> Immune status <input type="checkbox"/> Acute infection <input type="checkbox"/> Chronic infection Indicate specific viruses (Check (✓) all that apply): <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C (testing only available for acute or chronic infection; no test for determining immunity to HCV is currently available)																					
4 - Specimen Type and Site <input type="checkbox"/> blood / serum <input type="checkbox"/> faeces <input checked="" type="checkbox"/> nasopharyngeal <input type="checkbox"/> sputum <input type="checkbox"/> urine <input type="checkbox"/> vaginal smear <input type="checkbox"/> urethral <input type="checkbox"/> cervix <input type="checkbox"/> BAL <input type="checkbox"/> other - (specify)	Patient Setting <input type="checkbox"/> physician office/clinic <input type="checkbox"/> ER (not admitted) <input type="checkbox"/> inpatient (ward) <input type="checkbox"/> inpatient (ICU) <input checked="" type="checkbox"/> institution																					
5 - Reason for Test <input checked="" type="checkbox"/> diagnostic <input type="checkbox"/> immune status Date Collected: 2021/08/13 <input type="checkbox"/> needle stick <input type="checkbox"/> follow-up Onset Date: 2021/08/12 <input type="checkbox"/> prenatal <input type="checkbox"/> chronic condition <input type="checkbox"/> immunocompromised <input type="checkbox"/> post-mortem <input type="checkbox"/> other - (specify)	Clinical Information <input type="checkbox"/> fever <input type="checkbox"/> gastroenteritis <input checked="" type="checkbox"/> respiratory symptoms <input type="checkbox"/> STI <input type="checkbox"/> headache / stiff neck <input type="checkbox"/> vesicular rash <input type="checkbox"/> pregnant <input type="checkbox"/> encephalitis / meningitis <input type="checkbox"/> maculopapular rash <input type="checkbox"/> jaundice <input type="checkbox"/> other - (specify) <input type="checkbox"/> influenza high risk - (specify) <input type="checkbox"/> recent travel - (specify location)																					

Public Health Laboratories Testing Menu

For HIV, please use the HIV Serology form.

For historical duplex code information please access website at www.publichealthontario.ca/requisitions

Test (enter in Test Description Section 3)	Test (enter in Test Description Section 3)
Adenovirus (virus detection only)	Mycoplasma pneumoniae - Culture
Antimicrobial Susceptibility Testing - Bacteria	Mycoplasma pneumoniae - PCR
Antimicrobial Susceptibility Testing - Fungi, Nocardia	Mumps IgG Immune Status
Antimicrobial Susceptibility Testing - Mycobacteria	Mumps IgG/IgM Diagnosis
Arbovirus Serology	Mumps Virus Detection
Arthropod Identification (ticks, lice, mites from human sources)	Neisseria gonorrhoeae - NAAT/Culture
Bacterial Culture and Sensitivity	Norovirus Detection
Bacterial Vaginosis - Gram Stain	Parainfluenza 1, 2, 3 (virus detection only)
Bordetella - PCR	Parvovirus B19 (Fifth Disease, Erythema Infectiosum) IgG Immune Status
Cat Scratch Fever (Bacillary angiomatosis, Bartonella)	Parvovirus B19 (Fifth Disease, Erythema Infectiosum) IgG/IgM Diagnosis
Chlamydia trachomatis - NAAT/Culture	Q Fever Serology
Chlamydia pneumoniae - PCR	Rabies Virus Antibody Screen
Clostridium difficile toxin	Referred Culture - Fungus Nocardia
Cytomegalovirus (CMV) Culture/Early Antigen	Referred Culture - TB
Cytomegalovirus (CMV) IgG Immune status	Respiratory Syncytial Virus (RSV) (virus detection only)
Cytomegalovirus (CMV) IgG/IgM Diagnosis	Rickettsia (Typhus, RMSF) Serology
Dengue Virus Serology	Rotavirus (virus detection only)
Diphtheria antitoxin antibody ¹	Rubella (German Measles) IgG Immune Status
Electron microscopy	Rubella (German Measles) IgG/IgM Diagnosis
Enterovirus (Coxsackie, ECHO, Polio) (virus detection only)	Rubella (German Measles) Virus Detection
Epstein Barr Virus (EBV) - EBV VCA IgG/EA/EBNA	Serology - Bacterial (specify agent)
Epstein Barr Virus (EBV) - EBV VCA IgM	Serology - Mycotic (specify agent)
Fungus - Superficial - Microscopy & Culture	Serology - Parasitic (specify agent)
Fungus - Systemic - Microscopy & Culture	Stool parasites
Haemorrhagic Fever Serology (Yellow Fever, Ebola, Lassa) ²	Syphilis - Direct Fluorescence
Hantavirus Serology	Syphilis CSF (VDRL)
Helicobacter pylori serology (H. pylori)	Syphilis screen
Hepatitis A Virus Immune Status	TB - Culture and Susceptibility (Mycobacteria culture)
Hepatitis A Virus Acute	Tetanus antitoxin antibody
Hepatitis B Virus Immune Status	TORCH (Toxoplasma, Rubella, CMV, Herpes Simplex) Diagnostic Screen
Hepatitis B Virus Acute	TORCH (Toxoplasma, Rubella, CMV, Herpes Simplex) IgG Screen
Hepatitis B Virus Chronic	Torovirus (virus detection only)
Hepatitis B - HBsAg ³	Toxoplasmosis - Serology
Hepatitis B - HBeAg ³	Urogenital mycoplasma/ureaplasma
Hepatitis B - HBeAg ³	Varicella - Zoster (Chicken Pox) IgG Immune Status
Hepatitis B Virus DNA ⁴	Varicella - Zoster (Chicken Pox) IgG/IgM Diagnosis
Hepatitis C Virus Serology	Varicella - Zoster (Chicken Pox) Virus Detection
Hepatitis C Virus RNA - Genotyping ⁴	Viral Diarrhea (virus detection only)
Hepatitis C Virus RNA - Quantitative ⁴	Virus Isolation/Detection
Hepatitis D Virus (Delta Agent)	West Nile Virus - Serology
Hepatitis E Virus	Worm Identification
Herpes Simplex Virus (HSV) IgG Immune Status	
Herpes Simplex Virus (HSV) Virus Detection	
Human Herpes Virus 6 (Roseola, Exanthema Subitum) - PCR	
Influenza A, B (Flu) Virus Detection	
Legionnaires Disease	
Lyme Disease - Serology	
Measles IgG Immune Status	
Measles IgG/IgM Diagnosis	
Measles Virus Detection	
Molluscum contagiosum (Poxvirus) Virus Detection	

