OUTBREAK

MANAGEMENT

A Quick Reference Guide

May 2023

Leeds, Grenville & Lanark District
HEALTH UNIT
Your Partner in Public Health

Adapted with permission
of KFL&A Public Health

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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.

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 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.

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

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.

Part 5:
List of Inserts

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

OUTBREAK

Enteric Outbreak Control Measures Checklist

Facility: _____ **Date:** _____

Date Outbreak Declared: _____ **Outbreak #:** _____

Health Unit Contact: _____

or

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

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.

- ☐ 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:

See "Outbreak Management—A Quick Reference Guide" for algorithm re: Admissions 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

Leeds, Grenville & Lanark District HEALTH UNIT
Your Partner in Public Health
www.healthunit.org

For more information, please call 1-800-660-5853 or visit our website at www.healthunit.org

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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.

Secure Fax Line: 613-345-5777

Date:	Outbreak Number: 2243-year-XXX	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 two or more unexplained episodes of vomiting and/or diarrhea within 24 hours.

Case Identification				Onset		Signs/Symptoms							Laboratory Tests			Comments
Case Number (sequentially)	Name & Location (floor, room)	Gender (f/m)	Date of Birth (yyyy/m/d)	Onset Date (yyyy/m/d)	Onset Time	Abnormal temperature °C	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.)
1	Jane Doe		10/10/1950	2019/09/24	9:00am	☐	■	■	☐	☐	☐	☐	stool sample	2019/09/24		
						☐	☐	☐	☐	☐	☐	☐				
						☐	☐	☐	☐	☐	☐	☐				
						☐	☐	☐	☐	☐	☐	☐				
						☐	☐	☐	☐	☐	☐	☐				
						☐	☐	☐	☐	☐	☐	☐				
						☐	☐	☐	☐	☐	☐	☐				

Enteric Line Listing_jan 2019 E

Public Health Ontario | Santé publique Ontario

General Test Requisition

For laboratory use only
Date received (yyyy/mm/dd): | PHOL No.:

ALL Sections of this form must be completed at every visit

1- Submitter

Dr. Linna Li, Medical Officer of Health
Leeds, Grenville and Lanark District Health Unit
458 Laurier Blvd
BROCKVILLE ON
K6V 7A3

Clinician initial/Surname and OHIP/CPSO No.: 104007

Telephone: (613) 345-5685 Fax: (613) 345-5777

cc Doctor / Qualified Health Care Provider Information

Name: Tel:

Lab / Clinic Name: Fax:

CPSO No.:

Address: Postal Code:

2 - Patient Information

Health Card No.: Sex: ◯ Male ◯ Female

Date of Birth (yyyy/mm/dd): Medical Record No.:

Last Name per health card: First Name per health card:

Address:

Postal Code: Phone Number:

Submitter Lab No.:

Public Health Unit Outbreak No.: 2243-

Public Health Investigator Information

Name: Infectious Diseases Program (IDP) Ext. 2222

Health Unit: Leeds, Grenville and Lanark District Health Unit

Tel: (613) 345-5685 Fax: (613) 345-5777

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

Enter test description 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

☐ Blood / Serum ☑ Faeces ☐ Nasopharyngeal

☐ Sputum ☐ Urine ☐ Vaginal Smear

☐ Urethral ☐ Cervix ☐ BAL

☐ Other (Specify):

Patient Setting

☐ Physician Office / Clinic ☐ Inpatient (ICU)

☐ Inpatient (Ward) ☐ Institution

☐ ER (Not Admitted)

5 - Reason for Test

☐ Diagnostic ☐ Post-mortem Date Collected (yyyy/mm/dd):

☐ Needle Stick ☐ Immune Status

☐ Prenatal ☐ Follow-up Onset Date (yyyy/mm/dd):

☐ Immunocompromised ☐ Chronic Condition

☐ Other (Specify):

Clinical Information

☐ Fever ☐ Gastroenteritis ☐ Vesicular Rash

☐ STI ☐ Headache / Stiff Neck ☐ Maculopapular Rash

☐ Pregnant ☐ Encephalitis / Meningitis

☐ Jaundice ☐ Respiratory Symptoms

☐ Other (Specify):

☐ 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 (05/04)

Ontario

Section B: Respiratory Outbreak

COVID-19 Outbreak

Introduction

Ontario's COVID-19 response continues to evolve to reflect the current context of the pandemic. Access to vaccinations and therapeutics has substantially reduced the risk of severe outcomes from COVID-19 for many individuals, especially those living in higher-risk congregate settings; however, the Omicron sub-variants of COVID-19 remain easily transmissible, and some individuals living in congregate living settings (CLSs) may have an increased risk for severe disease (e.g., older adults, immunocompromised individuals, individuals with multiple chronic medical conditions, or individuals who are pregnant). The goal of Ontario's COVID-19 response in higher-risk CLSs (outlined below) is a balanced approach which aims to protect clients/residents from severe outcomes of COVID-19 while minimizing the impact on residents' overall health and well-being through prevention, detection, and management of COVID-19 within these settings.

