



Renfrew County and District Health Unit
"Optimal Health for All in Renfrew County and District"



OUTBREAK



MANAGEMENT



A Quick Reference Guide

Adapted with Permission of
Leeds, Grenville & Lanark District Health Unit

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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:

[Ministry of Health and Long-Term Care, Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes, Recommendations for Long-Term Care Homes and Public Health Unit Staff, March 2018.](#)

Part 1:

Definitions

Suspect Gastroenteritis Outbreak Definition

Two suspected cases of infectious gastroenteritis in a specific area, such as a home, unit, or floor **within 48 hours**.

Gastroenteritis Outbreak Definition

An enteric outbreak is usually defined as **three** or more cases of infectious gastroenteritis in a specific area within a four-day period, or three or more units/floors having a case of infectious gastroenteritis within **48 hours**.

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 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/Volunteers who work at other facilities

Staff/volunteers should be advised that working at more than one facility is not recommended. Staff/volunteers working at 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 an 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 Health Unit at 613-735-8654.
- ☐ **After hours** call the Health Unit at 613-735-9926 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 Renfrew County and District Health Unit
- ☐ Fax line list DAILY to the Health Unit: **Fax: 613-735-3067**
- ☐ 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 STAT to Renfrew County and District Health Unit
- ☐ Include the outbreak number on the laboratory requisition
- ☐ After hours, specimens can be stored in the refrigerator (not freezer) and delivered to the Health Unit STAT 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
- ☐ Public Health Ontario Laboratory (PHOL) General Test Requisition
- ☐ Pen
- ☐ Brown paper bag
- ☐ Enteric outbreak kit (2 or 3 vials) - provided by the Health Unit

Method:

1. Begin by removing the specimen vials from the biohazard bag. Check to ensure the bottles are intact and not leaking. Check expiry dates on the bottles. **Expired bottles should not be used.**
2. Have the patient pass stool into a clean collection pan. There should be no urine in specimen.
3. **Put on gloves when handling fecal material.**
4. Using the spatula on the lid of each vial, select different sites of the stool specimen, preferably blood, mucus or pus, and transfer to the vials as follows:
 - **White capped vial** (virology): add feces up to the line indicated. Do not overfill. Replace and tighten the cap.
 - **Green capped vial** (bacteriology): add feces up to the line indicated. Do not overfill. Mix into the transport medium. Replace and tighten cap.
 - **Yellow capped vial** (parasitology): add feces up to the line indicated. Do not overfill. Mix into the transport medium. Replace and tighten the cap.
5. Label each specimen vial with the following information:
 - Patient's full name
 - Date of collection
 - One other unique identifier such as patient's date of birth or Health Insurance Number. (Identifier information must match the same information placed on the general Test Requisition.)
6. Complete all fields on the PHOL requisition. Include:
 - Patient's full name,
 - Date of birth,
 - Health Insurance Number (Must match the specimen label).

Enter all or any of the following suspected agents under test requested: bacterial, viral, parasitic (if parasitic agent is suspected). Complete the information fields for submitter, public health investigator information, outbreak number, specimen type and site, patient setting and reason for test including clinical information.
7. Place all vials into the biohazard bag. Seal the bag. Insert the completed requisition in the pocket on the outside of the sealed biohazard bag.
8. Place the sealed enteric kit(s) in a brown bag. Label the brown bag with outbreak number. Remove gloves and perform hand hygiene.
9. Refrigerate immediately and contact your courier to pick up the specimens for delivery to Public Health as soon as possible but within 48 hours. **DO NOT FREEZE SPECIMENS.**

Inform the health unit that specimens have been collected. Your contact person will advise the lab that samples are being submitted for your Facility.

Note: The enteric outbreak kit is sufficient for the collection of fecal specimens for the identification of bacterial and viral causing agents of gastroenteritis outbreak for a single patient. The kit contains 1 white capped vial and 1 green capped vial. If a parasitic agent is suspected, a yellow capped vial for parasitology is added. If the outbreak is suspected to be bacterial or viral in nature, do not collect/submit all 3 vials.

Part 5:

List of Inserts

- Enteric Outbreak Control Measures Checklist
- Enteric Outbreak Line Listing Sample
- Public Health Ontario Laboratory (PHOL) – General Test Requisition



Enteric Outbreak Control Measures Checklist

Facility: _____ Date: _____

Date Outbreak Declared: _____ Outbreak #: _____

IMMEDIATE CONTROL MEASURES FOR SUSPECT OUTBREAK (not yet declared but facility is monitoring situation):

- ☐ Isolation of ill residents/patients and use of appropriate PPE + Hand Hygiene
- ☐ Notify staff quickly of potential outbreak
- ☐ Notify the Renfrew County and District Health Unit of potential outbreak
call 613-735-8654 OR call 613-735-9926 (After hours)
- ☐ Send Line Listings to the Health Unit of ill residents/patients and staff

Case Definition:

Stool Specimen Collection:

See *Outbreak Management – A Quick Reference Guide* pg.7 for instructions

- ☐ Check expiry dates on kits; notify health unit if new kits are required
- ☐ Collect stool specimens from **THREE** residents/patients most recently ill and who meet the case definition
(3 kits, 2 or 3 vials per kit)

Control Measures for Residents/Patients:

- ☐ Restrict cases to their room for **48 hours** after 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
- ☐ Toilet facilities should not be shared between ill residents/patients and roommates
- ☐ Ensure 'Contact' precautions are in place (with signage) which includes:
 - Use of gloves and gowns when providing direct care and in addition, wearing gloves when entering a patient's room or bed space in hospital
 - Use of masks/eye protection when care activities are likely to generate splashes or sprays of stool and/or vomit, especially if vomiting is a defining symptom

