OUTBREAK

MANAGEMENT

A Quick Reference Guide

October 2019

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# TABLE OF CONTENTS

## Section A: Enteric Outbreak

| Introduction                                                                 | 3 |
| Part 1: Definition of an Enteric Outbreak                                   | 3 |
| Part 2: Enteric Outbreak Control Measures                                    | 4 |
| Part 3: Suspect Enteric Outbreak Algorithm                                  | 6 |
| Part 4: Stool Collection and Delivery Procedure                             | 7 |
| Part 5: List of Inserts                                                      | 8 |
  - Enteric Outbreak Control Measures Checklist                               | 9 |
  - Enteric Outbreak Line Listing Sample                                      | 11 |
  - Sample Enteric Requisition                                                | 12 |

## SECTION B: Respiratory Outbreak

| Introduction                                                                  | 15 |
| Part 1: Definition of Suspect and Confirmed Respiratory Outbreak             | 15 |
| Part 2: Respiratory Outbreak Control Measures                                 | 16 |
| Part 3: Determination of a Suspect Respiratory Outbreak Algorithm            | 18 |
| Part 4: Collection of Nasopharyngeal Specimen                                | 19 |
| Part 5: List of Inserts                                                      | 20 |
  - Respiratory Outbreak Control Measures Checklist                            | 21 |
  - Respiratory Outbreak Line Listing Sample                                  | 23 |
  - Sample Respiratory Requisition                                             | 24 |
  - Management of Staff – Influenza Outbreak Algorithm                         | 25 |
  - Influenza Outbreak Questionnaire                                           | 26 |

## SECTION C: Outbreak Resources

| Part 1: Introduction/Admissions and Re-Admissions                            | 29 |
| Part 2: Transfers                                                            | 30 |
| Part 3: Visitors                                                             | 30 |
| Part 4: Inserts/Posters                                                      | 31 |
  - Sample Order Form for Outbreak Kits                                       | 31 |
  - Admissions, Re-admissions or Transfers to a Long-Term Care Home or Retirement Home during an Outbreak | 33 |
  - Signage for Visitors (3)                                                   | 34 |
  - Precautions for Patient/Resident Rooms (3)                                 | 37 |
Section A: Enteric Outbreak
Section A: Enteric Outbreak
**Introduction**

Outbreaks occur when the usual incidence of disease in a particular Long-Term Care Home (LTCH) or Retirement Home (RH) is exceeded at any given time. Therefore it is important for every LTCH or RH to be cognizant of their usual incidence of enteric disease symptoms. Early identification of an outbreak is essential since the implementation of precautions and therapeutic interventions can prevent the spread of infection and decrease the morbidity and mortality of a very frail, compromised population.

**Part 1: Definitions**

**Suspect Outbreak Definition**

If an outbreak is suspected, notify the local health unit to support with the investigation and management.

**Confirmed Outbreak Definition**

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

**Infectious Gastroenteritis Case Definition**

A case must present with a minimum of one of the following signs/symptoms:

1. Two or more episodes of vomiting within a 24 hour period

OR

2. Two or more episodes of diarrhea or watery stools (takes the form of its container) within a 24 hour period

OR

3. One episode of vomiting and one episode of diarrhea or watery stool (takes the form of its container) within a 24 hour period

OR

4. Laboratory confirmation of a known gastrointestinal pathogen and at least one symptom compatible with gastrointestinal infection (e.g., nausea, vomiting, diarrhea, or abdominal pain or tenderness)

**Note:** Care must be taken to rule out non-infectious causes of these symptoms such as new medications, use of laxatives, or other non-infectious diseases. The bowel movements should be unusual or different for the resident.

Reference:

Infectious Disease Protocol, Appendix B: Provincial Case Definitions for Diseases of Public Health Significance Disease: Gastroenteritis Outbreaks in Institutions and Public Hospitals, February 2019
Part 2: Enteric Outbreak Control Measures

There are several measures that can be used to control the spread of infection during an enteric outbreak.

1. Hand Hygiene

Hand hygiene is the single most important way to prevent infections. Most enteric viruses, parasites and bacteria can be spread through contaminated hands.

During an enteric outbreak enforce hand hygiene amongst staff, residents and visitors.

For most outbreaks alcohol based hand rub (ABHR) is the preferred means of hand hygiene provided hands are not visibly soiled. In some instances the use of soap and water is preferred. Consult with your Infection Control Professional or Public Health contact person.

2. Enhanced Cleaning and Disinfection

Thorough and frequent cleaning and disinfection of equipment and environmental surfaces should be reinforced during an outbreak. Areas of concern are, but not limited to, all washrooms, handrails, tables, doorknobs, elevator buttons, call bells, remote control buttons, computer keyboards and mouse, telephones, bed rails, light switches, toilet handles and commodes, and nursing station surfaces.

Ensure that the chemical concentration of the disinfectant is in accordance with the manufacturer’s instructions and the cleaning/disinfection solutions are changed frequently.

Pay special attention to contact times needed to achieve proper disinfection. Ensure that the disinfectant used is effective against the identified causative agent. Consult with your Public Health contact person or Infection Control Professional.

3. Excluding Ill Staff and Volunteers from Work

- Staff and volunteers experiencing diarrhea and/or vomiting of a probable infectious nature should be excluded from work. Once a specific causative agent is known, disease specific exclusions apply. Consult the Health Unit.

- Symptom free carriers of certain enteric pathogens including Campylobacter sp., Salmonella sp.(excluding typhi and paratyphi), Entamoeba histolytica, Yersinia, and Giardia may continue to work as long as personal hygiene is good and the pathogens they carry are not the outbreak pathogen.

Note: In certain enteric outbreak situations, asymptomatic food handlers and health care workers may be asked to submit stool samples for laboratory testing.

4. Use of Personal Protective Equipment (PPE)

- Gloves are recommended for direct contact with an ill resident.

- Gowns are necessary if there is a chance of the caregiver’s clothing becoming soiled.

- Wear masks and eye protection to protect eyes, nose and mouth during procedures likely to generate splashes/sprays of stool/vomit.

When working with heavily contaminated clients, gloves, masks, and gowns MUST be worn and hand hygiene performed. These precautions must be followed before and after care and between clients.
5. Visitor Restrictions
Post signs at all facility entrances. Visitors should not enter the facility if they are having symptoms of diarrhea or vomiting. They should be advised of the potential risk of acquiring illness within the facility.

6. Isolation of Ill Cases
Cases should be restricted to their room until 48 hours after the last episode of either vomiting or diarrhea. Confining an ill resident to their room should not be done if it causes the resident undue stress or agitation and must be done without the use of restraints.

7. Cohorting Staff and Patients
Attempts should be made to minimize the movement of staff between floors/units. If possible, designate staff members to look after only ill residents and other staff to look after only well residents. Staff who have been off ill with the same illness or symptoms should be assigned to care for ill residents upon their return to work as some degree of immunity is present.

8. Communal Meetings
Residents should be restricted to their floor/unit during the outbreak even if they are well. This will help to prevent the unaffected units from exposure to the illness. Small gatherings of well residents on their units can occur but large scale events should be re-scheduled.

9. Advise Staff and Volunteers who Work at Other Facilities
Staff/volunteers who work in more than one facility should notify the facility NOT in outbreak and follow their policy regarding exclusion.

10. Education
All staff should be educated about the existence of an outbreak. Instruct family and visitors on the use of protective clothing, when necessary, and the importance of hand hygiene. Provide information sessions to staff, volunteers, and family to address precautions required.

11. Non-urgent Appointments
Non-urgent appointments made for well residents before the outbreak began should be re-scheduled.
Part 3: Suspect Enteric Outbreak

Two residents in a specific area with the following symptoms within 48 hours:

- Two or more episodes of vomiting within a 24 hour period
- Two or more episodes of diarrhea or watery stools (takes the form of its container) within a 24 hour period
- One episode of vomiting and one episode of diarrhea or watery stool (takes the form of its container) within a 24 hour period

A positive stool culture accompanied by symptoms may also indicate an outbreak.

Contact the Leeds, Grenville & Lanark District Health Unit:
613 345-5685 ext 2222
After hours call the Health Unit at 613-345-5685 and ask for the On-Call Manager.