Part 1:

COVID-19 Outbreak Definitions:

Surveillance definitions of COVID-19 outbreaks in LTCH and RH are as follows:

- A suspect outbreak in a home is defined as: one positive molecular test in a resident, where source of acquisition is thought to be from within the home (including a potential epidemiological link to a staff or visitor case) or cannot be determined.
- A confirmed outbreak in a home is defined as: two or more residents with a common epidemiological link (e.g., same unit, floor, etc.), each with a positive molecular or rapid antigen test, within a 7-day period, where both cases have reasonably acquired their infection in the home.

All positive molecular test or RAT results in residents, staff, or visitors associated with a suspect or confirmed outbreak in the home must be reported to the PHU and Outbreak Management Team. Negative RAT results should not be used independently to rule out COVID-19 in an outbreak situation due to the test's limited sensitivity and the increased pre-test probability of COVID-19. If a RAT is used for a staff or resident with symptoms or high-risk exposure (e.g., in extraordinary circumstances when access to timely PCR testing is not available), molecular testing should also be performed in parallel.

Part 2:

Case Definition

To be considered a case during a potential COVID outbreak the resident must have tested positive for COVID via RAT (rapid antigen test) or any molecular test (PCR/ID NOW).

Symptoms of COVID

When assessing for the symptoms below, the focus should be on evaluating if they are new, worsening, or different from an individual's baseline health status (usual state). Symptoms should not be chronic or related to other known causes or conditions (see examples below).
One or more of the following most common symptoms of COVID-19 is an indication for COVID-19 testing:

- Fever and/or chills
- Cough
- Shortness of breath
- Decrease or loss of smell or taste

Two or more of the following symptoms of COVID-19 is an indication for COVID19 testing:

- Extreme fatigue (general feeling of being unwell, lack of energy, extreme tiredness)
- Muscle aches or joint pain

- Gastrointestinal symptoms (i.e., nausea, vomiting and/or diarrhea)
- Sore throat (painful swallowing or difficulty swallowing)
- Runny nose or nasal congestion
- Headache

Other symptoms that may be associated with COVID-19 include:

- Abdominal pain
- Conjunctivitis (pink eye)
- Decreased or lack of appetite

Testing

Home Status	COVID-19 Molecular Test	MRVP Test
Not in Outbreak	Test ALL symptomatic residents	Test ALL symptomatic residents
In Outbreak	Test ALL symptomatic residents	Test only first FOUR symptomatic residents**

** FLUVID, detecting influenza A, influenza B, respiratory syncytial virus (RSV) A/B) and SARS-CoV-2 (COVID-19), will be performed on symptomatic residents and healthcare workers/staff in institutional settings in an outbreak beyond the first four that have been tested for SARS-CoV-2 and MRVP.

Part 3:

COVID Outbreak Control Measures:

The local PHU will direct testing and public health management of all those impacted (staff, residents, and visitors) using a risk-based approach. It is important to consider both the risk to residents and the potential harm of resident isolation and testing when implementing public health measures.

Confirmed outbreak management should include the following steps at minimum:

- Defining the outbreak area of the home (i.e., floor or unit) and cohorting based on COVID-19 status (i.e., infected or exposed and potentially incubating);
- Assessing risk of exposure to residents/staff based on cases' interactions;
- Initiating Additional Precautions for all symptomatic residents and those with suspect or confirmed COVID-19. Post appropriate signage outside the resident's room;
- Facilitate assessment of IPAC and outbreak control measures, as needed;
- Resident close contacts who remain asymptomatic do not need to be placed on Additional Precautions, however, the following risk reduction measures should be recommended by the PHU for the duration of the outbreak:
  - Even if not under Additional Precautions, exposed residents within the outbreak area of the home should be cohorted separately from non-exposed residents.

- Group activities and communal dining should be conducted such that the outbreak unit is cohorted separately from unexposed residents and units. At the discretion of the PHU/OMT, group activities and communal dining for cohorts (exposed separated from unexposed) may resume. Wherever possible, continuing group activities for exposed cohorts is recommended to support resident mental health and wellbeing.
- Staff should remain in a single cohort per shift, wherever possible. If staff must work with more than one cohort during a single shift, it is recommended that staff work with unexposed residents first.
- At the discretion of the PHU/ OMT, communal dining and group activities may be paused completely in the case of a facility-wide outbreak where transmission is uncontrolled, the rate of increase in cases or severity of illness is significant or unexpected and the benefits of closure of communal activities are deemed to be greater than the harms caused to resident wellbeing. This decision should be revisited as the outbreak progresses.
- At the discretion of the home, in consultation with the PHU, resumption of day programming may occur during an outbreak. However, all staff and residents who are part of the outbreak should be cohorted so as to be kept separate from participants and staff of day programs.
- Homes should conduct enhanced symptom assessment (minimum twice daily) of all residents in the outbreak area to facilitate early identification and management of ill residents.
- Homes should conduct weekly IPAC self-audits for the duration of the outbreak. The results of these audits should be reviewed by the OMT.
- Increased cleaning and disinfection practices (e.g., at least two times a day and when visibly dirty for high touch surfaces);
- General visitors should postpone all non-essential visits to residents within the outbreak area for the duration of the outbreak.
- Caregivers, support workers, or individuals visiting a resident receiving end of life care, are allowed when a resident is isolating or resides in a home or area of the home in an outbreak, provided they are able to comply with the PPE recommendations above.

