

RESPIRATORY OUTBREAK CONTROL MEASURES

Name of Facility:	Outbreak #: 2268 - ____ - ____	Date:
Affected Area: Entire Facility: <input type="checkbox"/> OR Name of Affected Area:		
Case definition: will be determined by 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		
SURVEILLANCE		Start Date
Track resident and staff cases on line lists. Update and fax the list daily to WECHU at 226-783-2132 or call 519-258-2146 Ext 1420 and ask to speak with an Infectious Disease Prevention team member. WECHU business hours are from 8:30am - 4:30pm Monday - Friday. After Hours and on weekends please contact 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 – WECHU will send out an outbreak notification		
WECHU Website – a list of current outbreaks are available at www.wechu.org		
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 <input type="checkbox"/> Food handlers must use liquid soap and water to wash their hands		
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. Contact your PHI with any further questions or clarifications 519-258-2146 Ext 4475	
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		

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SPECIMEN COLLECTION		Start Date
Timing and selection of cases – consult with WECHU as needed on which residents are to be sampled		
Communication of results – 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. Please consult with WECHU for further direction regarding restrictions during outbreaks	
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) You may consult the WECHU public health nurse to assist in making the appropriate determination @ 519- 258-2146 Ext. 1420 or contact the assigned nurse to your case	
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	

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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	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 residents in their rooms and avoid communal areas • visit only one resident; do not mingle • use appropriate PPE especially if providing direct care Provide visitors with WECHU pamphlet “ What Visitors Need to Know ” during an outbreak	
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		

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

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