

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



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