1. Testing is available only for the rare event of an adverse reaction to Diphtheria vaccine or the possibility of humoral immunodeficiency in the patient. This must be indicated on the test requisition in order for testing to be performed.
2. Contact Medical Officer of Health and Public Health Ontario Laboratory before ordering, 416.235.6556 or toll: 1.877.604.4567.
3. Individual Hepatitis B virus markers may be ordered individually.
4. The General Test Requisition is not required. Use the form F-C-HE-036, Hepatitis PCR Requisition and Information Form located at: www.publichealthontario.ca/requisitions

Public Health Ontario Laboratories

Customer Service Centre
7:30 am - 7:00 pm, Monday to Friday
8:00 am - 3:45 pm, Saturday

Emergency After-Hours Duty Officer

tel: 416.235.6556
toll free: 1.877.604.4567
fax: 416.235.6552
email: customerservicecentre@oahpp.ca

tel: 416.605.3113
website: www.publichealthontario.ca

Date received yyyy / mm / dd	PHOL No. SAMPLE - ENTERIC
---------------------------------	-------------------------------------

General Test Requisition

ALL Sections of this Form MUST be Completed

1 - Submitter Courier Code Provide Return Address: WECHU 1005 Ouellette Ave WINDSOR N9A 4J8 Clinician Initial / Surname and OHIP / CPSO Number DR. Nesathurai Tel: 519-258-2146 Fax: 226-894-3768	2 - Patient Information Health No. (OHIP#) 000-000-0000 Sex M Date of Birth: 1955-05-05 Medical Record No. Patient's Last Name (per OHIP card) SMITH First Name (per OHIP card) JOE Patient Address FACILITY NAME AND ADDRESS Postal Code XXX XXX Patient Phone No. XXX-XXX-XXXX Submitter Lab No. Public Health Unit Outbreak No. 2268-YEAR-XXX
cc Doctor Information Name: HOUSE DR.'S NAME Tel: Lab/Clinic Name: Fax: CPSO #: Address: Postal Code:	Public Health Investigator Information Name: ENVIRONMENTAL HEALTH Health Unit: WINDSOR-ESSEX COUNTY HEALTH UNIT Tel: 519-258-2146 Fax: 226-894-3768
3 - Test(s) Requested (Please see descriptions on reverse) Test: Enter test descriptions below STOOL for Bacteria and Virus TESTING	Hepatitis Serology Reason for test (Check (✓) only one box): <input type="checkbox"/> Immune status <input type="checkbox"/> Acute infection <input type="checkbox"/> Chronic infection Indicate specific viruses (Check (✓) all that apply): <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C (testing only available for acute or chronic infection; no test for determining immunity to HCV is currently available)
4 - Specimen Type and Site <input type="checkbox"/> blood / serum <input checked="" type="checkbox"/> faeces <input type="checkbox"/> nasopharyngeal <input type="checkbox"/> sputum <input type="checkbox"/> urine <input type="checkbox"/> vaginal smear <input type="checkbox"/> urethral <input type="checkbox"/> cervix <input type="checkbox"/> BAL <input type="checkbox"/> other - (specify)	Patient Setting <input type="checkbox"/> physician office/clinic <input type="checkbox"/> ER (not admitted) <input type="checkbox"/> inpatient (ward) <input type="checkbox"/> inpatient (ICU) <input checked="" type="checkbox"/> institution
5 - Reason for Test <input checked="" type="checkbox"/> diagnostic <input type="checkbox"/> immune status Date Collected: 2021/08/15 <input type="checkbox"/> needle stick <input type="checkbox"/> follow-up <input type="checkbox"/> prenatal <input type="checkbox"/> chronic condition Onset Date: 2021/08/14 <input type="checkbox"/> immunocompromised <input type="checkbox"/> post-mortem <input type="checkbox"/> other - (specify)	Clinical Information <input type="checkbox"/> fever <input checked="" type="checkbox"/> gastroenteritis <input type="checkbox"/> respiratory symptoms <input type="checkbox"/> STI <input type="checkbox"/> headache / stiff neck <input type="checkbox"/> vesicular rash <input type="checkbox"/> pregnant <input type="checkbox"/> encephalitis / meningitis <input type="checkbox"/> maculopapular rash <input type="checkbox"/> jaundice <input type="checkbox"/> other - (specify) <input type="checkbox"/> influenza high risk - (specify) <input type="checkbox"/> recent travel - (specify location)