- Admissions and transfers are generally not permitted during an outbreak but this can be discussed with the Public Health Unit.

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.

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.

When a resident is symptomatic they must be isolated and placed on additional precautions, medically assessed, and tested for COVID-19 and other respiratory pathogens as soon as possible.

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 2° – 8° C or on ice to the lab for processing within 48 hours of collection.

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)

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.

Method:

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

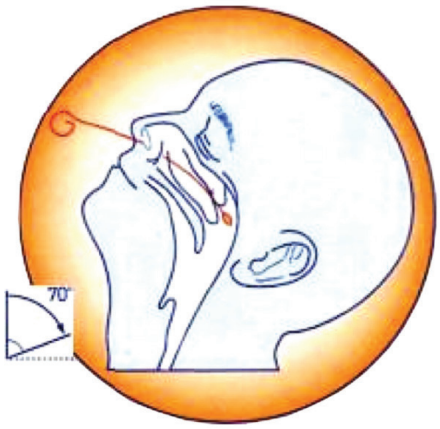
1. Wash hands
2. Check expiry date of swab & virus transport medium.
3. Don PPE
4. Tilt head back 70°
5. Clean excess mucous from outer nostril

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.



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.

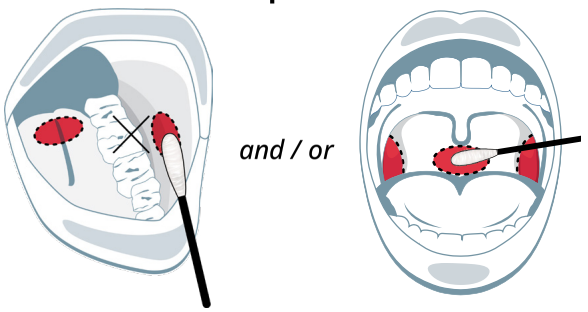
Combined Oral/Oropharyngeal and Nasal Specimen Collection Instructions

Public Health Ontario | Santé publique Ontario

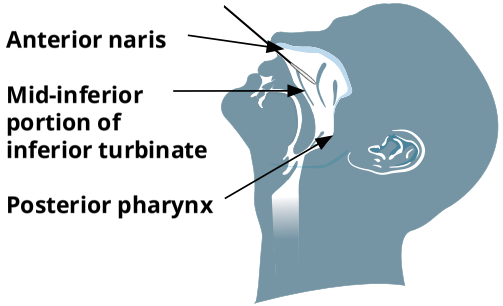
Do NOT eat, drink, chew gum, smoke, or vape for at least 30 minutes before collecting the sample.

1. If you have access to a facial tissue, blow your nose before the test.
2. Wash your hands and only hold the end of the swab opposite the soft swab tip.
3. Insert the soft swab tip between both inner cheeks and lower gums and turn the swab a few times.
4. Then, rub the soft swab tip on your tongue as far back in your throat as you feel comfortable.
   - **Optional:** Instead of swabbing your inner cheeks and tongue, you may choose to swab the back of your throat and tonsils. You can use a mirror to help see where to rub your swab.
5. Tilt your head back and fully insert the soft swab tip straight back (not up) into your nose until you hit resistance (up to 2.5 cm). Make sure the soft swab tip is fully inside the nose.
6. Rotate the swab several times against the wall of the nose and let it sit for a few seconds to absorb nasal secretions.
7. Remove the swab from your nose and using the same swab, repeat for the other nostril.
8. Immediately place the swab into the test tube following the kit instructions.

Steps 3-4



Steps 5-8



**Swab insertion distance will differ for paediatric patients.*

Version: JAN2023

Ontario

Part 6 :
List of Inserts

- COVID-19 Control Measures Checklist for Long Term Care Homes and Retirement Homes
- Respiratory Outbreak Control Measures Checklist
- Respiratory Outbreak Line Listing Sample
- Sample Respiratory Requisition
- Management of Staff – Influenza Outbreak Algorithm
- Influenza Outbreak Questionnaire

Leeds, Grenville & Lanark District HEALTH UNIT
Your Partner in Public Health

COVID-19 Control Measures Checklist for Long Term Care Homes and Retirement Homes

Facility: Facility (and site if applicable)
Impacted Area(s): Unit/Area or Facility Wide

Outbreak # (If applicable): Click here to enter outbreak number.
Date Outbreak Declared: Click here to enter a date.