Implement contact precautions (gown/gloves) for ill residents:
- Isolate ill residents
- Gown and glove upon entry to room and for direct resident care
- Mask for vomiting residents
- Perform meticulous hand hygiene
- Dedicate equipment where possible
- Enhance cleaning and disinfecting
- Start line listing

Obtain outbreak number from the Leeds, Grenville and Lanark District Health Unit
Fax line list DAILY to the Health Unit: 613-345-5777
Obtain stool samples from ill residents (enteric outbreak kit – or sterile container for suspected C. difficile). Once the causative organism is identified, further samples do not need to be obtained from ill residents (If causative organism is C. difficile, collect specimens on all symptomatic residents with the same symptoms in the same affected unit/area)
Send stool samples to Public Health Lab
Include the outbreak number on the laboratory requisition
After hours, specimens can be stored in the refrigerator (not freezer) and delivered to the lab the next morning
On the weekend, consult with on-call manager/director before obtaining stool samples
Section A: Enteric Outbreak

Part 4: Stool Collection and Delivery Procedure

Properly collected stool specimens and completed submission forms will allow for quick identification of the causative organism by the laboratory.

Materials:
- Gloves
- General Test Requisition
- Pen
- Brown Paper Bag
- Enteric Outbreak Kit (containing one green-capped vial for bacterial culture and one white-capped vial for viral testing and Clostridium perfringens enterotoxin testing). Note: if a parasitic agent is suspected, a yellow-capped SAF vial (Parasitology Kit) may be ordered. Use one vial per resident/patient.

Instructions:
1. Remove the vials from the biohazard bag. Check to ensure the bottles are intact and not leaking.
2. Check the expiry dates on each bottle. DO NOT USE EXPIRED BOTTLES.
3. Complete the General Test Requisition including Patient Information; Submitter Information; Public Health Investigator information; Outbreak Number; Test Requested; Specimen Type; Patient Setting; Reason for Test; and Clinical Information. Refer to Sample Enteric Outbreak General Test Requisition in this guide.
4. Label each vial before collecting the specimen with patient’s full name and at least one other unique identifier (date of birth, HIN). Ensure the identifiers match the information on the General Test Requisition exactly.
5. Adults and toilet trained children should defecate into a clean container (i.e. a disposable plate or bed pan). In the event of incontinence or for children who are not toilet trained, collect stool sample (feces) from the soiled diaper/incontinence brief.
6. Wearing gloves, use the scoop attached to the lids to transfer the specimen into the vial. If there is blood or mucus present, collect from this part of the stool sample. Fill the white capped vial first, then the green-capped vial. Fill to the line indicated, do not overfill. Tighten the cap.
7. Place specimen containers in the biohazard bag. Seal the bag. Remove gloves and perform hand hygiene.
8. Insert the completed requisition in the pocket on the outside of the sealed biohazard bag.
9. Place the sealed enteric kits in a brown bag. Label the bag with the outbreak number and “For Transport to Public Health Lab”.
10. Refrigerate the specimens immediately. Do not freeze.
11. Inform the Health Unit that specimens have been collected. The Health Unit will advise the lab that samples are being submitted from your facility.
12. Arrange for delivery to the Public Health Lab as soon as possible, but within 48 hours.
Section A: Enteric Outbreak

Part 5:
List of Inserts

- Enteric Outbreak Control Measures Checklist
- Enteric Outbreak Line Listing Sample
- Sample Enteric Disease Investigation General Test Requisition
# Enteric Outbreak Control Measures Checklist

**Facility:** ________________________________  
**Date:** ________________________________

**Date Outbreak Declared:** ________________________________  
**Outbreak #:** ________________________________

**Health Unit Contact:** ________________________________

**Infectious Diseases Program intake line:** 613-345-5685 ext 2222

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## Immediate Control Measures for Outbreak

*(not yet declared but facility is monitoring situation):*

- Isolation of ill residents/patients and use appropriate PPE + encourage hand hygiene.
- Notify staff of potential outbreak.
- Start Line Listing of ill residents/patients and staff and fax to secure fax line 613-345-5777.
- Collect stool specimens to send to Public Health Lab.
- Notify the Leeds, Grenville and Lanark District Health Unit of potential outbreak by calling 613-345-5685 ext 2222 or after hours 613-345-5685 and ask for the On Call Manager.

## Stool Specimen Collection:

*See “Outbreak Management – A Quick Reference Guide” for instructions*

- Check expiry dates on kits.
- Collect stool specimens from **THREE** residents/patients most recently ill and who meet the case definition (3 kits, 2 vials per kit).

## Control Measures for Residents/Patients:

- Restrict cases to their room for **48 hours** after symptoms have resolved.
- Encourage hand hygiene.
- Ill residents/patients receive meals in their rooms.
- Do not share equipment between residents/patients if possible OR thoroughly clean and disinfect between use.
- Roommates do not share toilet facilities with ill residents/patients.
- Contact Precautions in place:
  - Gloves and gowns when providing direct care.
  - If Norovirus is suspected, or if vomiting is a defining symptom, masks/eye protection should be considered when resident/patient care activities are likely to generate splashes or sprays of stool and/or vomit.

## Control Measures for Staff and Volunteers:

- Emphasize the importance of hand hygiene.
- Provide education to staff on routine practices, additional precautions, environmental cleaning and disinfection.
- Cohort staffing if possible.
- Report illness to charge person; list symptoms and onset date.
- Exclude ill staff, students and volunteers for 48 hours after symptoms have resolved.
- Some infectious agents have longer exclusion periods. Consult with Health Unit.
- Food can be contaminated by an infected food handler. Exclude all food services staff with symptoms.
Section A: Enteric Outbreak

- Staff/volunteers who work in more than one facility should notify the facility **NOT** in outbreak and follow their policy regarding exclusion.
- During an outbreak, food samples may need to be submitted for testing. Retain 200g ready-to-eat food samples from discarded (refer to Control of Gastroenteritis Outbreaks in LTCH’s for further information).

**Control Measures for Visitors:**
- Notification of visitors through signage (at entrances and resident/patient rooms).
- Notification of all agencies contracted to work in the facility.
- Ill visitors not permitted in the facility.
- Encourage well visitors to reschedule their visit if possible; if necessary, instruct visitor to:
  - Clean hands before and after visit.
  - Use appropriate PPE for direct care of ill residents/patients.
  - Visit only one resident/patient, clean hands and exit facility.

**Environmental Cleaning:**
- Increase frequency of cleaning and disinfection of high touch surfaces.
- Increase cleaning and disinfection of ill resident/patient’s immediate environment.
- Promptly clean and disinfect surfaces contaminated by stool and vomit.
- Clean soiled carpets and soft furnishings with hot water and detergent, or steam clean – vacuum cleaning is not recommended.
- Use of appropriate products for disinfection (i.e. product must have an appropriate virucidal claim for Norovirus, sporicidal claim for *C. difficile*).
  - For list of Hospital Grade Disinfectants, see Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, check Public Health Ontario website for most up to date version.

**Admissions, Re-admission, and Transfers:**
- Re-admission of cases only if appropriate accommodation and precautions in place.
- Consult with Health Unit for all admissions, re-admissions/transfers to another LTCH.
- Transfers to hospital; notify Hospital Infection Control Practitioner.

**Medical Appointments:**
- Re-schedule non-urgent appointments.

**Communal Activities:**
- Cancel or postpone large gatherings.
- Small gatherings for well residents/patients only, consult with Health Unit.

**Reference:**
Ministry of Health and Long-Term Care, *Control of Gastroenteritis Outbreaks in Long-Term Care Homes, A Guide for Long-Term Care Homes and Health Unit Staff*, March 2018
## Section A: Enteric Outbreak

**LINE LISTING – ENTERIC DAILY STATUS REPORT**

Please complete and fax to the Leeds, Grenville and Lanark District Health Unit by 10:00 a.m. each day.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Outbreak Number:</th>
<th>Contact Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Case Definition** - Any resident or staff member with illness onset from (date) who is experiencing two or more unexplained episodes of vomiting and/or diarrhea within 24 hours.

