

RESPIRATORY OUTBREAK CONTROL MEASURES

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| 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 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. | |

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| 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 | |

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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 the 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 | | |

Specific Outbreak Measures:
 Respiratory Precautions

 Specimens Collected

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

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