Health Unit Contact Information
COVID outbreak intake line: 1-800-660-5853 ext. 2222
Secure fax line: 613-345-5777
Email: CovidResponse@healthunit.org

Immediate Control Measures in response to a COVID-19 Positive Individual at Long Term Care (LTC) or Retirement Home (RH) Facility

- Retirement and Long Term Care homes are required to report all suspected and confirmed cases of COVID-19 the local PHU as per subsection 27(2) HPPA (Reference page 10). This including those who tested positive on Rapid Antigen Tests. See **Line Lists** below
- Isolate residents (page 31) who test positive for COVID-19 and who have COVID-19 symptoms to a single room, if possible. Consult Public Health regarding a Suspect Outbreak (see Additional Control Measures below)
  - » Use this screening tool for people at higher-risk for severe COVID-19 to see if they may be eligible for antiviral treatments
- Assess risk level to staff, residents and visitors.
  - » Refer to Page 32-33, Table 3 and Appendix F and Page 17, including Table 1.
  - » Contact tracing should be completed starting 2 days before the positive individual became symptomatic or tested positive (whichever came first) and up to when they began self-isolating.
- Isolate High Risk Contact residents for a minimum of 5 days from their contact with a COVID positive case, and test with PCR on or after day 5 (Guidance on Table 3, Page 34-35).
- A minimum of Droplet and Contact Precautions should be implemented for all residents who are considered exposed to, diagnosed with, or who have signs or symptoms of possible COVID-19. Notify staff of the precautions, including recommending they wear a fit tested N95 masks for suspected of confirmed COVID cases, and the potential for a COVID-19 outbreak.

- Co-ordinate testing as soon as possible for all symptomatic residents, and high risk contacts. Co-ordinate follow-up testing as per Appendix A for staff and Table 3 (page 34) and Appendix F for residents (page 51).
- Consider collecting other specimens if causative agent is unknown or co-infection is suspected.
    - » Respiratory Viral Testing for up to 4 ill residents
    - » Stool samples for those with enteric illness (vomiting/diarrhea)
- Monitor High and Lower Risk Contact residents for symptoms twice daily for 10 days from last exposure and follow guidance in Table 3 (page 34) for isolation and testing requirements.
- Advise staff members who had a high risk exposure on their return to work.
    - » See Appendix A (page 29) on Management of Staffing in Highest Risk Settings.
- Send visitors who had a high risk exposure the link to www.ontario.ca/exposed, advise visitors to avoid highest risk settings for 10 days from their last exposure (some exceptions apply).
- Continue to follow the Infection Prevention and Control instructions in the COVID-19 Guidance Document for Long Term Care Homes in Ontario, the COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for PHUs and from Public Health Ontario

Additional Control Measures for a Suspect or Confirmed Outbreak of COVID-19

- Consult with Public Health at 1-800-660-5853, ext. 2222 on the declaration of a suspect or confirmed outbreak at the facility.
- Review control measures with Public Health and seek support in the event of PPE shortages, and/or Infection Prevention and Control issues.
- Post outbreak signage and notify staff/visitors/residents of the declared outbreak.
- Include the outbreak number: Click to enter outbreak # on COVID-19 test requisition forms.
- Provide **daily** updates to Public Health including updated line lists (see **Line Lists** below)
- Talk with a member of the outbreak team about COVID-19 Aggregate Reporting.

Line Lists

- Line Lists are a tracking tool for your organization as well as for Public Health. Please complete and fax to the Leeds, Grenville and Lanark District Health Unit by 10:00 a.m. each day -secure fax line 613-345-5777
- Please submit the following line lists (if applicable)
    1. Symptomatic and Positive Residents
    2. Symptomatic and Positive Staff
    3. Asymptomatic Resident Close Contacts (please identify which case they are a contact of)

OUTBREAK

Respiratory Outbreak Control Measures Checklist

Facility: _____ **Date:** _____

Date Outbreak Declared: _____ **Outbreak #:** _____

Health Unit Contact: _____
or
Infectious Diseases Program intake line: 613-345-5685 ext 2222

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 **FOUR** 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.

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:

See "Outbreak Management—A Quick Reference Guide" for algorithm re: Admissions 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

Leeds, Grenville & Lanark District HEALTH UNIT
Your Partner in Public Health
www.healthunit.org

For more information, please call 1-800-660-5853 or visit our website at www.healthunit.org

Leeds, Grenville & Lanark District HEALTH UNIT
Your Partner in Public Health
www.healthunit.org

Line Listing – COVID-19 Daily Status Report
Please complete and fax to the Leeds, Grenville and Lanark District Health Unit by 10:00 a.m. each day.
Secure Fax Line # 613-345-5777

Date:	Outbreak Number: 2243-	Contact Name:	Number of Pages:
Facility Name:		☒ Choose one only: ☐ Staff Data	☐ Resident Data

Case Definition – Any resident or staff member with illness who is experiencing one or more typical or atypical symptoms of COVID-19. ONSET from (Date):

*** Symptoms:** ***When assessing for symptoms, evaluate whether they are new, worsening, or different on individual's baseline health status.***
****Immunization Status (Vaccine):** ***Full = >14 days from 2nd dose. Partial = 1 dose or <14 days from 2nd dose.***

CASE IDENTIFICATION					* SYMPTOMS																						SPECIMENS		**VACCINE	COMPLICATIONS	
Case # (Sequential)	Name	Floor, Room Number	Gender (F/M)	Date of Birth (YYY/M/D)	Onset date of first symptoms (YYYY/M/D)	Fever ≥ 37.8° C / 100° F	Cough	Shortness of Breath	Runny Nose / Nasal Congestion	Loss of Taste / Smell	Nausea / Vomiting	Diarrhea	Abdominal Pain	Chills	Headache	Conjunctivitis	Fatigue/ Lethargy/ Malaise	Muscle Aches	Decreased Appetite	Hypoxia O^2 sat < 92%	Delirium	Increased Falls	Acute Functional Decline	Tachycardia	Low Blood Pressure	Other	Nasopharyngeal swab (YYYY/M/D)	**RESULTS** 1 Positive 2 Negative 3 Indeterminate	Immunization Status Full **(F)** Partial **(P)** Unimmunized **(U)**	Hospitalization Date (YYYY/M/D)	Death Date (YYYY/M/D)
						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐						
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CHP IDP COVID-19 Line Listing E-Form _ May 2021

Leeds, Grenville & Lanark District HEALTH UNIT
Your Partner in Public Health
www.healthunit.org

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.