SAMPLE



Lab Confirmed Influenza Cases
Fax to WECHU @ 226-894-3768

Facility Name: SUNSHINE CARE HOME

Outbreak #: 2268- 2019 - 123

Please complete the following for line listed residents who were Lab confirmed cases of Influenza.

1. Resident Name: John Smith Gender: M ☒ F ☐ DOB (YY/MM/DD) 27-08-1950

Influenza Vaccine: <u>Elaviral</u>	Lot #: <u>LN12346</u>	Date Administered: <u>15-08-2019</u>
---------------------------------------	--------------------------	---

Hospitalization: Y ☐ N ☒, If Yes, please provide hospitalization details and underlying medical conditions:

2. Resident Name: _____ Gender: M ☐ F ☐ DOB (YY/MM/DD) _____

Influenza Vaccine:	Lot #:	Date Administered:
--------------------	--------	--------------------

Hospitalization: Y ☐ N ☐, If Yes, please provide hospitalization details and underlying medical conditions:

3. Resident Name: _____ Gender: M ☐ F ☐ DOB (YY/MM/DD) _____

Influenza Vaccine:	Lot #:	Date Administered:
--------------------	--------	--------------------

Hospitalization: Y ☐ N ☐, If Yes, please provide hospitalization details and underlying medical conditions:

4. Resident Name: _____ Gender: M ☐ F ☐ DOB (YY/MM/DD) _____

Influenza Vaccine:	Lot #:	Date Administered:
--------------------	--------	--------------------

Hospitalization: Y ☐ N ☐, If Yes, please provide hospitalization details and underlying medical conditions:

5. Resident Name: _____ Gender: M ☐ F ☐ DOB (YY/MM/DD) _____

Influenza Vaccine:	Lot #:	Date Administered:
--------------------	--------	--------------------

Hospitalization: Y ☐ N ☐, If Yes, please provide hospitalization details and underlying medical conditions:

Completed By: Tia Jones
(Print Name)

Facility Name: Sunshine Care Home

Outbreak #: 2268- 2019 - 123

For Respiratory Outbreaks, please fill out the bulleted sections regarding your line listed cases.

For Influenza Outbreaks, fill in all areas. Once Completed Fax to WECHU @ 226-894-3768

RESIDENTS: Number of line listed residents who:	Total
• received the flu vaccine during this outbreak	0
• received the flu vaccine before this outbreak	85
• were not given the flu vaccine before this outbreak	0
• were admitted to the hospital that were immunized before this outbreak	1
• were admitted to the hospital not immunized before this outbreak	0
• were diagnosed with CXR confirmed pneumonia and immunized before this outbreak	1
• were diagnosed with CXR confirmed pneumonia and not immunized before this outbreak	0
• were immunized prior to the outbreak and passed away	0
• were not immunized prior to the outbreak and passed away	0
Only complete this section if Outbreak was due to Influenza:	
# of residents who were not ill that received antiviral prophylaxis (not on line list)	85
# of ill residents who received antiviral treatment within 48 hours of onset of symptoms	85
# of residents who received antiviral treatment >48 hours after onset of symptoms	0
# of residents who developed side effects to Tamiflu	2
# of residents who discontinued the use of Tamiflu due to side effects	2

STAFF: Number of line listed staff who:	Total
• received the flu vaccine during this outbreak	0
• received the flu vaccine before this outbreak	102
• were not given the flu vaccine before this outbreak	35
• were admitted to the hospital that were immunized before this outbreak	0
• were admitted to the hospital not immunized before this outbreak	0
• were diagnosed with CXR confirmed pneumonia and immunized before this outbreak	1
• were diagnosed with CXR confirmed pneumonia and not immunized before this outbreak	0
• were immunized prior to the outbreak and passed away	0
• were not immunized prior to the outbreak and passed away	0
Only complete this section if Outbreak was due to Influenza:	
# of staff who were not ill that received antiviral prophylaxis (not on line list)	10
# of ill staff who received antiviral treatment within 48 hours of onset of symptoms	10
# of staff who received antiviral treatment >48 hours after onset of symptoms	0
# of staff who developed side effects to Tamiflu	2
# of staff who discontinued the use of Tamiflu due to side effects	2