**Case Identification**

- **Name & Location** (floor, room)
- **Gender** (f/m)
- **Date of Birth** (yyyy/m/d)
- **Onset Date** (yyyy/m/d)
- **Onset Time**
- **Abnormal temperature** ºC
- **Nausea**
- **Vomiting**
- **Diarrhea**
- **Poor Appetite**
- **Headache**
- **Other Symptoms**
- **List in Comments**
- **Type of Test**
- **Date Collected** (yyyy/m/d)
- **Results** (i.e. date resolved, treatment, deceased, etc.)

**Comments**

---

**Case Line:** 613-345-5777

Secure Fax Line: 613-345-5777

Please complete and fax to the Leeds, Grenville and Lanark District Health Unit by 10:00 a.m. each day.
**General Test Requisition**

ALL Sections of this Form MUST be Completed

1 - Submitter

<table>
<thead>
<tr>
<th>Patient Information</th>
<th>Patient Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health No.</td>
<td>Date of Birth: yyyy / mm / dd</td>
</tr>
<tr>
<td>Medical Record No.</td>
<td>Sex</td>
</tr>
<tr>
<td>Patient's Last Name (per OHIP card)</td>
<td>first name (per OHIP card)</td>
</tr>
<tr>
<td>Patient Phone No.</td>
<td>Postal Code</td>
</tr>
</tbody>
</table>

2 - Public Health Unit Outbreak No. 2243-

3 - Test(s) Requested (Please see descriptions on reverse)

Test: Enter test descriptions below

for Enteric Outbreak

Hepatitis Serology

Reason for test (Check ✓ only one box):
- Immune status
- Acute infection
- Chronic infection

Indicate specific viruses (Check ✓ all that apply):
- Hepatitis A
- Hepatitis B
- 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

<table>
<thead>
<tr>
<th>Patient Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>physician office/clinic</td>
</tr>
<tr>
<td>ER (not admitted)</td>
</tr>
<tr>
<td>inpatient (ward)</td>
</tr>
<tr>
<td>inpatient (ICU)</td>
</tr>
<tr>
<td>institution</td>
</tr>
</tbody>
</table>

5 - Reason for Test

<table>
<thead>
<tr>
<th>Clinical Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>fever</td>
</tr>
<tr>
<td>gastroenteritis</td>
</tr>
<tr>
<td>respiratory symptoms</td>
</tr>
<tr>
<td>STI</td>
</tr>
<tr>
<td>headache / stiff neck</td>
</tr>
<tr>
<td>vesicular rash</td>
</tr>
<tr>
<td>pregnant</td>
</tr>
<tr>
<td>encephalitis / meningitis</td>
</tr>
<tr>
<td>maculopapular rash</td>
</tr>
<tr>
<td>jaundice</td>
</tr>
<tr>
<td>other - (specify)</td>
</tr>
</tbody>
</table>

| influenza high risk - (specify) |
| recent travel - (specify location) |

For HIV, please use the HIV serology form. - For referred cultures, please use the reference bacteriology form.To re-order this test requisition contact your local Public Health Laboratory and ask for form number F-SD-SCG-1000. Current version of Public Health Laboratory requisitions are available at www.publichealthontario.ca/requisitions

The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36 (1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHOL Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-SD-SCG-1000 (08/2013)
Section B: Respiratory Outbreak
Introduction

Outbreaks occur when the usual incidence of respiratory disease in a particular Long-Term Care Home (LTCH) or Retirement Home (RH) is exceeded at any given time. Therefore it is important for every LTCH or RH to be cognizant of their usual incidence of respiratory disease symptoms. Early identification of an outbreak is essential since the implementation of control measures and therapeutic interventions can prevent the spread of infection and decrease the morbidity and mortality of a very frail, compromised population.

Respiratory tract infections are the most commonly diagnosed infections of LTCH and RH residents. Residents are predisposed to such infections in part because they may be elderly, may have chronic illnesses which weaken their immune system, and may have chronic lung or neurological disease which impairs their ability to clear secretions from their lungs and airways. Residents are also at risk because many viral and bacterial respiratory pathogens are easily transmitted in this type of living environment.

Reference:
Ministry of Health and Long-Term Care, A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes, November 2018.

Part 1:
Definitions

Different respiratory viruses often cause similar acute respiratory symptoms. Each respiratory outbreak requires its own case definition. This case definition can be modified if necessary during the outbreak to ensure that the majority of cases are being properly captured.

Suspect Respiratory Outbreak

Whenever there are two cases of Acute Respiratory Illness (ARI) within 48 hours, on one unit, an outbreak should be suspected. Whenever a respiratory outbreak is suspected, testing should be done to determine the causative organism.

Suspect respiratory infection outbreak:

1. Two cases of ARI occurring within 48 hours with any common epidemiological link (e.g., unit, floor);

OR

2. One laboratory-confirmed case of influenza.

Facilities are required to call the Leeds, Grenville and Lanark District Health Unit whenever a respiratory outbreak is suspected. They will receive an outbreak investigation number which facilitates specimens being tested promptly.
Section B: Respiratory Outbreak

Case Definition for Respiratory Infection
To be considered a case during a potential outbreak the resident must have **at least two** of the following (new) symptoms:

- runny nose or sneezing
- stuffy nose (i.e. congestion)
- sore throat or hoarseness or difficulty swallowing
- dry cough
- swollen or tender glands in the neck (cervical lymphadenopathy)
- fever/abnormal temperature for the resident may be present, but is not required.

For suspected influenza outbreaks you may also consider including the following symptoms in the case definition: tiredness (malaise), muscle aches (myalgia), loss of appetite, headache, chills.

Confirmed Respiratory Outbreak
Any further progression of the suspect outbreak – additional cases or laboratory confirmations.

An outbreak can be declared at any time by the Medical Officer of Health, or their designate, or by the Medical Director for the facility.

There should be discussion between the facility and the Public Health Unit contact person to decide whether to declare a facility-wide outbreak or a unit specific outbreak when the cases are on one unit and can be confined to that unit.

Part 2: Respiratory Outbreak Control Measures
There are several measures that can be used to control the spread of an outbreak that should be implemented as soon as an outbreak is suspected. All staff shall be notified of the outbreak. Personal Protective Equipment (PPE) shall be made available as necessary. The following measures shall be instituted:

1. **Hand Hygiene**
   Hand hygiene is the single most important measure for preventing the spread of infections. Reinforce with staff the need for hand hygiene before and after providing care to residents. Implement “Your 4 Moments of Hand Hygiene”. Alcohol based hand rub (ABHR) is the preferred means of hand hygiene unless the hands are visibly soiled; in some instances the use of soap and water is preferred. Encourage residents to perform hand hygiene often.

2. **Personal Protective Equipment (PPE)**
   Use appropriate PPE (droplet/contact precautions) when providing direct personal care to ill residents. After providing care to a resident and/or prior to providing care to other residents, PPE shall be removed, discarded and hand hygiene performed.

3. **Isolation of Ill Cases**
   Encourage ill residents to remain in their rooms for five days after symptom onset or until symptoms have resolved.

4. **Movement Throughout the Home**
   Avoid both resident and staff interaction between affected and unaffected units.
5. Cohorting Staff and Patients
Attempts should be made to minimize the movement of staff between floors/units. If possible, designate staff members to look after only ill residents and other staff to look after only well residents. Staff who were off ill with the same illness or symptoms should be assigned to care for ill residents upon their return to work because some degree of immunity will be present.

6. Visitor Restrictions
Visitors should not enter the facility if they have respiratory symptoms or if they have an infectious illness. They should be advised of the potential risk of acquiring illness within the facility. Signage should be posted at all entrances directing visitors/agencies to the office/nurse where they will receive direction related to hand hygiene, the use of PPE, and other visiting guidelines.

7. Excluding Ill Staff and Volunteers from Work
Staff and volunteers who are ill with the same symptoms defined by the case definition are not permitted to work while symptomatic. Consult with the Health Unit for recommendations.

8. Enhanced Cleaning and Disinfection
Thorough and increased frequency of cleaning and disinfection of equipment and environmental surfaces should be implemented during an outbreak. High touch surfaces such as doorknobs, light switches, remote control devices, handrails, etc. are of high importance.

Ensure that the chemical concentration of disinfectant is prepared, used, and changed according to manufacturer’s directions for use.
Routine practices should be applied in the handling of soiled linen and clinical waste.
Double bagging of waste is not required.
Disposable dishes and cutlery are not required.

