

Respiratory Outbreak Check List

Date: _____

Facility: _____

Investigation Number: _____

Outbreak Criteria: Two or more cases of acute respiratory tract illness within 48 hours on one unit (unit could be the entire facility)

Acute respiratory tract illness - 2 or more of the following symptoms:

Runny nose/sneezing, stuffy nose (congestion), sore throat/difficulty swallowing, hoarseness, non-productive cough, productive cough, fever/abnormal temperature (<35.5°C or >37.5°C), swollen/tender glands, tiredness (malaise), muscle aches (myalgia), loss of appetite, headache, chills, red eyes (conjunctivitis).

	Start Date	Initials	Recommendations / Comments
Notification			
<input type="checkbox"/> Notify Health Unit - establish contact with outbreak team member 519-258-2146 Ext: 1444			
<input type="checkbox"/> Complete Initial Report - fill out Initial Facility Outbreak Report and fax it to the Health Unit 519-258-8672			
<input type="checkbox"/> Obtain Case Definition - Health Unit to provide after consultation with the Medical Officer of Health			
<input type="checkbox"/> Obtain Investigation Number - Health Unit to provide in consultation with the Public Health Lab			
<input type="checkbox"/> Notify Outbreak Management Team - advise all appropriate individuals within the facility			
<input type="checkbox"/> Notify Other Facilities - Health Unit to complete			
<input type="checkbox"/> Notify Compliance Officer - facility to complete as per Long Term Care (LTC) Home Program Manual			
Surveillance			
<input type="checkbox"/> Line Listing of Residents - fax to Health Unit by 10:00 a.m. daily at 519-258-8672			
<input type="checkbox"/> Line Listing of Staff - fax to Health Unit by 10:00 a.m. daily at 519-258-8672			
Personnal Protection - Appropriate levels of precautions should be based on the procedures undertaken			
<input type="checkbox"/> Handwashing - reinforce, post signs, stock supplies, hand sanitizers			
<input type="checkbox"/> Masking - direct care or face to face contact; dispose once removed, wash hands			
<input type="checkbox"/> Gloving - direct care; discard after single use, wash hands			
<input type="checkbox"/> Eye Protection - direct care or face to face contact; clean or dispose of once removed			

	Start Date	Initials	Recommendations / Comments
Personnal Protection Cont'd			
<input type="checkbox"/> Gowning - if clothing is likely to be contaminated during patient care			
Specimen Sampling			
<input type="checkbox"/> Confirm Specimen Numbers - confirm the number of lab specimens to collect and send them to the Public Health Lab (PHL)			
<input type="checkbox"/> Complete Specimen Collection - collection should be based on acute symptoms			
<input type="checkbox"/> Complete Lab Slip - fill out all appropriate information including investigation number			
<input type="checkbox"/> Transport to PHL - refrigerate and send to lab within 48 hrs (Public Health Lab should have samples before 4:00 p.m. daily)			
<input type="checkbox"/> Reporting of Results - Health Unit to notify facility			
Residents			
<input type="checkbox"/> Restrict Cases to Room - 5 days from onset or until symptoms resolve, whichever is sooner			
<input type="checkbox"/> Residents with One Symptom - observe in room for at least 24hrs using same precautions as residents meeting outbreak			
<input type="checkbox"/> Cohort Patients - avoid interaction between affected and unaffected units			
<input type="checkbox"/> Admission / Re-admission - consult with the Health Unit			
<input type="checkbox"/> Appointments - reschedule non-urgent appointments			
<input type="checkbox"/> Transfer to Other Facility - not to any other LTC facility			
<input type="checkbox"/> Transfers to Hospital - advise hospital and ambulance of outbreak			
<input type="checkbox"/> Communal Meetings and Day Programs - reschedule events			
<input type="checkbox"/> Prevent Dehydration - increase fluid availability			
Staff / Volunteers			
<input type="checkbox"/> Exclusion of Non-Immunized Staff / Volunteers - if influenza (as per exclusion policy)			
<input type="checkbox"/> Cohort Staff - if possible have dedicated staff to avoid interaction between affected and unaffected units.			

	Start Date	Initials	Recommendations / Comments
Staff / Volunteers Cont'd			
<input type="checkbox"/> Working at Other Facilities - (Non-influenza) - not advisable for staff to work at other facilities / (Influenza) - Immunized staff no restrictions / (Non-immunized) - may return as soon as anti-viral prophylaxis started			
Treatment			
<input type="checkbox"/> Offer Antivirals - responsibility of attending physicians			
<input type="checkbox"/> Offer Influenza Vaccine - for staff and residents not previously vaccinated			
Visitors			
<input type="checkbox"/> Contact Family of Ill Resident(s) - advise of illness			
<input type="checkbox"/> Residents and Families Informed of Outbreak - post signs at all entrances			
<input type="checkbox"/> Notification of Visitors - do not visit if ill or if you do not want to become ill; enforce handwashing			
<input type="checkbox"/> Visiting Conditions - limit visitation to isolated residents; visit only one resident and exit immediately after visit; post signs to visit the nurse station prior to entering room			
Environmental Controls			
<input type="checkbox"/> Enhance Environmental Cleaning - increase frequency for: washrooms, touched items such as, handrails, door knobs, table tops etc.			
<input type="checkbox"/> Sanitizer - review disinfection procedures, check concentrations, and contact time of sanitizers			
<input type="checkbox"/> Dedicated Patient Care Equipment - for all residents - clean / disinfect between every use			
<input type="checkbox"/> Ensure Availability - of all necessary supplies ie: soap, paper towels, hand sanitizers, cleaning detergents and disinfectants			
Declare Outbreak Over - General Rule: No new cases in 8 days from onset of last resident case			
<input type="checkbox"/> Declaration - by Health Unit in consultation with the Medical Officer of Health			
<input type="checkbox"/> Notification - by Health Unit to affected facility			
<input type="checkbox"/> Notify Other Facilities - Health Unit to complete			
<input type="checkbox"/> Notify Compliance Officer - facility to complete as per LTC Home Program Manual			

	Start Date	Initials	Recommendations / Comments
Declare Outbreak Over - Cont'd			
<input type="checkbox"/> Complete Final Report - fill out final Facility Outbreak Report including a copy of this document and fax to the Health Unit 1-519-258-8672			
<input type="checkbox"/> Review of Outbreak - Health Unit to complete			

For information or Clarification consult:

"A Guide to the Control of Respiratory Infection Outbreak in L.T.C Homes" - Ministry of Health and Long Term Care October 2004
or contact an **Outbreak Management Team Member at the Windsor Essex County Health Unit 1-519-258-2146 Ext: 1444**