Only complete for Influenza Outbreaks: Check ✓ Yes/No	Yes	No
Was vaccine offered onsite during the current outbreak?	✓	
Does the facility have a policy requiring staff influenza immunization?	✓	
Were there any staff excluded during the outbreak due to immunization status?	✓	
Was an antiviral prophylaxis initiated within 24 hours of a laboratory confirmed influenza outbreak?	✓	

Completed By: Tia Jones
(Print Name)

Date: 2019-08-20



RESPIRATORY OUTBREAK CONTROL MEASURES

Page 1 of 3

Name of Facility:		Outbreak #: 2268 - _____ - _____	Date:
Affected Area: Entire Facility <input type="checkbox"/> OR Name of Affected Area:			
Case definition: will be determined by the WECHU. Only add residents to line list that meet case definition once outbreak declared. Select symptoms that apply: <input type="checkbox"/> abnormal temp. <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			
CONTACT			
For any questions or concerns please contact your area Public Health Inspector or call the intake line at 519-258-2146 ext. 4475			
SURVEILLANCE			Start Date
Track resident and staff cases on line lists. Update and fax the list daily to the WECHU at 226-894-3768 . The WECHU business hours are from 8:30am - 4:30pm Monday - Friday. After Hours and on weekends please contact the WECHU at 519-973-4510 to speak with the person on call.			
Audit – if outbreak persists observe staff practices (e.g. hand hygiene, cleaning, use of PPE)			
COMMUNICATION			Start Date
Ensure outbreak signage is posted at your facility for staff and visitors			
Notify resident families – at facility's discretion			
Notify staff – ensure to post outbreak control measures for staff in a location that is known and accessible			
Medical advisor – facility to notify medical advisor			
Other health care facilities and agencies – the WECHU will send out an outbreak notification			
WECHU Website – a list of current outbreaks are available at www.wechu.org/outbreaks .			
HAND HYGIENE			Start Date
Hand hygiene <input type="checkbox"/> Reinforce resident and staff hand hygiene, soap/water, 70-90% alcohol-based hand sanitizers <input type="checkbox"/> Implement the use of alcohol-based hand rubs in areas where sinks are not readily available			
Ensure availability of handwashing supplies and hand sanitizer			
PERSONAL PROTECTIVE EQUIPMENT (PPE)			Start Date
Droplet-contact precautions	Post additional precautions (droplet-contact) signage on the door of case rooms		
	Masking and goggles or a shield —providing care within 2 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 patient care		
	Provide containers in resident's rooms for the disposal of soiled PPE		
ENVIRONMENTAL CLEANING / RESIDENT EQUIPMENT			Start Date
Enhanced environmental cleaning	Increase frequency of cleaning and disinfecting of high touched areas and surfaces (e.g. washrooms, handrails, table tops, chair arm rests, door knobs)		
Disinfection	Choose product with proven efficacy against identified pathogens – Follow manufacturer's directions on proper concentration and contact times.		

RESPIRATORY OUTBREAK CONTROL MEASURES

Dedicate use of equipment	Dedicate use of equipment when possible to the ill resident or clean and disinfect between use as per manufacturer's directions (e.g. wheelchairs, lifts, scales, blood glucose meters, BP cuffs, thermometers)	
Limit movement of equipment/supplies through affected areas		
SPECIMEN COLLECTION		Start Date
Timing and selection of cases – consult with the WECHU as needed on which residents are to be sampled		
Collect lab specimens from residents who most recently became ill within 48 hours of onset of symptoms and who have the most representative symptoms of the suspected illness		
A total of 4 nasopharyngeal samples can be collected and sent to the lab		
Complete the lab requisition form in its entirety including the outbreak number and at least 2 patient identifies on both the sample and the requisition form.		
Communication of results – the WECHU will notify the facility of test results as soon as they are available		
Ensure availability and adequate supply – of non-expired test kits, stored in a location that is known and accessible to staff		
RESIDENT MOVEMENT		Start Date
Isolate suspect cases	Residents with one symptom should be isolated for at least 48 hours using same precautions; extend isolations if symptoms persist or worsen	
Isolate residents who meet case definition	Isolate cases for 5 days from onset or until symptom-free , whichever is shorter ; maintain physical separation from roommates Note: Do not confine/restrain ill residents to their room if it causes undue stress or agitation	
Restrict residents to the unit	If the outbreak is confined to one unit/floor, the residents from the affected area should avoid contact with residents in other areas of the home Note: Asymptomatic residents from the outbreak unit/floor may leave the LTCH to visit in the community as long as they understand they are not to visit other health care institutions	
Activities/meetings on the unit	Reschedule communal meetings on the affected unit/floor. Visits by outside groups (e.g. entertainers, community groups) are not permitted during the outbreak. Well residents 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.	
Admissions/readmissions	For all outbreaks , admissions and readmissions can be considered on a case by case basis. Please refer to the "Sample Transfer & Return Algorithm for use during Outbreaks" (pg. 89 in A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes)	
Medical/other appointments	If possible, reschedule non-urgent appointments until outbreak is over	
Transfers to hospital	Advise ambulance service of outbreak prior to resident transfer	
Transfer to other facilities	Generally discouraged	