9. Education
All staff should be informed about the existence of an outbreak.
Hold information sessions for staff, volunteers, and family to address precautions in place during the outbreak.
Family and visitors should be instructed on proper hand hygiene and the use of PPE when necessary.

10. Communal Activities
As much as possible, restrict all residents/patients to their floor or unit. Previously scheduled events might have to be rescheduled. Small gatherings for well residents/patients can occur with health unit consultation.

11. Working at Other Facilities
Staff/volunteers who work in more than one facility should notify the facility NOT in outbreak and follow their policy regarding exclusion.

12. Medical Appointments
Non-urgent appointments shall be rescheduled.
Part 3: Determination of a Suspect Respiratory Outbreak

Two cases of acute respiratory tract illness occurring within 48 hours in a geographic area (e.g. on one unit)

**OR**

one laboratory confirmed case of influenza

Does each ill resident have at least two of the following new symptoms?

- Fever or abnormal temperature
- Runny nose or sneezing
- Nasal congestion
- Sore throat, hoarseness or difficulty swallowing
- Dry or congested cough
- Fatigue (malaise) or muscle aches (myalgia)

1. Contact the Leeds, Grenville and Lanark District Health Unit, phone: 613-345-5685 ext 2222

2. Initiate Outbreak Control Measures:
   - Isolate ill residents and institute PPE when providing direct patient care
   - Reinforce hand hygiene (staff and residents)
   - Increase frequency of cleaning
   - Exclude ill staff from the workplace

A confirmed outbreak will be declared with any further progression of the suspect outbreak (additional cases or laboratory confirmations)

1. Obtain an Outbreak Number from the Health Unit
2. Initiate resident & staff line listings and fax to the Health Unit: 613-345-5777
3. Collect NP specimens from residents who most recently became ill (within 48 hours of onset) and who have the most representative symptoms of the suspected illness.
4. Contact the Health Unit to arrange transport to the Public Health Lab.
5. Specimens should be stored and transported at 2º – 8º C or on ice to the lab for processing within 48 hours of collection.
Section B: Respiratory Outbreak

Part 4: Nasopharyngeal Specimen Collection

WASH HANDS BEFORE AND AFTER THIS PROCEDURE

What is the Nasopharynx?
The nasopharynx is the upper part of the throat and is located behind the nose. It is the highest part of the pharynx or the throat, which is divided into three parts; the top part being the nasopharynx, the middle part being the oropharynx, and the lowest part being the laryngopharynx.

Materials:
- Nasopharyngeal swab (with flexible shaft and rayon tip)
- Lab requisition
- Viral transport medium
- Personal Protective Equipment (PPE) – mask, gloves, and gown (if required)

Method:
The laboratory needs high levels of organism to grow a culture successfully. A properly collected nasopharyngeal swab will yield high levels of organism.

1. Wash hands
2. Check expiry date of swab & virus transport medium.
3. Don PPE
4. Tilt head back 70°
5. Clean excess mucous from outer nostril

Swab Placement:
6. Insert the swab along the basal surface of the nose using the medial side of the nasal septum to guide the swab; it will stop when it reaches the inferior turbinate of the nasopharynx.

Taking the Specimen:
7. Rub swab back & forth about 5 times firmly but gently to collect virus laden cells.
8. Leave swab in place for a few seconds to absorb specimen material.
9. Withdraw swab and insert it into the transport medium.
10. Break off excess swab or cut off excess wire swab.
11. Cap specimen tube and place in sealable portion of biohazard specimen bag. Remove blue liner to expose adhesive and seal.
12. Completed requisition form is placed in outside pocket of specimen bag.
13. Wash hands.

Personal Protection
Risk assessment should be conducted for specimen collection procedures in order to identify associated risks and apply appropriate control measures in order to reduce the risk of disease transmission. This involves a combination of administrative controls (safe work practices/procedures) and the use of personal protective equipment (e.g. masks, gloves, gowns) in accordance with the risk of exposure when collecting the specimen.

Note: Rule of thumb to determine when swab is properly placed: Insert swab to one-half the distance from the tip of the nose to the tip of the earlobe.
Section B: Respiratory Outbreak

Part 5:
List of Inserts

- Respiratory Outbreak Control Measures Checklist
- Respiratory Outbreak Line Listing Sample
- Sample Respiratory Requisition
- Management of Staff – Influenza Outbreak Algorithm
- Influenza Outbreak Questionnaire
Respiratory Outbreak Control Measures Checklist

Facility: ________________________________  Date: ________________________________
Date Outbreak Declared: ________________  Outbreak #: __________________________
Health Unit Contact: ____________________

IMMEDIATE CONTROL MEASURES FOR OUTBREAK
(not yet declared but facility is monitoring situation):

☐ Isolation of ill residents/patients and use appropriate PPE + encourage hand hygiene.
☐ Notify staff of potential outbreak.
☐ Start Line Listing of ill residents/patients and staff and sent to secure fax line 613-345-5777.
☐ Collect Nasopharyngeal (NP) Specimens to send to Public Health Lab.
☐ Notify the Leeds, Grenville and Lanark District Health Unit of potential outbreak by calling 613-345-5685 ext 2222 or after hours 613-345-5685 and ask for the On Call Manager.

Nasopharyngeal (NP) Specimen Collection:
See “Outbreak Management – A Quick Reference Guide” for instructions
☐ Check expiry dates on swabs.
☐ Collect NP swabs from THREE residents/patients most recently ill and who meet the case definition.

Control Measures for Residents/Patients: (for influenza see next page)
☐ Restriction of cases to their room for FIVE days after onset of symptoms or until symptoms have resolved.
☐ Encourage hand hygiene practices and have hand sanitizer available.
☐ Ill residents/patients are to receive meals in their rooms.
☐ Avoid sharing equipment between residents/patients if possible OR thoroughly clean and disinfect between use.
☐ Ensure ‘Droplet/Contact’ precautions are in place (with signage) which includes:
   » Use of masks/eye protection within two meters of a coughing resident/patient.
   » Gloves and gowns when providing direct care for residents/patients and in addition, wearing gloves when entering a patient’s room or bed space in hospital.

Control Measures for Staff and Volunteers: (for influenza see next page)
☐ Emphasize the importance of hand hygiene.
☐ Provide education to staff on routine practices, additional precautions, environmental cleaning and disinfection.
☐ Cohort staffing if possible (i.e. assign to a floor/unit that either contains or does not contain active cases).
☐ Report illness to charge person; list symptoms and onset date.
☐ Exclude ill staff, students and volunteers for FIVE days after onset of symptoms or until symptoms have resolved.
☐ Staff/volunteers who work in more than one facility should notify the facility NOT in outbreak and follow their policy regarding exclusion.
Section B: Respiratory Outbreak

Control Measures for Visitors:
- Notify visitors of outbreak through signage at entrances.
- Notify visitors of contact/droplet precautions with signage on ill resident/patient doors.
- Notify all outside agencies contracted to work in the facility.
- Ensure that ill visitors are not permitted in the facility.
- Encourage well visitors to reschedule their visit if possible; if necessary, instruct visitors to:
  - Clean hands before and after visit.
  - Use appropriate PPE for direct care of ill residents/patients.
  - Visit only one resident/patient, clean hands and exit facility.

Environmental Cleaning:
- Increase frequency of cleaning and disinfection of high touch surfaces.
- Increase cleaning and disinfection of ill resident/patient's immediate environment.
- Promptly clean and disinfect surfaces contaminated by stool and vomit.
- Increased cleaning and disinfection of equipment prior to use and between residents/patients.
- Use appropriate products for cleaning and disinfection:
  - For recommended products, cleaning and disinfection level and frequency for non-critical resident/patient equipment and environmental items refer to Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, check Public Health Ontario website for most up to date version.

Admissions, Re-admission, and Transfers:
- Re-admit cases only if appropriate accommodation and precautions are in place.
- Consult with Health Unit for all admissions, re-admissions/transfers to another LTCH.
- Notify Hospital Infection Control Practitioner if transferring resident to hospital.

Medical Appointments:
- Re-schedule non-urgent appointments.
- Urgent or difficult to re-schedule appointments are possible with precautions; consult with Health Unit.

Communal Activities:
- Cancel or postpone large gatherings.
- Small gatherings for well residents/patients only, consult with Health Unit.