Secure Fax Line # 613-345-5777

Date:	Outbreak Number: 2243-year-XXX	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:**	

Case Identification				**Symptoms**														**Specimens/ Diagnosis**		**Prophylaxis/Treatment**					**Complications**			
Case Number (sequentially)	Name & Location (Floor, Room)	Gender (F/M)	Date of Birth (yyyy/m/d)	Onset date of first symptoms (date m/d)	Abnormal temperature °C	Cough (dry)	Productive cough (new)	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)	Nasopharyngeal swab (date m/d)	Result (date m/d)	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 by Chest X-Ray	Hospitalization (date m/d)	Death (date m/d)
1	John Doe		11/07/1970	24/09/2019	■	☐	☐	■	■	☐	☐	☐	☐	■	☐	☐	☐					XX		XX		☐		
					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐									☐		
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Respiratory Line Listing_jan 2019 E

Section B: Respiratory Outbreak

Public Health Ontario | Santé publique Ontario

COVID-19 and Respiratory Virus Test Requisition

For laboratory use only
Date received (yyyy/mm/dd): PHOL No.:

ALL Sections of this form must be completed at every visit

1 - Submitter Lab Number (if applicable):

Ordering Clinician (required)
Surname, First Name: Dr. Linna Li, Medical Officer of Health
OHIP/CPSO/Prof. License No: 104007
Name of clinic/ facility/health unit: Leeds, Grenville and Lanark District Health Unit, Contact: Infectious Diseases Program (IDP)
Address: 458 Laurier Blvd BROCKVILLE ON Postal code: K6V 7A3
Phone: (613) 345-5685 Fax: (613) 345-5777

cc ☐ **Hospital Lab (for entry into LIS)**
Hospital Name:
Address (if different from ordering clinician):
Postal Code:
Phone: Fax:

cc ☐ **Other Authorized Health Care Provider:**
Surname, First name:
OHIP/CPSO/Prof. License No.:
Name of clinic/ facility/health unit:
Address: Postal code:
Phone: Fax:

2 - Patient Information

Health Card No.: | Medical Record No.:
Last Name:
First Name:
Date of Birth (yyyy/mm/dd): | Sex: ◯ M ◯ F
Address:
Postal Code: | Patient Phone No.:
Investigation or Outbreak No.: 2243-

3 - Travel History

Travel to:
Date of Travel (yyyy/mm/dd): | Date of Return (yyyy/mm/dd):

4 - Exposure History

Exposure to probable, or confirmed case? ◯ Yes ◯ No
Exposure details:
Date of symptom onset of contact (yyyy/mm/dd):

5 - Test(s) Requested

◯ COVID-19 Virus ◯ Respiratory Viruses ◉ COVID-19 Virus AND Respiratory Viruses

6 - Specimen Type (check all that apply)

Specimen Collection Date (yyyy/mm/dd): **(required)**

☐ NPS
☐ Deep or Mid-turbinate Nasal Swab
☐ Oral (Buccal) + Deep Nasal
☐ Throat Swab
☐ Throat + Nasal
☐ BAL
☐ Other (Specify):
☐ Saliva (Swish & Gargle)
☐ Saliva (Neat)
☐ Anterior Nasal (Nose)

7 - Patient Setting / Type

☐ Assessment Centre ☐ Family doctor / clinic ☐ Outpatient / ER not admitted

Only if applicable, indicate the group:

☐ ER - to be hospitalized
☐ Healthcare worker
☐ Inpatient (Hospitalized)
☐ Inpatient (ICU / CCU)
☐ Remote Community
☐ Unhoused / Shelter
☐ Other (Specify):
☐ Deceased / Autopsy
☐ Institution / all group living settings
Facility Name:
☐ Confirmation (for use **ONLY** by a COVID testing lab). Enter your result (NEG / POS / or IND):

8 - COVID-19 Vaccination Status

◯ Received all required doses >14 days ago ◯ Unimmunized / partial series / ≤14 days after final dose ◯ Unknown

9 - Clinical Information

☐ Asymptomatic
☐ Symptomatic
Date of symptom onset (yyyy/mm/dd):
☐ Fever
☐ Pneumonia
☐ Cough
☐ Sore Throat
☐ Pregnant
☐ Other (Specify):

CONFIDENTIAL WHEN COMPLETED
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 PHO laboratory Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567.
Form No. F-SD-SCG-4000 (21/07/22).