RESPIRATORY OUTBREAK CONTROL MEASURES

STAFF/VOLUNTEERS/STUDENTS		Start Date
Exclude ill staff/volunteers/students	Exclude for 5 days from onset or until symptom-free, whichever is shorter	
Exclude UNVACCINATED staff/volunteers/students during INFLUENZA outbreaks	Refer to institutional policy; exclusion is strongly recommended if unvaccinated and not on antiviral prophylaxis; offer vaccination	
Cohort staff	Minimize movement of staff/students/volunteers between affected and unaffected units/areas and consider cohorting staff – assigning some staff to care for ill residents and others to care for well residents. Where possible, have recovering staff returning to work, care for symptomatic residents	
Working/volunteering at other facilities	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	
VISITORS		Start Date
Provide education	E.g. hand hygiene; use of appropriate PPE	
Discuss visiting conditions	<p>Encourage visitors to postpone visits whenever possible. Discourage children from visiting unless there are exceptional circumstances. Those who do visit should:</p> <ul style="list-style-type: none"> practice vigilant hand hygiene visit residents in their rooms and avoid communal areas visit only one resident; do not mingle use appropriate PPE especially if providing direct care <p>Provide visitors with the WECHU pamphlet "What Visitors Need to Know" during an outbreak</p>	
Active screening of outside workers and visitors	Ill visitors should be advised not to visit while they are ill and wait until symptoms have ended	
ANTIVIRALS – Influenza Outbreaks ONLY		Start Date
Reviewed MOHLTC Guidelines for treatment and prophylaxis of influenza		

Specific Outbreak Measures:
☐ Respiratory Precautions

☐ Specimens Collected

Contacts	Name	Phone	Ext	Comments
Public Health Inspector		519-258-2146		

Facility Lead Signature: _____ **Date:** _____



ENTERIC OUTBREAK CONTROL MEASURES

Page 1 of 3

Name of Facility:		Outbreak #: 2268 - ____ - ____	Date:
Affected Area: Entire Facility: <input type="checkbox"/> OR Name of Affected Area:			
<p>Case definition: will be determined by the WECHU.</p> <p>Only add residents to line list that meet case definition once outbreak declared.</p> <p>Select symptoms that apply: <input type="checkbox"/> abnormal temp. <input type="checkbox"/> nausea <input type="checkbox"/> vomiting <input type="checkbox"/> abdominal pain <input type="checkbox"/> diarrhea</p>			
CONTACT			
For any questions or concerns please contact your area Public Health Inspector or call the intake line at 519-258-2146 ext. 4475			
SURVEILLANCE			Start Date
Track resident and staff cases on line lists. Update and fax the list daily to the WECHU at 226-894-3768. The WECHU business hours are from 8:30am - 4:30pm Monday - Friday. After Hours and on weekends please contact the WECHU at 519-973-4510 to speak with the person on call.			
Audit – observe staff practices (i.e. hand hygiene, cleaning, use of PPE) if outbreak persists			
COMMUNICATION			Start Date
Ensure outbreak signage is posted at your facility for staff and visitors			
Notify resident families – at facility's discretion			
Notify staff – ensure to post outbreak control measures for staff in a location that is known and accessible			
Medical advisor – facility to notify medical advisor			
Other health care facilities and agencies – the WECHU will send out an outbreak notification			
WECHU Website – a list of current outbreaks are available at www.wechu.org/outbreaks .			
HAND HYGIENE			Start Date
Hand Hygiene			
<input type="checkbox"/> Reinforce resident and staff hand hygiene, soap/water, 70-90% alcohol-based hand sanitizers <input type="checkbox"/> Implement the use of alcohol-based hand rubs in areas where sinks are not readily available			
Ensure availability of handwashing supplies and hand sanitizer			
PERSONAL PROTECTIVE EQUIPMENT (PPE)			Start Date
Droplet-contact precautions	Post additional precautions (droplet-contact) signage on the door of case rooms		
	Masking and goggles or a shield is recommended for direct contact with an ill resident who has active vomiting or explosive diarrhea as one of their symptoms		
	Gloving – perform hand hygiene before applying and after removal; discard immediately after use and wash hands		
	Gowning if clothing likely to be contamination during patient care		
	Provide covered containers in resident's rooms for the disposal of soiled PPE		
ENVIRONMENTAL CLEANING/RESIDENT EQUIPMENT			Start Date
Enhanced environmental cleaning	Increase frequency of cleaning and disinfecting of frequently touched items and surfaces (e.g. washrooms, handrails, table tops, chair arm rests, door knobs)		
Disinfection	Choose product with proven efficacy against identified pathogens – Follow manufacturer's directions on proper concentration and contact times.		