Additional Control Measures for Influenza Outbreaks:
- Offer antiviral prophylaxis to all residents/patients.
- Start antiviral treatment of all resident/patient cases within 48 hours of symptom onset for maximum effectiveness.
- Offer influenza immunization to non-immunized residents/patients.
(Please note: treatment decisions are the responsibility of the attending physician)
For antiviral medication information, refer to A Guide to the Control of Respiratory Infection Outbreaks in LTCHs.

Reference:
Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018 Ministry of Health and Long-Term Care, November 2018

For more information, please call 1-800-660-5853
or visit our website at www.healthunit.org
## Section B: Respiratory Outbreak

### Line Listing – Respiratory Daily Status Report

Please complete and fax to the Leeds, Grenville and Lanark District Health Unit by 10:00 a.m. each day.

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 by telephone at 1-800-660-5853 or 613-345-5685 so that we may arrange the return of the original.

Secure Fax Line # 613-345-5777

Respiratory Line Listing_jan 2019 E

### Date: [ ]

Outbreak Number: 2243-

Contact Name: [ ]

Number of Pages: [ ]

### Institution Name:

Choose one only:

- [ ] Staff Data
- [ ] Resident Data

### Case Definition -

Any resident or staff member with illness onset from (date):

- who is experiencing any two of the following symptoms:

#### Symptoms

- Abnormal temperature
- Cough (dry)
- Nasal congestion / stuffy nose
- Sore throat
- Hoarseness / Difficulty swallowing
- Chills
- Myalgia (sore muscles)
- Malaise / Fatigue
- Runny nose / sneezing
- Headache
- Poor appetite
- Other (i.e. shortness of breath)

#### Specimens:

- Nasopharyngeal swab (date m/d)

#### Diagnosis:

- Result (date m/d)

#### Prophylaxis/Treatment:

- Tamiflu Treatment (Dose, date m/d)
- Tamiflu Prophylaxis (date m/d)
- Flu vaccine (date m/d)
- Pneumovax vaccine (date m/d)
- Antibiotic (date m/d)
- Bronchitis (date m/d)
- Pneumonia confirmed

#### Complications:

- Pneumonia confirmed
- Hospitalization (date m/d)
- Death (date m/d)

### Contact Information:

Name & Location (Floor, Room): [ ]

Gender (F/M): [ ]

Date of Birth (yyyy/m/d): [ ]

Onset date of first symptoms (date m/d): [ ]

Abnormal temperature: [ ]

Cough (dry): [ ]

Nasal congestion / stuffy nose: [ ]

Sore throat: [ ]

Hoarseness / Difficulty swallowing: [ ]

Chills: [ ]

Myalgia (sore muscles): [ ]

Malaise / Fatigue: [ ]

Runny nose / sneezing: [ ]

Headache: [ ]

Poor appetite: [ ]

Other: [ ]

Date:

Outbreak Number:

Contact Name:

Institution Name:
Section B: Respiratory Outbreak

General Test Requisition

ALL Sections of this Form MUST be Completed

<table>
<thead>
<tr>
<th>1 - Submitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courier Code</td>
</tr>
</tbody>
</table>

Provide Return Address:
LEEDS, GRENVILLE & LANARK HEALTH UNIT
BROCKVILLE MAIN OFFICE
CONTACT: INFECTIOUS DISEASES PROGRAM
458 Laurier Blvd., Brockville, ON K6V 7A3

<table>
<thead>
<tr>
<th>2 - Patient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health No.</td>
</tr>
<tr>
<td>Sex</td>
</tr>
<tr>
<td>Date of Birth: yyyy / mm / dd</td>
</tr>
<tr>
<td>Medical Record No.</td>
</tr>
<tr>
<td>Patient’s Last Name (per OHIP card)</td>
</tr>
<tr>
<td>First Name (per OHIP card)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postal Code</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3 - Test(s) Requested (Please see descriptions on reverse)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test: Enter test descriptions below</td>
</tr>
</tbody>
</table>

Influenza A & B - Virus Detection

Hepatitis Serology

Reason for test (Check (✓) only one box):
- Immune status
- Acute infection
- Chronic infection

Indicate specific viruses (Check (✓) all that apply):
- Hepatitis A
- Hepatitis B
- Hepatitis C (testing only available for acute or chronic infection; no test for determining immunity to HCV is currently available)

<table>
<thead>
<tr>
<th>4 - Specimen Type and Site</th>
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<tbody>
<tr>
<td>blood / serum</td>
</tr>
<tr>
<td>faeces</td>
</tr>
<tr>
<td>nasopharyngeal</td>
</tr>
<tr>
<td>vaginal smear</td>
</tr>
<tr>
<td>urine</td>
</tr>
<tr>
<td>urethral</td>
</tr>
<tr>
<td>cervix</td>
</tr>
<tr>
<td>BAL</td>
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<table>
<thead>
<tr>
<th>5 - Reason for Test</th>
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</thead>
<tbody>
<tr>
<td>diagnostic</td>
</tr>
<tr>
<td>needle stick</td>
</tr>
<tr>
<td>follow-up</td>
</tr>
<tr>
<td>prenatal</td>
</tr>
<tr>
<td>chronic condition</td>
</tr>
<tr>
<td>immunocompromised</td>
</tr>
<tr>
<td>post-mortem</td>
</tr>
<tr>
<td>other - (specify)</td>
</tr>
</tbody>
</table>

| Date Collected: yyyy / mm / dd |
| Unset Date: yyyy / mm / dd |

<table>
<thead>
<tr>
<th>Clinical Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>fever</td>
</tr>
<tr>
<td>gastroenteritis</td>
</tr>
<tr>
<td>STI</td>
</tr>
<tr>
<td>head / stiff neck</td>
</tr>
<tr>
<td>pregnant</td>
</tr>
<tr>
<td>encephalitis / meningitis</td>
</tr>
<tr>
<td>jaundice</td>
</tr>
<tr>
<td>vesicular rash</td>
</tr>
<tr>
<td>maculopapular rash</td>
</tr>
<tr>
<td>other - (specify)</td>
</tr>
</tbody>
</table>

| Influenza high risk - (specify) |
| recent travel - (specify location) |

For HIV, please use the HIV serology form. - For referred cultures, please use the reference bacteriology form. To re-order this test requisition contact your local Public Health Laboratory and ask for form number F-SD-SCG-1000. Current version of Public Health Laboratory requisitions are available at www.publichealthontario.ca/requisitions.

The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36 (1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHOL Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567, F-SD-SCG-1000 (08/2013).
**Management of Staff - Influenza Outbreak Algorithm**

**YES**
- Influenza outbreak
- Influenza vaccine
- Un-immunized staff who will not take influenza vaccine or antivirals
- Un-immunized staff who will take influenza vaccine and/or antivirals
- Symptomatic outbreak continues to work unless influenza vaccine and/ or antivirals will be provided by the resident/patient care facility
- Take antiviral until outbreak declared
- Return to work after first dose

**NO**
- Influenza outbreak
- Influenza vaccine
- Un-immunized staff who will not take influenza vaccine or antivirals
- Un-immunized staff who will take influenza vaccine and/or antivirals
- No restrictions
- Staff developing symptoms must stay off work for 5 days after onset of symptoms or until symptoms resolve, whichever is shorter
- Staff must take influenza vaccine and/or antivirals
- Return to work after first dose
- Take antiviral until outbreak declared
- Receiver influenza vaccine and/or antivirals

References:
- MOHLTC, A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes, November 2018.
- OHA, Influenza Surveillance Protocol for Ontario Hospitals, November 2018.
# Influenza Outbreak Questionnaire

**FACILITY:** _______________________________  **DATE:** _______________________________

**FACILITY FAX #:** _______________________________

## FACILITY-WIDE COUNTS

<table>
<thead>
<tr>
<th>FACILITY-WIDE COUNTS</th>
<th>RESIDENT(S)</th>
<th>STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL # PEOPLE IN THE FACILITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL # PEOPLE IN THE AFFECTED AREA (IF OUTBREAK CONTAINED TO SPECIFIC UNIT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL # PEOPLE IN FACILITY IMMUNIZED BEFORE THIS OUTBREAK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL # PEOPLE IN AFFECTED AREA IMMUNIZED BEFORE THIS OUTBREAK</td>
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<td></td>
</tr>
</tbody>
</table>