Ontario

Leeds, Grenville & Lanark District HEALTH UNIT
Your Partner in Public Health
www.healthunit.org

Management of Staff - Influenza Outbreak Algorithm

INFLUENZA OUTBREAK

Immunized with influenza vaccine 14 days prior to outbreak

YES

No restrictions
Continue to work unless symptoms develop

NO

Un-immunized staff who <u>will</u> take influenza vaccine and/or antivirals

Preference –

- ☐ Receive influenza vaccine and antiviral
- ☐ Return to work after first dose of antiviral
- ☐ Take antiviral until outbreak declared over or 14 days after immunization

Or –

- ☐ Receive antiviral and return to work after first dose
- ☐ Take antiviral until outbreak declared over

Un-immunized staff who will <u>not</u> take influenza vaccine or antivirals must be excluded from providing resident/patient care or activities that have the potential to acquire or transmit influenza according to the facilities' influenza policy

- ☐ Receive influenza vaccine but no antiviral
- ☐ Return to work after 14 days or in keeping with the product monograph after administration of vaccine

Staff developing symptoms <u>must</u> stay off work for 5 days after onset of symptoms or until symptoms resolve, whichever is shorter

When the outbreak is declared over by the health unit, all asymptomatic employees may return to work

<u>References</u>:

- ☐ 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.

Revised Oct 2019

Influenza/COVID Outbreak Questionnaire

FACILITY: _____ **DATE:** _____

FACILITY FAX #: _____

FACILITY-WIDE COUNTS	RESIDENT(S)	STAFF
TOTAL # PEOPLE IN THE FACILITY		
TOTAL # PEOPLE IN THE AFFECTED AREA (IF OUTBREAK CONTAINED TO SPECIFIC UNIT)		
TOTAL # PEOPLE IN FACILITY IMMUNIZED BEFORE THIS OUTBREAK		
TOTAL # PEOPLE IN AFFECTED AREA IMMUNIZED BEFORE THIS OUTBREAK		

OUTBREAK CASE COUNTS	RESIDENT(S)	STAFF
# CASES (THOSE WHO ARE LINE-LISTED)		
# CASES ADMITTED TO HOSPITAL		
# CASES WITH PNEUMONIA (CXR+)		
# DEATHS AMONG CASES		
# IMMUNIZED DURING THE CURRENT OUTBREAK (THOSE GIVEN FLU VACCINE DURING THIS OUTBREAK)		
- IMMUNIZATION COUNTS FOR CASES WHO ARE LINE LISTED -		
# CASES – IMMUNIZED BEFORE THIS OUTBREAK		
# CASES – NOT IMMUNIZED BEFORE THIS OUTBREAK		
# CASES ADMITTED TO HOSPITAL – IMMUNIZED BEFORE THIS OUTBREAK		
# CASES ADMITTED TO HOSPITAL – NOT IMMUNIZED BEFORE THIS OUTBREAK		
# CASES WITH PNEUMONIA (CXR+) – IMMUNIZED BEFORE THIS OUTBREAK		
# CASES WITH PNEUMONIA (CXR+) – NOT IMMUNIZED BEFORE THIS OUTBREAK		
# DEATHS AMONG CASES – IMMUNIZED BEFORE THIS OUTBREAK		
# DEATHS AMONG CASES – NOT IMMUNIZED BEFORE THIS OUTBREAK		
- ANTIVIRAL MEDICATION USED DURING THIS OUTBREAK -		
# WELL PERSONS (THOSE NOT YET ILL) WHO RECEIVED ANTIVIRAL PROPHYLAXIS		
# ILL CASES WHO RECEIVED ANTIVIRAL TREATMENT WITHIN 48 HOURS OF ONSET OF SYMPTOMS		
# ILL CASES WHO RECEIVED ANTIVIRAL TREATMENT > 48 HOURS AFTER ONSET OF SYMPTOMS		
# PEOPLE WHO DEVELOPED SIDE EFFECTS TO TAMIFLU		
# PEOPLE WHO DISCONTINUED USE OF TAMIFLU DUE TO SIDE EFFECTS		

Section C: Outbreak Resources

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.

Visitors who choose to visit during an outbreak shall be required to:

- Perform hand hygiene on arrival, just before leaving the resident's room, and before exiting the facility
- Visit only one resident in their room and leave the home immediately after the visit
- Use PPE when visiting an ill resident
- Visitors will be instructed on the correct use of PPE and shall be reminded of this often.

NOTE:

Visitors with respiratory or gastroenteritis infection are NOT permitted to visit in the home.

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)

Public Health Ontario | Santé publique Ontario

Customer no.: WH

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.