ENTERIC OUTBREAK CONTROL MEASURES

Dedicate use of equipment	Dedicate use of equipment when possible to the ill resident or clean and disinfect between use as per manufacturer's directions e.g. wheelchairs, lifts, scales, blood glucose meters, BP cuffs, thermometers	
Handle commodes/bedpans carefully	Commodes should remain with the resident and are to be cleaned and disinfected. If possible, use disposable bedpans	
Do not take temperatures rectally		
SPECIMEN COLLECTION		Start Date
Timing and selection of cases – consult with the WECHU as needed on which residents are to be sampled		
Collect lab specimens from residents who most recently became ill within 48 hours of onset of symptoms and who have the most representative symptoms of the suspected illness		
A total of 3 stool samples can be collected and sent to the lab		
Complete the lab requisition form in its entirety including the outbreak number and at least 2 patient identifies on both the sample and the requisition form.		
Communication of results – the WECHU will notify the facility of test results as soon as they are available		
Ensure availability and adequate supply – of non-expired test kits, stored in a location that is known and accessible to staff		
RESIDENT MOVEMENT		Start Date
Isolate suspect cases	Residents with one symptom should be isolated for at least 24 hours using same precautions; extend isolations if symptoms persist or worsen Note: Frail residents with small appetites may only have one episode of vomiting or diarrhea and may not exhibit other signs and symptoms associated with gastrointestinal illness	
Isolate residents who meet case definition	For 48 hours after their last symptom has stopped Note: Confining ill residents to their room should not be done if it causes undue stress or agitation and can be done without applying restraints	
Restrict residents to the unit	If the outbreak is confined to one unit/floor, the residents from the affected area should avoid contact with residents in other areas of the home. Note: Asymptomatic residents from the outbreak unit/floor may leave the LTCH to visit in the community as long as they understand they are not to visit other health care institutions	
Activities/meetings on the unit	Reschedule communal meetings on the affected unit/floor. Visits by outside groups (i.e. entertainers, community groups) are not permitted during the outbreak. Well residents may participate in small group activities and therapies on the unit only; proper precautions should be taken and the outbreak unit should be scheduled last.	
Admissions/readmissions	For all outbreaks , admissions and readmissions can be considered on a case by case basis. Please refer to the "Sample Transfer & Return Algorithm for use during Outbreaks" (pg. 89 in A Guide to the Control of Respiratory Infection Outbreaks in Long –Term Care Homes)	
Medical/other appointments	If possible, reschedule non-urgent appointments until outbreak is over	
Transfers to hospitals	Advise ambulance service of outbreak prior to resident transfer	
Transfers to other facilities	Generally discouraged	

ENTERIC OUTBREAK CONTROL MEASURES

STAFF/VOLUNTEERS/STUDENTS		Start Date
Exclude ill staff/students/volunteers	Ill staff should not enter the home, but should report the illness to their supervisor. Ill staff/students/volunteers should be excluded for at least 48 hours after their last symptom	
	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	
Cohort staff	Minimize movement of staff/students/volunteers between affected and unaffected units/areas and consider cohorting staff – assigning some staff to care for ill residents and others to care for well residents. Where possible, have recovering staff returning to work, care for symptomatic residents	
Working/volunteering at other facilities	Staff working at another facility should wait at least 48 hours after their last exposure at the outbreak facility. This period may be modified if the causative agent is known	
VISITORS		Start Date
Provide education	E.g. hand hygiene; appropriate use of PPE	
Discuss visiting conditions	<p>Encourage visitors to postpone visit whenever possible. Discourage children from visiting unless there are exceptional circumstances. Those who do visit should:</p> <ul style="list-style-type: none"> practice vigilant hand hygiene visit residents in their rooms and avoid communal areas visit only one resident do not mingle use appropriate PPE especially if providing direct care <p>Provide visitors with the WECHU pamphlet "What Visitors Need to Know" during an outbreak</p>	
Active screening of outside workers and visitors	Ill visitors should be advised not to visit while they are ill and until 48 hours after symptoms have ended	

Specific Outbreak Measures:

☐ Enteric Precautions

☐ Kitchen Inspection

☐ Specimens Collected

Contacts	Name	Phone	Ext	Comments
Public Health Inspector		519-258-2146		

Facility Lead Signature: _____ **Date:** _____

DISEASES OF PUBLIC HEALTH SIGNIFICANCE

REPORT DISEASES LISTED BELOW TO:

Phone: 519-258-2146 or Fax: 226-783-2132

(8:30 a.m. to 4:30 p.m., Monday to Friday)

After hours, weekends, and holidays phone: 519-973-4510



Timely reporting of communicable diseases is essential for their control. If you suspect or have confirmation of the following specified "Diseases of Public Health Significance" or their "etiologic agents," (as per Ontario Reg 135/18 and amendments under the Health Protection and Promotion Act), please report them to the local Medical Officer of Health.