## OUTBREAK CASE COUNTS

<table>
<thead>
<tr>
<th>OUTBREAK CASE COUNTS</th>
<th>RESIDENT(S)</th>
<th>STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td># CASES (THOSE WHO ARE LINE-LISTED)</td>
<td></td>
<td></td>
</tr>
<tr>
<td># CASES ADMITTED TO HOSPITAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td># CASES WITH PNEUMONIA (CXR+)</td>
<td></td>
<td></td>
</tr>
<tr>
<td># DEATHS AMONG CASES</td>
<td></td>
<td></td>
</tr>
<tr>
<td># IMMUNIZED DURING THE CURRENT OUTBREAK (THOSE GIVEN FLU VACCINE DURING THIS OUTBREAK)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### - IMMUNIZATION COUNTS FOR CASES WHO ARE LINE LISTED -

<table>
<thead>
<tr>
<th>IMMUNIZATION COUNTS FOR CASES WHO ARE LINE LISTED</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># CASES – IMMUNIZED BEFORE THIS OUTBREAK</td>
<td></td>
<td></td>
</tr>
<tr>
<td># CASES – NOT IMMUNIZED BEFORE THIS OUTBREAK</td>
<td></td>
<td></td>
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<tr>
<td># CASES ADMITTED TO HOSPITAL – IMMUNIZED BEFORE THIS OUTBREAK</td>
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<tr>
<td># CASES ADMITTED TO HOSPITAL – NOT IMMUNIZED BEFORE THIS OUTBREAK</td>
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<tr>
<td># CASES WITH PNEUMONIA (CXR+) – IMMUNIZED BEFORE THIS OUTBREAK</td>
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<td></td>
</tr>
<tr>
<td># CASES WITH PNEUMONIA (CXR+) – NOT IMMUNIZED BEFORE THIS OUTBREAK</td>
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<tr>
<td># DEATHS AMONG CASES – IMMUNIZED BEFORE THIS OUTBREAK</td>
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<td></td>
</tr>
<tr>
<td># DEATHS AMONG CASES – NOT IMMUNIZED BEFORE THIS OUTBREAK</td>
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</tbody>
</table>

### - ANTIVIRAL MEDICATION USED DURING THIS OUTBREAK -

<table>
<thead>
<tr>
<th>ANTIVIRAL MEDICATION USED DURING THIS OUTBREAK</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td># WELL PERSONS (THOSE NOT YET ILL) WHO RECEIVED ANTIVIRAL PROPHYLAXIS</td>
<td></td>
<td></td>
</tr>
<tr>
<td># ILL CASES WHO RECEIVED ANTIVIRAL TREATMENT WITHIN 48 HOURS OF ONSET OF SYMPTOMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td># ILL CASES WHO RECEIVED ANTIVIRAL TREATMENT &gt; 48 HOURS AFTER ONSET OF SYMPTOMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td># PEOPLE WHO DEVELOPED SIDE EFFECTS TO TAMIFLU</td>
<td></td>
<td></td>
</tr>
<tr>
<td># PEOPLE WHO DISCONTINUED USE OF TAMIFLU DUE TO SIDE EFFECTS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section C: Outbreak Resources
Introduction

Admission, transfer, and visitor recommendations are generally the same for respiratory or gastrointestinal outbreaks. However, during an influenza outbreak, the vaccine status of new and returning residents must be taken into consideration before they are admitted or re-admitted to the home.

Any of the following recommendations may be altered after consultation with the Health Unit.

Part 1: Admissions and Re-Admissions

Factors that need to be assessed before admissions and re-admissions occur include the following:

- Are there adequate staff, resources, Personal Protective Equipment and appropriate accommodations available at the facility to care for an additional resident?
- Has the attending physician and Director of Care agreed that the resident can enter/return to the facility?
- Are residents presenting with mild or moderate symptoms with a quick recovery?
- Are symptoms similar to those of previous cases; is there an increase in morbidity?
- During a confirmed influenza outbreak, has the resident previously received an influenza vaccine, or has the resident been started on antiviral prophylaxis?
- Has the resident or their substitute decision-maker been informed of the Outbreak; have they given consent for admission or re-admission?

If the above considerations can be met, then the admission, re-admission and transfer may be permitted in consultation with the Health Unit.

Note: The re-admission of a resident who has been hospitalized and who meets the case definition is permitted at any time provided appropriate care can be provided.
Part 2: Transfers
When transferring a resident with a suspected or confirmed communicable disease, it is the responsibility of the nurse in charge to:

- Inform the transfer service about the illness and the outbreak status of the facility so appropriate PPE can be used.
- Notify the receiving facility’s Infection Control Professional with details of the illness or outbreak to ensure control measures are in place when the resident arrives.

Part 3: Visitors
The facility shall post outbreak signs at all entrances to the home indicating the institution is in an outbreak so that visitors can be advised of the potential risk of acquiring illness within the home.

Everyone is put at risk when someone visits when he/she is ill. **If visitors are unwell, they are advised to stay home.**

Complete closure of the home to visitors is not recommended, as it may cause emotional hardship to both the residents and their relatives. However, the facility may close to visitors if they feel they are unable to manage the outbreak or the Health Unit has evidence that the facility cannot manage the outbreak.

Visitors should be directed to reception where they will be encouraged to postpone visits whenever possible.

Part 4: Posters/Inserts

- **Sample Order Form for Outbreak Kits**
- Admissions, Re-admissions or Transfers to a Long-Term Care Home or Retirement Home during an Outbreak
- Signage for Visitors (3)
- Precautions for Patient/Resident Rooms (3)
Section C: Outbreak Resources

Requisition for Specimen Containers and Supplies

Please note: Specimen containers and supplies are supplied to submitters exclusively for samples that are to be tested by the Public Health Ontario Laboratories. Current version of Public Health Laboratory requisitions are available at www.publichealthontario.ca/requisitions.

<table>
<thead>
<tr>
<th>Name</th>
<th>Kits</th>
<th>Item#</th>
<th>UoM</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia trachomatis &amp; Neisseria gonorrhoeae</td>
<td>Hologic® Aptima® Unisex Swab Specimen Collection Kit</td>
<td>300210</td>
<td>Box of 50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hologic® Aptima® Urine Specimen Collection Kit</td>
<td>300209</td>
<td>Box of 50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hologic® Aptima® Multitest Swab Specimen Collection Kit</td>
<td>300294</td>
<td>Box of 50</td>
<td></td>
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<tr>
<td>DF</td>
<td>Direct Fluorescence</td>
<td>390047</td>
<td>EA.</td>
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<tr>
<td>Enteric Outbreak kit</td>
<td>2 vials: Green-Enteric bacteriology and White-Virology /Toxin testing</td>
<td>390038</td>
<td>EA.</td>
<td></td>
</tr>
<tr>
<td>FAECES</td>
<td>Enteric Bacteriology – Health Units Only (Cary Blair)</td>
<td>390049</td>
<td>EA.</td>
<td></td>
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<tr>
<td>GL</td>
<td>Gastric Lavage - M. tuberculosis</td>
<td>390043</td>
<td>EA.</td>
<td></td>
</tr>
<tr>
<td>PARA</td>
<td>Faeces - Routine Parasitology</td>
<td>390033</td>
<td>PKG/3</td>
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<tr>
<td>TB</td>
<td>TB kit Sputum Body fluids and tissues (90 ml sterile container)</td>
<td>390042</td>
<td>EA.</td>
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<tr>
<td>CD</td>
<td>C. difficile analysis or toxin studies (90 ml sterile container)</td>
<td>390054</td>
<td>EA.</td>
<td></td>
</tr>
<tr>
<td>Virus - H</td>
<td>HIV / AIDS</td>
<td>390041</td>
<td>EA.</td>
<td></td>
</tr>
<tr>
<td>Virus Culture (tissue)</td>
<td>Universal Transport Media (UTM)</td>
<td>390075</td>
<td>EA.</td>
<td></td>
</tr>
<tr>
<td>Water</td>
<td>Private Citizen Water - bacteriological</td>
<td>390040</td>
<td>EA.</td>
<td></td>
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<tr>
<td></td>
<td>Sterile - Water bottles - 250 ml (Official Agency Use Only)</td>
<td>390013</td>
<td>EA.</td>
<td></td>
</tr>
<tr>
<td>PWO kit</td>
<td>Pinworm Ova Kit</td>
<td>390045</td>
<td>EA.</td>
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<tr>
<td>BL-S</td>
<td>Blood, clotted Serology - Syphilis / Virus / Other</td>
<td>390044</td>
<td>PKG/6</td>
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<tr>
<td>BP</td>
<td>Bordetella pertussis (Whooping cough)</td>
<td>390052</td>
<td>PKG/2</td>
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<tr>
<td>CH(L,C)</td>
<td>Female Chlamydia trachomatis culture (Universal Transport Media-UTM)</td>
<td>390083</td>
<td>PKG/8</td>
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<tr>
<td></td>
<td>Male Chlamydia trachomatis culture (Universal Transport Media-UTM)</td>
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<td>PKG/8</td>
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<tr>
<td>MP/CP - Resp</td>
<td>Mycoplasma pneumoniae / Chlamydophila pneumoniae - Respiratory</td>
<td>390085</td>
<td>PKG/6</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Fungus culture kit (superficial/dermatophyte)</td>
<td>390048</td>
<td>PKG/8</td>
<td></td>
</tr>
<tr>
<td>GC</td>
<td>Neisseria gonorrhoeae culture</td>
<td>390051</td>
<td>PKG/8</td>
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<tr>
<td>MP</td>
<td>Genital Mycoplasma/Ureaplasma culture (Universal Transport Media-UTM)</td>
<td>390064</td>
<td>PKG/8</td>
<td></td>
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<tr>
<td>Prenatal</td>
<td>Rubella, Syphilis, Hep.B, HIV</td>
<td>390050</td>
<td>PKG/6</td>
<td></td>
</tr>
<tr>
<td>Virus Culture - Herpes/STI</td>
<td>Swab in transport medium (Universal Transport Media-UTM)</td>
<td>390081</td>
<td>PKG/6</td>
<td></td>
</tr>
<tr>
<td>Virus - Respiratory / Influenza</td>
<td>Nasopharyngeal swab in transport medium (Universal Transport Media-UTM)</td>
<td>390082</td>
<td>PKG/6</td>
<td></td>
</tr>
</tbody>
</table>