Requisitioner's name:	
Telephone no.	Fax no.
Date (yyyy/mm/dd)	Authorized Signature

Ship to (include Client name, Address and Postal code):

Name	Kits		Item#	UoM	Quantity
Chlamydia trachomatis & Neisseria gonorrhoeae	Hologic® Aptima® Unisex Swab Specimen Collection Kit		300210	Box of 50	
	Hologic® Aptima® Urine Specimen Collection Kit		300209	Box of 50	
	Hologic® Aptima® Multitest Swab Specimen Collection Kit		300294	Box of 50	
DF	Direct Fluorescence		390047	EA.	
Enteric Outbreak kit	2 vials: Green-Enteric Bacteriology and White-Virology/Toxin testing		390036	EA.	
FAECES	Enteric Bacteriology – Health Units Only (Cary Blair)		390049	EA.	
GL	Gastric Lavage - M. tuberculosis		390043	EA.	
PARA	Faeces - Routine Parasitology		390033	PKG/3	
TB	TB kit Sputum Body fluids and tissues (90 ml sterile container)		390042	EA	
CD	C.difficile analysis or toxin studies (90 ml sterile container)		390054	EA.	
Virus - H	HIV / AIDS		390041	EA.	
Virus Culture (tissue)	Universal Transport Media (UTM)		390075	EA.	
Water	Private Citizen Water - bacteriological		390040	EA.	
	Sterile - Water bottles - 250 ml (Official Agency Use Only)		300013	EA.	
PWO kit	Pinworm Ova Kit		390045	EA.	
BL-S	Blood, clotted Serology - Syphilis / Virus / Other		390044	PKG/6	
BP	Bordetella pertussis (Whooping cough)		390052	PKG/2	
CHL(C)	Female	Chlamydia trachomatis culture (Universal Transport Media-UTM)	390083	PKG/6	
	Male		390084	PKG/6	
MP/CP - Resp	Mycoplasma pneumoniae / Chlamydophila pneumoniae - Respiratory		390085	PKG/6	
F	Fungus culture kit (superficial/ dermatophyte)		390048	PKG/6	
GC	Neisseria gonorrhoeae culture		390051	PKG/6	
MP	Genital Mycoplasma/Ureaplasma culture (Universal Transport Media-UTM)		390064	PKG/6	
Prenatal	Rubella, Syphilis, Hep.B, HIV		390050	PKG/6	
Virus Culture - Herpes/STI	Swab in transport medium (Universal Transport Media-UTM)		390081	PKG/6	
Virus - Respiratory / Influenza	Nasopharyngeal swab in transport medium (Universal Transport Media-UTM)		390082	PKG/6	

Description	Item#	UoM	Quantity
Biohazard Bags- Clinical Specimens (Self-Seal)	300008	PKG/100	
Test Requisition Bacterial Analysis of Water (Private Citizen - single sample) (Form # 3743-44)	300087	PKG/100	
Test Requisition Bacterial Analysis of Water (Official Agency - multiple sample) (Form # 4321-44)	300089	PKG/100	
Test Requisition (Form # 1210-44B) **HIV**	300085	PKG/100	
General Test Requisition (Form # 97-44) **PHL**	300122	PKG/100	
Test Requisition Prenatal (Form # 1739-44)	300086	PKG/100	
Vacutainer Tubes (SST) (Tiger Top)	300200	PKG/100	

Comments:

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

Fax completed requisitions to your closest Public Health Ontario Laboratory-

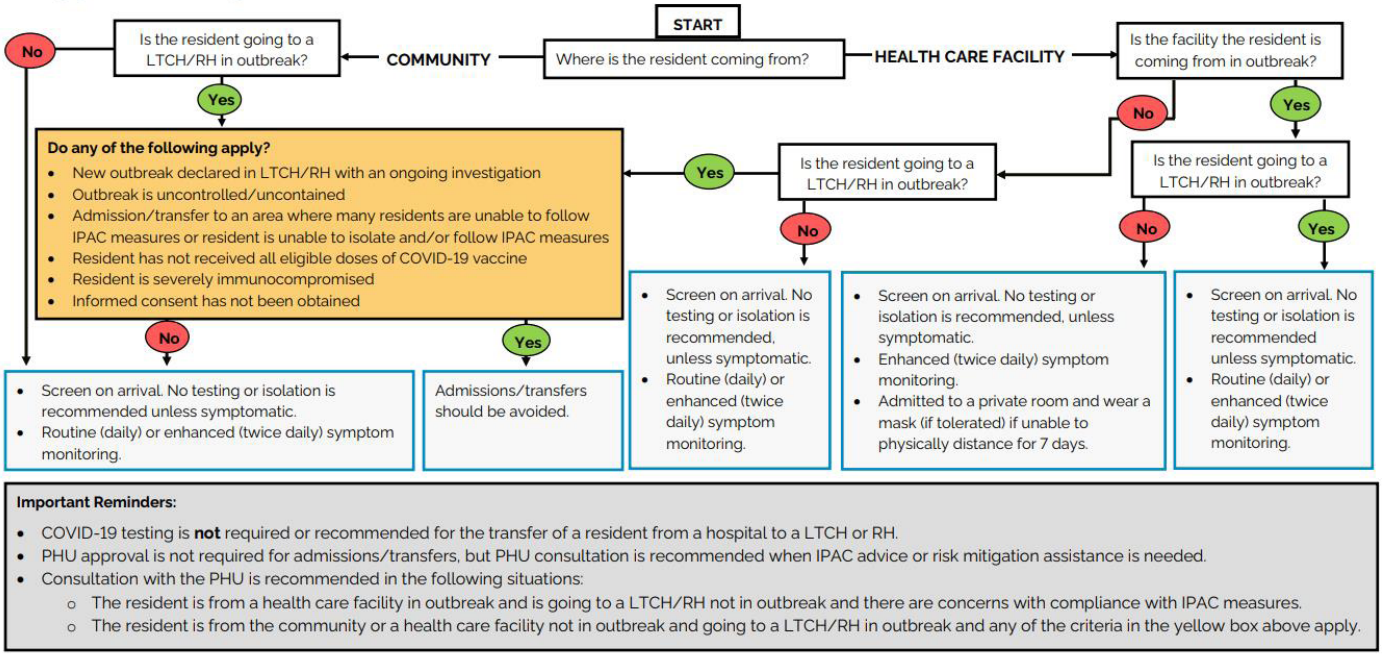
Public Health Laboratories

Toronto (Warehouse)	81 Resources Road Etobicoke ON M9P 3T1	Email: PHOL.Warehouse@oahpp.ca Fax: 416 235-5753
Hamilton	250 Fennell Avenue West Box 2100 Hamilton ON L8N 3R5	Tel.: 905 385-5379 Fax: 905 385-0083 Toll free: 1-866-282-7376
Kingston	181 Barrie Street Box 240 Kingston ON K7L 4V8	Tel.: 613 548-6630 Fax: 613 547-1185 Toll free: 1-855-546-4745
London	850 Highbury Avenue 5th floor London ON N5Y 1A4	Tel.: 519 455-9310 Fax: 519 455-3363 Toll free: 1-877-204-2666
Orillia	750 Memorial Avenue Box 600 Orillia ON L3V 6K5	Tel.: 705 325-7449 Fax: 705 329-6001 Toll free: 1-877-611-6998
Ottawa	2380 St. Laurent Boulevard Ottawa ON K1G 6C4	Tel.: 613 736-6800 Fax: 613 736-6820
Peterborough	99 Hospital Drive Box 265 Peterborough ON K9J 6Y8	Tel.: 705 743-6811 Fax: 705 745-1257
Sault Ste. Marie	160 McDougald Street Sault Ste. Marie ON P6A 3A8	Tel.: 705 254-7132 Fax: 705 945-6873 Toll free: 1-800-263-0409
Sudbury	1300 Paris Street Suite 2 Sudbury ON P3E 6H3	Tel.: 705 564-6917 Fax: 705 564-6918 Toll free: 1-888-564-6917
Thunder Bay	336 South Syndicate Avenue Thunder Bay ON P7E 1E3	Tel.: 807 622-6449 Fax: 807 622-5423
Timmins	67 Wilson Avenue Timmins ON P4N 2S5	Tel.: 705 267-6633 Fax: 705 360-2006 Toll free: 1-888-267-7181
Customer Service Centre	General inquiries	Email: CustomerServiceCentre@oahpp.ca Tel.: 416 235-6556 Toll-free: 1-877-604-4567

F-SD-SCG-1003-008

www.publichealthontario.ca

Appendix E: Algorithm for New Admissions and Transfers for LTCHs and RHs



Important Reminders:

- COVID-19 testing is **not** required or recommended for the transfer of a resident from a hospital to a LTCH or RH.
- PHU approval is not required for admissions/transfers, but PHU consultation is recommended when IPAC advice or risk mitigation assistance is needed.
- Consultation with the PHU is recommended in the following situations:
  - The resident is from a health care facility in outbreak and is going to a LTCH/RH not in outbreak and there are concerns with compliance with IPAC measures.
  - The resident is from the community or a health care facility not in outbreak and going to a LTCH/RH in outbreak and any of the criteria in the yellow box above apply.

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Admissions, Re-Admissions or Transfers to a Long-Term Care Home or Retirement Home during an Outbreak

It is important to assess the benefits and risks of admissions and transfers to a long-term care home or retirement home that is experiencing an outbreak. Generally, admissions and transfers in an outbreak pose minimal risk when infection control measures are in place and the factors below are taken into account. The potential impact on the availability of acute care beds and the risk associated with a prolonged hospital stay must always be considered before recommending restrictions.

Facility Response

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

Public Health Assessment of Outbreak Status

- Residents are presenting with mild or moderate symptoms and have a quick recovery.
- Symptoms are similar to those of previous cases and there is no increase in morbidity.

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 the communicability and severity of disease.

Resident's Health and Well-Being

- The individual (to be transferred) and alternate decision maker/family have been informed of the outbreak and what can be done to minimize the risk of becoming ill.

References:
Ministry of Health and Long-Term Care, *A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes*, November 2018
Ministry of Health and Long-Term Care, *Recommendations for Control of Gastroenteritis Outbreaks in Long-Term Care Homes, A Guide for Long-Term Care Homes and Health Unit Staff*, March 2018

Revised Oct 2019

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

Regional Infection Control Networks
Réseaux régionaux de contrôle des infections

OVER

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

STOP

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

Regional Infection Control Networks / Réseaux régionaux de contrôle des infections

OVER

DROPLET PRECAUTIONS

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

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

LONG TERM CARE

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

Regional Infection Control Networks
Réseaux régionaux de contrôle des infections

OVER

DROPLET + CONTACT PRECAUTIONS

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

MARCH 2011