



Refer to the Ministry of Health Long Term Care's "A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes", October 2004 or as current.		Reviewed = ✓ Not Reviewed = X Not Applicable = N/A
3.7 Review resident control measures (continued from Page 1)		
8. Resident (case and non-case) transfers from anywhere in the outbreak home to another Long Term Care Home is not recommended until the outbreak has been declared over. Exceptions to be discussed with Renfrew County and District Health Unit.		
9. Reschedule non-urgent appointments made before the OB. Urgent appointments for well residents may continue with precautions. Discuss urgent appointments for cases with Renfrew County and District Health Unit		
10. Discontinue communal activities that mix residents from different units/areas. Activities on individual areas/units to be discussed with Renfrew County and District Health Unit (See 3.9.6 for onsite adult/childcare programs).		
3.8 Review staff control measures		
1. Staff with respiratory illness should not work in any facility & well staff should be discouraged from working in other facilities.		
2. Staff with respiratory illness should not enter the facility. Report illness to IC &/or occupational health. Exclude ill staff from working for 5 days from the onset of symptoms or until symptoms have resolved (whichever is shorter).		
3. Cohort staff by minimizing movement of staff between floors or resident areas, especially to unaffected areas.		
3.9 Review visitor control measures		
1. OB notification signs posted at all entrances to the facility.		
2. Visitors are permitted provided they are not ill & follow the facility's infection prevention and control (IPAC) procedures. Ensure the nursing station has up-to-date information regarding visitor control measures. Visitors should only visit one resident and exit the facility immediately after the visit.		
3. Visitors visiting a <u>well</u> resident with an ill roommate are not required to wear PPE provided they stay at least 2 metres away from the ill resident at all times. Visitors can visit <u>well</u> residents in common areas.		
4. Post notices on the door of the room of <u>ill</u> residents advising visitors to check in at the nursing station before entering. Ill residents should be visited in their room only. Visitors providing direct care (within 2 metres) to an ill resident need to wear a mask, eye protection & gloves. Gown can be used to protect uncovered skin & clothing if splashing is likely to occur.		
5. Visits by outside groups (e.g., entertainers, community groups, etc.) is not permitted. Exceptions to be discussed with Renfrew County and District Health Unit.		
6. Onsite adult/childcare programs may continue if there is no contact between residents who are ill & participants.		
3.10 Review cleaning and disinfection		
1. Enhance environmental cleaning & disinfection, especially in high traffic areas.		
2. The facility to review the recommendations for cleaning, disinfecting & sterilizing of resident care equipment with staff.		
3. Dedicate routine equipment to the resident if possible. If equipment shared, disinfect before it is used for another resident.		
4. All high-touch surfaces in the resident's room must be cleaned at least daily.		
5. Housekeeping staff to use gloves and masks prior to entering the room of an ill resident. Eye protection is used if within 2 metres of ill resident. Gowns can be used to protect uncovered skin & clothing, if splashing is likely to occur. Remove PPE once task is completed and 2 metres away from an ill resident. Hand hygiene is performed as PPE is removed.		
3.11 Confirmed Influenza (A or B) Outbreak Control Measures		
1. Only immunized staff shall be permitted to work.		
2. Antiviral medication for prevention (prophylaxis) should be given to all residents who are not already ill with influenza, regardless of vaccination status, and to all unvaccinated staff members until the outbreak is declared over. Prophylaxis may also be recommended for staff, regardless of vaccination status, during outbreaks caused by influenza strains that are not well matched by the vaccine.		
3. Non-immunized staff may return to work if they are receiving appropriate antiviral prophylaxis as soon as they have started to take the medication.		
4. Decisions surrounding antivirals for treatment are the responsibility of the attending physicians(s).		
5. Antivirals for treatment must be started within 48 hours of onset of symptoms to be effective and may decrease the rate of complications.		
6. Influenza immunization should be offered to all unvaccinated residents, staff, visitors and volunteers.		
7. When an unvaccinated healthcare worker is vaccinated during an outbreak, antiviral prophylaxis should be continued until 2 weeks after vaccination.		
8. Cohorting of staff is not required if all persons are immunized or on an appropriate antiviral.		
9. Immunized staff have no restrictions on their ability to work at other facilities, provided the individual changes their uniform between facilities.		
10. Non-immunized staff not receiving prophylactic therapy must wait 3 days (1 incubation period) from the last day that they worked at the outbreak facility prior to working at a non-outbreak facility.		
11. Ill staff/volunteers/students taking antiviral medication for treatment shall be excluded from work for 5 days from onset of symptoms or until symptoms have resolved, whichever is shorter.		
3.12 Communication		
1. Facility will provide Renfrew County and District Health Unit with daily updates of the line list. If there is a significant change in severity of illness, number of hospitalizations and/or deaths, contact Renfrew County and District Health Unit immediately.		
2. Designated media spokesperson for the facility: Name: _____ Phone: _____ Position: _____		
3. Facility will ensure the Coroner is advised immediately of any deaths (cases and non-cases) that occur during the OB.		
3.13 Declaring the outbreak over		
1. As a general rule, the facility must not have any new resident/cases in the 8 days from the onset of symptoms of the last resident/case OR 3 days after the onset of symptoms in the last staff case (whichever is longer).		
Original Copy of Report Left With (Print Name)	Facility Contact Signature	Investigator's Signature