REPORT IMMEDIATELY	REPORT BY THE NEXT WORKING DAY		
Anthrax Botulism Brucellosis Creutzfeldt-Jakob Disease, all types Diphtheria Group A Streptococcal disease, invasive Haemophilus influenzae disease, all types, invasive Hantavirus Pulmonary Syndrome Hemorrhagic fevers, including: 1. Ebola virus disease 2. Marburg virus disease 3. Lassa Fever 4. Other viral causes Hepatitis, viral 1. Hepatitis A Measles Meningococcal disease, invasive Novel coronavirus diseases, including: 1. Severe Acute Respiratory Syndrome (SARS) 2. Middle East Respiratory Syndrome (MERS) 3. Coronavirus disease (COVID-19) Plague Poliomyelitis, acute Q Fever Rabies Smallpox	Acquired Immunodeficiency Syndrome (AIDS) Acute flaccid paralysis (AFP) Amebiasis Blastomycosis Campylobacter enteritis Carbapenemase-producing Enterobacteriaceae (CPE), infection or colonization Chancroid Chickenpox (Varicella) Chlamydia trachomatis infections Cholera Clostridium difficile Infection (CDI) outbreaks in public hospitals Cryptosporidiosis Cyclosporiasis Echinococcus Multilocularis infection Encephalitis, including: 1. Post-infectious 2. Vaccine-related 3. Subacute sclerosing panencephalitis 4. Unspecified 5. Primary, viral	Food poisoning, all causes Gastroenteritis outbreaks in institutions and public hospitals Giardiasis, except asymptomatic cases Gonorrhea Group B Streptococcal disease, neonatal Hepatitis, viral 1. Hepatitis B 2. Hepatitis C Influenza Legionellosis Leprosy Listeriosis Lyme Disease Meningitis, acute 1. viral 2. other 3. bacterial Mumps Ophthalmia neonatorum Paralytic shellfish poisoning (PSP) Paratyphoid Fever Pertussis (Whooping Cough)	Pneumococcal disease, invasive Psittacosis/Ornithosis Respiratory infection outbreaks in institutions and public hospitals Rubella Rubella, congenital syndrome Salmonellosis Shigellosis Syphilis Tetanus Trichinosis Tuberculosis Tularemia Typhoid Fever Verotoxin-producing E. coli infection including: Haemolytic Uraemic Syndrome (HUS) West Nile Virus Illness Yersiniosis

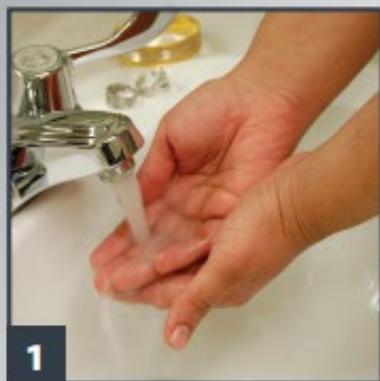
For more information, contact the Windsor-Essex County Health Unit at 519-258-2146.

wechu.org

© Windsor-Essex County Health Unit, August 2021.

WASH YOUR HANDS

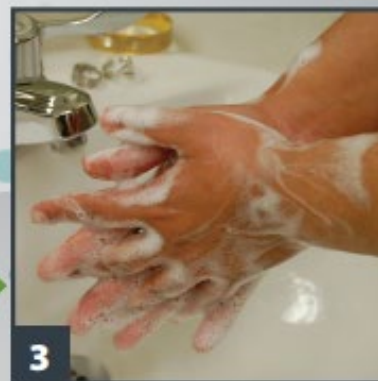
OFTEN AND WELL



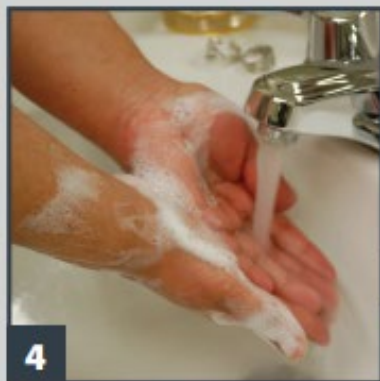
1
Remove jewellery and watch.
Wet hands with warm water.



2
Use lots of soap.



3
Scrub 20 seconds.
Clean wrists, palms, back of hands, and between fingers.



4
Rinse with warm water. Be sure not to touch the side of the sink.



5
Dry completely
with paper towel or with an air dryer.



6
Use a paper towel to turn off water and open door
to protect from recontamination.



Respiratory Outbreak – Common Viruses

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 (4 to 9 days?) 	<ul style="list-style-type: none"> As long as symptoms continue 1 to 2 weeks 			
Parainfluenza	<p><i>Not related to the virus which causes influenza</i></p> <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>

Enteric Outbreak – Common Viruses

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 	<ul style="list-style-type: none"> Stool specimen 	Contact Precautions <ul style="list-style-type: none"> Hand hygiene Gloves Gown
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 		Droplet/Contact Precautions <ul style="list-style-type: none"> Hand hygiene Gloves Gown Protective eyewear Mask
Rotavirus	<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 immunocompromised 	<ul style="list-style-type: none"> May also be spread through aerosolized vomitus 		Contact Precautions <ul style="list-style-type: none"> Hand hygiene Gloves Gown Droplet Precautions (if in contact with aerosolized vomitus) <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>

ATTENTION VISITORS

WE ARE

EXPERIENCING AN

OUTBREAK

YOU MAY BE AT RISK OF BECOMING ILL.