Date order received (yyyy/mm/dd)
Order filled by
Date order shipped (yyyy/mm/dd)

Leeds, Grenville & Lanark District Health Unit • Outbreak Management • November 2019
## Public Health Laboratories

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Telephone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Toronto</strong></td>
<td>81 Resources Road, Etobicoke ON M9P 3T1</td>
<td>905 385-5379</td>
<td>905 385-0083</td>
</tr>
<tr>
<td><strong>(Warehouse)</strong></td>
<td>Fax: 416 235-5753</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hamilton</strong></td>
<td>250 Fennell Avenue West, Box 2100, Hamilton ON L8N 3R5</td>
<td>905 385-6630</td>
<td>905 385-1185</td>
</tr>
<tr>
<td></td>
<td>Fax: 905 385-4745</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Kingston</strong></td>
<td>181 Barrie Street, Box 240, Kingston ON K7L 4V8</td>
<td>613 548-6630</td>
<td>613 547-1185</td>
</tr>
<tr>
<td></td>
<td>Fax: 613 547-4745</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>London</strong></td>
<td>850 Highbury Avenue, 5th floor, London ON N5Y 1A4</td>
<td>519 455-9310</td>
<td>519 455-3363</td>
</tr>
<tr>
<td></td>
<td>Fax: 519 455-2666</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Orillia</strong></td>
<td>750 Memorial Avenue, Box 600, Orillia ON L3V 6K5</td>
<td>705 325-7449</td>
<td>705 329-6001</td>
</tr>
<tr>
<td></td>
<td>Fax: 705 329-6998</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ottawa</strong></td>
<td>2380 St. Laurent Boulevard, Ottawa ON K1G 6C4</td>
<td>613 736-6800</td>
<td>613 736-6820</td>
</tr>
<tr>
<td><strong>Peterborough</strong></td>
<td>99 Hospital Drive, Box 265, Peterborough ON K9J 6Y8</td>
<td>705 743-6811</td>
<td>705 745-1257</td>
</tr>
<tr>
<td><strong>Sault Ste. Marie</strong></td>
<td>160 McDougald Street, Sault Ste. Marie ON P6A 3A8</td>
<td>705 254-7132</td>
<td>705 945-6873</td>
</tr>
<tr>
<td></td>
<td>Fax: 705 263-0409</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sudbury</strong></td>
<td>1300 Paris Street, Suite 2, Sudbury ON P3E 6H3</td>
<td>705 564-6917</td>
<td>705 564-6918</td>
</tr>
<tr>
<td></td>
<td>Fax: 705 564-6917</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Thunder Bay</strong></td>
<td>336 South Syndicate Avenue, Thunder Bay ON P7E 1E3</td>
<td>807 622-6449</td>
<td>807 622-5423</td>
</tr>
<tr>
<td><strong>Timmins</strong></td>
<td>67 Wilson Avenue, Timmins ON P4N 2S5</td>
<td>705 267-6633</td>
<td>705 360-2006</td>
</tr>
<tr>
<td></td>
<td>Fax: 705 360-2006</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Customer</strong></td>
<td>General inquiries</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Service Centre</strong></td>
<td>Email: <a href="mailto:CustomerServiceCentre@oahpp.ca">CustomerServiceCentre@oahpp.ca</a></td>
<td>416 235-6556</td>
<td>1-877-604-4567</td>
</tr>
<tr>
<td></td>
<td>Tel.: 416 235-6556</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Toll-free: 1-877-604-4567</td>
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</tbody>
</table>

Fax completed requisitions to your closest Public Health Ontario Laboratory.

www.publichealthontario.ca
It is important to assess the benefits and risks of admissions and transfers to a long-term care home during an outbreak. The individual (to be transferred) and their family/friend have been informed of the outbreak and what can be done to minimize the risk of becoming ill.

**Resident's Health and Well-being**

- If the individual is experiencing communicability and severity of disease.
- If the individual has an ongoing influenza vaccination unless they are on a prophylactic dose of the antiviral agent.
- If they have a resident who is on a prophylactic dose of the antiviral agent and they have received the current seasonal influenza vaccine.
- If the individual is a resident who is on a prophylactic dose of the antiviral agent and their family/friend have been informed of the outbreak.

**Public Health Assessment of Outbreak Status**

- The attending physician and the Director of Care (DOC) agree that the resident can be admitted to the facility.
- The facility has adequate resources, PPE, trained staff, and appropriate accommodation to care for the resident.
- The facility beds adequate resources, PPE, trained staff, and appropriate accommodation to care for the resident.

**Facility Response**

- There is no increase in morbidity.
- Symptoms are similar to those of previous cases and residents are presenting with mild or moderate illness.
- The attending physician and the Director of Care (DOC) agree that the resident can be admitted to the facility.

**Causative Agent**

- A resident may return to a facility experiencing an influenza outbreak if they are on a prophylactic dose of the antiviral agent and they have received the current seasonal influenza vaccine, unless contraindicated.
- For other organisms, the decision for transfer will be based on communicability and severity of disease, contact tracing, and the potential impact on the facility. The potential impact on other care beds and the risk associated with a prolonged hospital stay must be taken into account. The potential impact on the facility, impact on other care beds and the risk associated with a prolonged hospital stay must be taken into account.

**Resident’s Health and Well-being**

- The attending physician and the Director of Care (DOC) agree that the resident can be admitted to the facility.
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STOP

Visitors please read:

STOP THE SPREAD OF GERMS

• Don't visit if you are sick
• Clean your hands OFTEN with alcohol-based hand sanitizer
• Don't use resident washrooms
• Get your seasonal flu shot
• Cover your cough or sneeze with a tissue or your sleeve
STOP

Visitors please read:

- Check with staff before visiting for information about how to protect yourself

- Clean your hands OFTEN with alcohol based hand sanitizer
STOP

Visitors please read:

Outbreak Declared:

• Check with staff before visiting for information about how to protect yourself

• Clean your hands OFTEN with alcohol based hand sanitizer
STOP

Visitors: Talk to a staff person before going into this room.

