Respiratory Outbreak Control Measures

Facility Name and Address: **Outbreak Number:**	
Health Unit Investigator: **Phone Number:**	**Outbreak Coordinator:** **Phone Number:**
Initial Outbreak Classification Choose an item.	
Lakelands Public Health - Peterborough office: • Monday – Friday 8:30 am to 4:30 pm contact 1-844-575-4567 • Afterhours: 705-760-8127	**Lakelands Public Health -Haliburton County, Northumberland County or City of Kawartha Lakes offices:** • Monday- Friday 8:30am- 4:30pm contact 1-844-575-4567 • After Hours: 1-888-255-7839

1.0	**Line List**	**Reviewed**
1.1	Update line list daily, Monday to Friday	☐
2.0	**Outbreak Case Definition**	
2.1	Case definition: Any resident or staff member of XXX with (one / two or more) symptoms associated with an acute respiratory infection (ARI) on or after (DATE) without another known cause.	☐
3.0	**Specimens Collection and Submission** ****only submit specimens for symptomatic individuals****	
3.1	Whenever possible, submit specimens directly to PHOL or to PHOL via the Health Unit PHOL Pick-up times at the Health Unit as follows: • Port Hope Office- 10:30am • Lindsay Office- 11:30am • Haliburton Office- 8:30am (office closed 10:00-10:15, 13:00-14:00, 15:00-15:15) • Peterborough – N/A; sites to deliver directly to PHOL	☐
3.2	• Use general lab requisition, writing "COVID-19 and Respiratory Viruses" under the tests requested, and checking off congregate setting. • Ensure symptoms are captured on lab requisition; *asymptomatic residents will not be tested* • Ensure two unique and matching identifiers on both specimen and lab requisition. • Check to ensure specimen kits are not expired. • Note that specimens must be received at PHOL within 72 hours of collection	☐
4.0	**Communication**	
4.1	Submit daily line lists to the Health Unit, except on weekends and STAT holidays.	☐
4.2	Contact Public Health immediately if there are additional cases outside of the outbreak area, or if there is a significant change in severity of illness, number of hospitalizations or deaths.	☐
4.3	Facility to advise & update health care partners and other agencies of the outbreak.	☐
5.0	**General Outbreak Control Measures**	
5.1	**Entrance Signage** • Post outbreak notification signs at all entrances to the facility and affected area(s).	☐

	• Post notices on the door of ill resident/patient rooms advising visitors to check in at the nursing station. *See section 8.0* for *Visitor Control Measures.* • Signage is available here: Lakelands Public Health Infection Prevention and Control (IPAC) Hub	
5.2	**Screening** • Active screening for staff, and visitors working in the outbreak area prior to entering the unit is recommended. • Passive screening signage is posted at all facility entrances/triage areas and all people entering the facility must passively screen for symptoms.	☐
5.3	**Hand Hygiene** • Reinforce the "4 moments of hand hygiene". • Ensure that 70-90% alcohol-based hand rub and/or handwashing stations are located at point-of-care, entrances, common areas etc. • Encourage/assist/remind/provide opportunity for residents to perform hand hygiene.	☐
5.4	**Personal Protective Equipment (PPE)** • All HCWs or essential caregivers providing direct care to or interacting with a suspect or confirmed case of respiratory illness should wear eye protection (goggles, face shield, or safety glasses with side protection), gown, gloves, and a well-fitted medical mask (surgical/procedure) or a fit-tested, seal-checked N95 respirator (or approved equivalent) • Implement universal masking for staff, students, and volunteers in the outbreak area. Masking for residents/patients and visitors is strongly recommended. • Ensure adequate and accessible PPE inventory available to staff and residents/patients	☐
5.5	**Audits** • Staff should complete weekly audits, at minimum, for the duration of the outbreak (hand hygiene, PPE use, and cleaning and disinfection); results should be reviewed with staff and OMT	☐
5.6	**Physical Distancing** • Physical distancing is recommended when possible and should be optimized particularly when individuals are not masked (e.g. nursing stations, break/change rooms).	☐
5.7	**Surveillance** • The facility has a process to assist with obtaining contact tracing information. • Enhanced symptom assessment at least once daily for residents/patients in outbreak area, including temperature checks. Ideally twice daily for contacts and cases of COVID-19 to identify new symptoms and assess severity.	☐
5.8	**Cohorting** • Staff and residents/patients from outbreak affected areas and non-outbreak affected areas should not mix. Minimize movement between areas as much as possible.	☐
5.9	**Environmental Cleaning** • Enhance cleaning and disinfection of high touch surfaces twice daily using a broad-spectrum viricidal disinfectant with a Drug Identification Number (DIN). • When possible, use dedicated resident/patient care equipment or clean and disinfect between use. • Ensure staff clean and disinfect environmental trolleys (e.g. laundry carts) meal services	☐

