Renfrew County and District Health Unit			Page 1 – Respiratory Outbreak Management Team Meeting Checklist							
OB Number: 2257		Date Checklis	t Initiated:	Investigator Name:	Phone: () -					
				Email (Optional):	Fax:					
Facility Name:				Facility Contact:	Phone: () -					
racinty Ivame.				Email (Optional):	Ext.:					
Street No.: Street Name:				Postal Code:	Ministry Master Number:					
Refer to the Ministry of Health Long Term Care's "A Guide to the Control of Respiratory Infection Outbreaks in Reviewed = ✓ Not Rev										
Long-Term Care Homes", October 2004 or as current. Not Applicable = N/A										
3.1 Review recent line list										
2.2. Povious symptoms to data										
3.2 Review symptoms to date Confirm if indicative of upper respiratory tract infection, pneumonia, lower respiratory tract infection or SARS. Symptoms indicative of:										
Solution is indicated of appear respiratory trace infection, pricamonia, lower respiratory trace infection of SANS. Symptoms indicative of										
3.3 Review / revise the case definition										
Case definition agreed upon by the OMT is:										
3.4 Identify the population at risk										
Identify area(s) of the facility where OB cases are occurring:										
acontary and agony on the rading which our decounting.										
1. Can affected areas be closed to prevent access by other residents of the facility? ☐ YES ☐ NO										
2. Can residents from the affected areas be restricted from accessing non-affected areas? \(\begin{array}{c} YES NO \\end{array}\)										
3. Can staff in affected areas be restricted/have minimal contact with staff, residents from non-affected areas? ☐ YES ☐ NO										
		only those in th	e affected are	as are considered to be the popul	lation at risk.					
Current total population at risk	includes:	C1 (f		/ / / / /	0					
Residents/Patients:		Staff:		(area / floor / wai	ra)					
3.5 Review laboratory resu										
Causative agent(s) identified			ES, provide	details of lab results:						
☐ YES ☐ NO ☐ PENDING										
Nasopharyngeal (NP) Swabs	s collected to da	ate:		Additional NP swabs to be colle	cted:					
Test types requested:	Ada	litional Tests:								
Influenza A Urine			L. pneumophila (Legionellosis)							
Influenza B Serology M. pneumon			C. pneumoniae							
Other, specify:	Othe	r, specify:		Other respiratory viruses, speci-	fy:					
3.6 Review initial general outbreak control measures										
			oap & water o	r using an alcohol-based hand sa	nitizer.					
2. Mask & eye protection worn within 2 metres of resident.										
3. Long-sleeved gown worn fo		en skin or clothi	ng may becor	ne contaminated.						
4. Gloves worn for direct care.										
 3.7 Review resident control measures 1. If possible, restrict cases to their rooms until 5 days after the onset of acute illness or until symptoms have completely resolved (whichever is 										
shorter). No room restrictions required for asymptomatic roommates of cases, but should be confined to affected areas/s. Use single room										
with own toileting facilities, if resident hygiene is poor and if available, or maintain a spatial separation of at least 2 metres between the										
resident and others in room, with privacy curtain drawn. 2. If cases are confined to one unit/area of the facility, all residents (well and ill) from that unit/area should avoid contact with residents/patients										
from the remainder of the facility.										
3. Admission of new patients generally not permitted to an OB affected areas(s). Exceptions to be discussed with Renfrew County and District Health Unit										
4. Re-admission of cases from an acute care facility is permitted where appropriate accommodations and care can be provided.										
5. Re-admission of non-cases from an acute care facility is generally not permitted. Exceptions to be discussed with Renfrew County and District Health Unit.										
6. Residents from OB facility can be discharged to a private home with no restrictions. Ensure family is aware of OB & symptoms. Requirements for re-admission to an OB facility include 4 & 5 above as appropriate.										
7. The facility must notify the Provincial Transfer Authorization Centre and the receiving healthcare facility before transferring any resident. Send resident with the Renfrew County and District Health Unit "Outbreak Transfer Notification" form.										
Continue checklist using the Renfrew County and District Health "Page 2 – Respiratory Outbreak Management Team Meeting Checklist"										
Document additional notes and checklist changes as they occur on "Progress Notes"										
Original Copy of Report Left	With (Print Name)		Facility	y Contact Signature	Investigator's Signature					



Renfrew County and District Health Unit

Page 2 – Respiratory Outbreak Management Team Meeting Checklist

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Refer to the Ministry of Health Long Term Care's Long-Term Care Homes", October 2004 or as cur		the Control of Respiratory Infection Outbreaks in	n	Reviewed = ✓ Not Reviewe Not Applicable = N/A	d = X				
3.7 Review resident control measures (cont		n 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.									
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									
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	f there is n	o contact between residents who are ill & partici	pants.						
3.10 Review cleaning and disinfection									
1. Enhance environmental cleaning & disinfection, especially in high traffic areas.									
2. The facility to review the recommendations for									
3. Dedicate routine equipment to the resident if pe	ssible. If e	equipment shared, disinfect before it is used for a	another re	esident.					
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 wor									
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									
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.									
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									
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).									
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Original Copy of Report Left With (Print Name)	1	Facility Contact Signature	1	Investigator's Signature					