CONTACT PRECAUTIONS

- Gloves required when providing direct care
- Long-sleeved gown required when providing direct care
- When possible, use dedicated equipment. Shared equipment to be disinfected before use with another resident
## CONTACT PRECAUTIONS

### Organism/Presentation | Duration of Precautions | Comments
--- | --- | ---
Antibiotic Resistant Organisms Such as: MRSA, ESBL, VRE | Consult with Infection Control | Follow facility policy regarding admission screening for AROs
*Clostridium difficile* | 48 hours without symptoms of diarrhea
Discontinue only under the direction of Infection Control | Bacterial spores persist in the environment. Pay special attention to cleaning as per protocol
Scabies | 24 hours after initiation of appropriate therapy | Follow Routine Practices, plus gloves for skin contact in cases of “typical” scabies and Contact Precautions for cases of crusted, Norwegian scabies
Gastroenteric illness of unknown origin | Continue precautions for up to 48 hours after cessation of symptoms depending on the infectious agent suspected | Report to Public Health if outbreak suspected

### Hand Hygiene

**As per Routine Practices**

**Accommodation**

- Determine on a case-by-case basis using risk assessment
- (consult Infection Control regarding placement and cohorting)
- Dedicated toileting equipment for residents with VRE or *C. difficile*

**Personal Protective Equipment (PPE)**

- Gloves and long-sleeved gown when providing direct care
- Other PPE required as per Routine Practices

**Ambulation/Transportation**

- For MRSA and VRE, residents allowed to leave rooms and participate in facility activities
- Resident should perform hand hygiene when leaving room
- Notify receiving area/department of required precautions
- Staff to wear gown and gloves if there will be direct contact with resident during transport

**Visitors**

- Educate about required precautions, including hand hygiene
- Gloves and gown required if providing direct care such as bathing, washing, changing clothes/diapers, toileting, wound care, etc.
- Feeding or pushing a wheelchair are not classified as direct care

**Resident Care Equipment**

- Disposable or dedicated resident care equipment when possible
- Shared equipment should always be cleaned and disinfected between residents
- Do not overstock supplies (e.g. wound care) in resident room

**Housekeeping**

- VRE and *C. difficile* rooms require special cleaning
- In the event of an outbreak additional housekeeping measures may be implemented
- Launder all curtains at terminal cleaning
Visitors: Talk to a staff person before going into this room.

DROPLET PRECAUTIONS

- Mask and eye protection required within 2 metres of resident
- Transport resident if necessary; resident to wear a mask for transport
## DROPLET PRECAUTIONS

<table>
<thead>
<tr>
<th>Organism/Presentation</th>
<th>Duration of Precautions</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mumps (<em>infectious parotitus</em>)</td>
<td>Until 5 days after onset of swelling</td>
<td></td>
</tr>
<tr>
<td>Meningococcal Meningitis</td>
<td>Until 24 hours after effective therapy has been received</td>
<td>Close contacts may require chemoprophylaxis; contact Infection Control for further direction</td>
</tr>
<tr>
<td><em>(Neisseria meningitidis)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pertussis (Whooping Cough)</td>
<td>Until 5 days after appropriate antibiotic therapy has been received</td>
<td>Close contacts may require chemoprophylaxis</td>
</tr>
<tr>
<td>Rubella</td>
<td>Until 7 days after the onset of rash</td>
<td>Care should be provided by immune staff. Pregnant staff should not provide care.</td>
</tr>
</tbody>
</table>

### Hand Hygiene
- **As per Routine Practices**

### Accommodation
- Resident to remain in room or bedspace if feasible

### Personal Protective Equipment (PPE)
- Mask and eye protection required within 2 metres of the resident
- Eye glasses do not provide adequate protection
- Other PPE required as per Routine Practices

### Ambulation/Transportation
- Resident should wear a mask for transport or ambulation; if resident can’t tolerate, then transport staff should wear mask and eye protection
- Notify receiving area/department of required precautions

### Visitors
- Limit the number of visitors entering the room
- Educate about required precautions, including hand hygiene
- Visitors should wear a mask and eye protection when within 2 metres of the resident

### Resident Care Equipment
- Disposable or dedicated resident care equipment when possible
- Shared equipment should always be cleaned and disinfected between residents

### Housekeeping
- Routine housekeeping practices are sufficient

---

**MARCH 2011**
STOP

Visitors: Talk to a staff person before going into this room.

DROPLET + CONTACT PRECAUTIONS

- Mask and eye protection required within 2 metres of resident
- Gloves required when providing direct care
- Long-sleeved gown required when providing direct care
- Transport resident if necessary; resident to wear a mask for transport
- When possible, use dedicated equipment. Shared equipment to be disinfected before use with another resident
# DROPLET + CONTACT PRECAUTIONS

## Long Term Care

### Hand Hygiene

<table>
<thead>
<tr>
<th>Organism/Presentation</th>
<th>Duration of Precautions</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>Until 5 days after onset of illness</td>
<td>Encourage immunization of staff and susceptible individuals</td>
</tr>
</tbody>
</table>
| Acute Respiratory Illness (ARI) | Until the resident meets one of the following criteria:  
  - An etiologic diagnosis that does not require Droplet Precautions  
  - Clinical improvement on empiric therapy  
  - An alternate diagnosis (i.e., non-infectious) | If outbreak suspected report to Public Health |
| RSV (Respiratory Syncytial Virus) | Duration of illness | |

### Accommodation

- Determine on a case-by-case basis using risk assessment
- Consult Infection Control regarding placement and cohorting

### Personal Protective Equipment (PPE)

- Mask and eye protection required within 2 metres of the resident
- Gloves and long-sleeved gown when providing direct care
- Other PPE required as per Routine Practices

### Ambulation/Transportation

- Resident must wear a mask during transport or ambulation; if resident can’t tolerate then transport staff should wear mask and eye protection
- Resident should perform hand hygiene when leaving room
- Notify receiving area/department of required precautions
- Staff to wear gown and gloves if there will be direct contact with resident during transport

### Visitors

- Educate about required precautions, including hand hygiene
- Visitors should wear a mask and eye protection when within 2 metres of the resident
- Gloves and gown required if providing direct care such as bathing, washing, changing clothes/diapers, toileting, wound care, etc.
- Feeding or pushing a wheelchair are not classified as direct care

### Resident Care Equipment

- Disposable or dedicated resident care equipment when possible
- Shared equipment should always be cleaned and disinfected between residents
- Do not overstock supplies (e.g. wound care) in resident room

### Housekeeping

- Some organisms require special cleaning
- In the event of an outbreak additional housekeeping measures may be implemented

---

**Organism/Presentation** | **Duration of Precautions** | **Comments**
---|---|---
Influenza | Until 5 days after onset of illness | Encourage immunization of staff and susceptible individuals
Acute Respiratory Illness (ARI) | Until the resident meets one of the following criteria:  
- An etiologic diagnosis that does not require Droplet Precautions  
- Clinical improvement on empiric therapy  
- An alternate diagnosis (i.e., non-infectious) | If outbreak suspected report to Public Health
RSV (Respiratory Syncytial Virus) | Duration of illness | |

**Hand Hygiene** | **As per Routine Practices**
---|---
Accommodation | Determine on a case-by-case basis using risk assessment  
Consult Infection Control regarding placement and cohorting
Personal Protective Equipment (PPE) | Mask and eye protection required within 2 metres of the resident  
Gloves and long-sleeved gown when providing direct care  
Other PPE required as per Routine Practices
Ambulation/Transportation | Resident must wear a mask during transport or ambulation; if resident can’t tolerate then transport staff should wear mask and eye protection  
Resident should perform hand hygiene when leaving room  
Notify receiving area/department of required precautions  
Staff to wear gown and gloves if there will be direct contact with resident during transport
Visitors | Educate about required precautions, including hand hygiene  
Visitors should wear a mask and eye protection when within 2 metres of the resident  
Gloves and gown required if providing direct care such as bathing, washing, changing clothes/diapers, toileting, wound care, etc.  
Feeding or pushing a wheelchair are not classified as direct care
Resident Care Equipment | Disposable or dedicated resident care equipment when possible  
Shared equipment should always be cleaned and disinfected between residents  
Do not overstock supplies (e.g. wound care) in resident room
Housekeeping | Some organisms require special cleaning  
In the event of an outbreak additional housekeeping measures may be implemented