	equipment (e.g. food carts) after each use.	
5.10	**Ventilation** • Indoor spaces should be well ventilated with fresh air and filtration (e.g. open windows, local exhaust fans, HVAC system). • The use of portable air cleaners can help filter out aerosols, especially where ventilation is inadequate or mechanical ventilation does not exist. • Portable units (fans) should be placed to avoid currents that flow from person to person. • Encourage outdoor activities where appropriate.	☐
6.0	**Resident Control Measures**	
6.1	**Additional Precautions:** • Ill residents/patients should be on contact droplet precautions in their rooms and tested appropriately **Confirmed or Probable COVID-19**: Case should be placed on Additional Precautions for at least 5 days from symptom onset, up to 10 days. After the 5 days from symptom onset, if symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever is present, additional Precautions can be discontinued. • After discontinuation of Additional Precautions, clients/patients/residents should wear a well-fitted mask, if tolerated, when receiving care and when outside of their room until day 10 from symptom onset. • If residents cannot mask, they should remain on Additional Precautions for 10 days from symptom onset. **Acute Respiratory Infection:** These recommendations should be followed only once COVID-19 is ruled out with PCR testing. Symptomatic residents/patients should continue contact droplet precautions until 5 days from onset of illness or until symptoms resolved, whichever is shorter. • Residents encouraged to wear well fitted mask when receiving care and outside their room until day 10 from symptom onset. **Roommates of confirmed cases:** Additional precautions for minimum of 5 days, and if remain asymptomatic, the roommate should wear well fitted mask if tolerated when receiving care and outside room until day 10 (or 7 days if roommate and case have been moved into separate rooms) from index case onset." **For those under masking recommendations** (as above) - avoid communal activities that require mask removal (e.g. communal dining).	☐
6.2	**Admissions and Transfers** • New admission to an outbreak area are generally not advised • Re-admission of line listed cases to an outbreak area(s) is allowed. • If required, re-admission of non-line-listed should be done in accordance with the Repatriation Tool PUBLIC HEALTH.pdf • Transferring facility is to advise receiving facility if a resident/patient develops symptoms or tests positive.	☐

6.3	**Absences and Leaves** • Temporary leaves for residents from an outbreak affected area to a private home are acceptable. If the resident/patient becomes ill and is transferred to another facility, family should inform the facility that the resident/patient is from an OB facility. • Symptomatic residents/patients can attend medically necessary appointments or activities. When attending these appointments, resident/patient should wear a mask and the receiving facility and transportation provider should be notified. Non-medical absences such as shopping and hair appointments should be rescheduled. • Well residents in non-affected areas of the home may continue their activities, including absences.	☐
6.4	**Group Activities and Communal Dining – LTCH/RH only** • Symptomatic residents are not recommended to participate in in-person groups or social activities and communal dining. • Communal dining and small group low-risk activities on individual units/areas may continue for well residents.	
6.5	**Antiviral Treatment (FOR CONFIRMED INFLUENZA AND COVID-19 OB ONLY)** For Influenza: • Symptomatic residents should be encouraged to remain in their rooms for the duration of antiviral treatment. • Asymptomatic residents – prophylaxis, regardless of influenza immunization status, until outbreak over • Lab confirmed influenza – treatment only • Exception: if two strains of influenza are circulating, lab confirmed cases should be offered prophylaxis, until outbreak over, after treatment is completed • Symptomatic resident (no testing done) – provide treatment, then return to prophylaxis until outbreak over • Symptomatic resident (influenza not detected) – offer prophylaxis until outbreak over For COVID-19: • Assess residents/patients for treatment eligibility	☐
7.0	**Staff Measures (including students/volunteers)**	

7.1	**For all respiratory illness:**
	• Symptomatic staff must be excluded from working in any facility and report to Occupational Health/workplace and follow return to work guidance.
	• Staff may return to work if they are afebrile and their symptoms have been improving for 24 hours (48 hours if vomiting/diarrhea).
	• For a total of 10 days after date of specimen collection or symptom onset (whichever is earlier/applicable), staff should:
	  ○ Adhere to workplace measures for reducing risk of transmission (e.g., masking for source control, not removing their mask unless eating or drinking, distancing from others as much as possible); and
	  ○ Avoid caring for patients/residents at highest risk of severe respiratory illness, where possible.
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7.2	**For Asymptomatic Staff during a *Confirmed Influenza OB only*:** • Asymptomatic immunized staff have no work restrictions, unless advised there is a vaccine mismatch • Asymptomatic unimmunized staff are to adhere to the facility work exclusion policies (those taking prophylaxis have no work restrictions) • Newly immunized staff must continue to take prophylaxis for two weeks.	☐

	• Asymptomatic unimmunized staff not receiving prophylaxis must wait one incubation period (3 days) from the last day that they worked at the outbreak facility/unit prior to working in another outbreak or non-outbreak facility/unit. ○ *Note*: If staff work in multiple settings/locations, it is recommended that they advise other settings/locations of the outbreak to determine if they should continue working in multiple facilities.	
8.0	**Visitor Control Measures**	
8.1	• General visits and visits from ill individuals, should be postponed unless extenuating circumstances exist (e.g. end-of-life visits/compassionate reasons) Follow the facility's visitor policy. • Well essential visitors are permitted to the home and should follow IPAC measures to reduce transmission. • Visiting by outside groups (e.g., entertainers, community groups, etc.) is not permitted in the outbreak area. • Onsite adult/childcare programs may continue if it is possible to ensure there is no interaction between the affected floor/unit staff or residents/patients and the participants in on-site child-care or other day programs.	☐
9.0	**Declaring Outbreaks Over**	
9.1	The decision to declare the outbreak over must be done in consultation with Public Health. Facility to advise appropriate healthcare partners when the outbreak has been declared over.	☐
Comments:		

Resources

1. Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings
2. Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings
3. IPAC Hub contact: ipachub@lakelandsph.ca for infection control inquiries.