Before entering please use hand sanitizer
and speak to the staff in charge!



www.wechu.org

AVIS AUX VISITEURS

NOUS SOMMES
EN SITUATION

d'ÉCLOSION

VOUS ÊTES À RISQUE DE MALADIE.

Avant d'entrer, utilisez un désinfectant pour les mains
et parlez au personnel responsable!

PUTTING ON PPE

1. Perform Hand Hygiene



2. Put on Gown

- Tie neck and waist ties securely



5. Put on Gloves

- Put on gloves, taking care not to tear or puncture glove
- If a gown is worn, the glove fits over the gown's cuff



3. Put on Mask/N95 Respirator

- Place mask over nose and under chin
- Secure ties, loops or straps
- Mould metal piece to your nose bridge
- For respirators, perform a seal-check



4. Put on Protective Eyewear

- Put on eye protection and adjust to fit
- Face shield should fit over brow



TAKING OFF PPE

1. Remove Gloves

- Remove gloves using a glove-to-glove/skin-to-skin technique
- Grasp outside edge near the wrist and peel away, rolling the glove inside-out
- Reach under the second glove and peel away
- Discard immediately into waste receptacle



6. Perform Hand Hygiene



2. Remove Gown

- Remove gown in a manner that prevents contamination of clothing or skin
- Starting at the neck ties, the outer, 'contaminated', side of the gown is pulled forward and turned inward, rolled off the arms into a bundle, then discarded immediately in a manner that minimizes air disturbance



3. Perform Hand Hygiene



4. Remove Eye Protection

- Arms of goggles and headband of face shields are considered to be 'clean' and may be touched with the hands
- The front of goggles/face shield is considered to be contaminated
- Remove eye protection by handling ear loops, sides or back only
- Discard into waste receptacle or into appropriate container to be sent for reprocessing
- Personally-owned eyewear may be cleaned by the individual after each use



5. Remove Mask/N95 Respirator

- Ties/ear loops/straps are considered 'clean' and may be touched with hands
- The front of the mask/respirator is considered to be contaminated
- Untie bottom tie then top tie, or grasp straps or ear loops
- Pull forward off the head, bending forward to allow mask/respirator to fall away from the face
- Discard immediately into waste receptacle



ADDITIONAL PRECAUTIONS

DROPLET

Private room or 2 metre separation with curtain pulled

Staff - mask and eye protection

Patient / Resident - mask if outside room

CONTACT

Private room or cohort with same (if lab confirmed)

Staff - gown and gloves where appropriate

Dedicated equipment

DROPLET + CONTACT

Combine all elements of both

AIRBORNE

Negative pressure room with door closed

Staff - N95 Respirator where appropriate

Patient / Resident - mask if outside room

Public
Health
Ontario

PARTNERS FOR HEALTH

Santé
publique
Ontario

PARTENAIRES POUR LA SANTÉ

Organism / Disease

DROPLET

CONTACT

AIRBORNE

Pertussis (whooping cough)

Meningococcal disease

RSV

Influenza

Parainfluenza

GAS (skin, wound, invasive)

ESBL

MRSA

VRE

Clostridium difficile

Norovirus

Tuberculosis (pulmonary)

Measles (Rubeola)*

Chickenpox*

Shingles (disseminated)*

Shingles (localized)

Routine Practices

*N95 Respirator when required



VISITORS - GET INSTRUCTIONS FROM STAFF BEFORE ENTERING

CONTACT PRECAUTIONS

IN ADDITION TO ROUTINE PRACTICES
LONG-TERM CARE



**Wear long-sleeved
gown for direct care**



**Wear gloves for
direct care**



**Dedicate equipment to resident or
disinfect before use with another**



VISITORS - GET INSTRUCTIONS FROM STAFF BEFORE ENTERING

DROPLET CONTACT PRECAUTIONS

IN ADDITION TO ROUTINE PRACTICES

LONG-TERM CARE



Wear mask and eye protection
within 2 metres of resident



Wear gloves
for direct care



Wear long-sleeved
gown for direct care



Resident must wear
a mask if they
leave the room



Dedicate equipment to resident or
disinfect before use with another



VISITORS - GET INSTRUCTIONS FROM STAFF BEFORE ENTERING

DROPLET PRECAUTIONS

IN ADDITION TO ROUTINE PRACTICES
LONG-TERM CARE



**Wear mask and eye protection
within 2 metres of resident**



**Resident must wear a mask
if they leave the room**