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 (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 **48 hours** after symptoms have resolved.
Once a specific causative agent is known, disease-specific exclusions can apply – consult with Health Unit
- ☐ Exclude all food service staff who have symptoms as foods can be contaminated by an infected food handler
- ☐ It is recommended that staff/volunteers not work at more than one facility – if this occurs, staff/volunteers should notify the facility **NOT** in outbreak and follow their policy regarding exclusion

continued ➡

- ☐ Food samples may need to be submitted for testing. Retain 200g ready-to-eat food samples from each meal, frozen at or below -18 degrees Celsius for the duration of the outbreak and until Public Health staff advise that food can be discarded. (Refer to the Recommendations for the *Control of Gastroenteritis Outbreaks in LTCH's*, (MOHLTC, 2018), page 53 for further information)

Control Measures for Visitors:

- ☐ Notify visitors of outbreak through signage at entrances
- ☐ Notify visitors of contact 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 postpone 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 or buffing floors is not recommended as this has the potential to re-circulate norovirus
- ☐ Use of appropriate products for disinfection (i.e., virucidal claim for *Norovirus* or sporicidal claim for *C. difficile*)
 - For list of Hospital-grade Disinfectants and Sporicides, refer to Appendix E of PIDAC's, *Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings*, May 2012

Admissions, Re-admission, and Transfers:

See *Outbreak Management—A Quick Reference Guide* pg. 20 for algorithm

- ☐ Re-admit cases only if appropriate accommodation is available and precautions 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

Investigator: _____ Date: _____

- ☐ Copy to institution

Reference:

[Ministry of Health and Long-Term Care, Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes, Recommendations for Long-Term Care Homes and Public Health Unit Staff, May 2018.](#)

Enteric Outbreak Line Listing

This form is for use during institutional outbreaks or outbreak investigations.

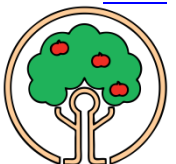
Please FAX daily to **613-735-3067**
Tel: 613-735-8654 After Hours Tel: 613-735-9926

Outbreak Number: _____ Name of Facility: _____
Date: _____ Unit/Floor: _____
Case Definition: _____
Please line list each resident or staff member once only.

☐ Staff List **OR** ☐ Resident List
Facility Contact: _____
Phone Number: _____
Fax Number: _____

Case Identification				Symptoms (new onset)										Specimens	Treatment	Outcome			
Name	Room Number	Gender (Male or Female)	Date of Birth (day/month/year)	Onset Date (day/month/year)	Abnormal Temperature (°C)	Abdominal Pain	Nausea	Vomiting	Diarrhea	Bloody Diarrhea	Poor Appetite	Headache	Chills	Other (please specify)	Stool Sample Collected (day/month)	Treatment Specify	Resolved(day/month)	Hospitalization (day/month)	Death (day/month)

For an electronic copy please visit the downloaded forms section of our website or click [HERE](#).



Public Health Ontario | Santé publique Ontario
ONTARIO'S ONE HEALTH | ONTARIO'S ONE LA SANTÉ

Date received	PHOL No.
yyyy / mm / dd	

ALL Sections of this Form MUST be Completed

1 - Submitter <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> Courier Code </div> <div style="margin-top: 10px;"> Provide Return Address: <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> Name Address City & Province Postal Code </div> </div> </div> <div style="margin-top: 10px;"> Clinician Initial / Surname and OHIP / CPSO Number <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Tel: <div style="border: 1px solid black; width: 150px; height: 1.2em;"></div> Fax: <div style="border: 1px solid black; width: 150px; height: 1.2em;"></div> </div>	2 - Patient Information <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Health No.</td> <td rowspan="2" style="width: 5%;">Sex</td> <td rowspan="2" style="width: 25%;">Date of Birth: yyyy / mm / dd</td> </tr> <tr> <td>Medical Record No.</td> </tr> <tr> <td colspan="2">Patient's Last Name (per OHIP card)</td> <td>First Name (per OHIP card)</td> </tr> <tr> <td colspan="3">Patient Address</td> </tr> <tr> <td>Postal Code</td> <td colspan="2">Patient Phone No.</td> </tr> <tr> <td colspan="3">Submitter Lab No.</td> </tr> <tr> <td colspan="3">Public Health Unit Outbreak No.</td> </tr> </table>	Health No.	Sex	Date of Birth: yyyy / mm / dd	Medical Record No.	Patient's Last Name (per OHIP card)		First Name (per OHIP card)	Patient Address			Postal Code	Patient Phone No.		Submitter Lab No.			Public Health Unit Outbreak No.		
Health No.	Sex	Date of Birth: yyyy / mm / dd																		
Medical Record No.																				
Patient's Last Name (per OHIP card)		First Name (per OHIP card)																		
Patient Address																				
Postal Code	Patient Phone No.																			
Submitter Lab No.																				
Public Health Unit Outbreak No.																				
3 - Test(s) Requested (Please see descriptions on page 2) Test: Enter test descriptions below <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	Public Health Investigator Information Name: <div style="border: 1px solid black; width: 150px; height: 1.2em;"></div> Address: <div style="border: 1px solid black; width: 150px; height: 1.2em;"></div> Tel: <div style="border: 1px solid black; width: 150px; height: 1.2em;"></div> Fax: <div style="border: 1px solid black; width: 150px; height: 1.2em;"></div>																			
4 - Specimen Type and Site <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> blood / serum <input type="checkbox"/> sputum <input type="checkbox"/> urethral <input type="checkbox"/> other - (specify) <div style="border: 1px solid black; width: 150px; height: 1.2em;"></div> </div> <div style="width: 33%;"> <input type="checkbox"/> faeces <input type="checkbox"/> urine <input type="checkbox"/> cervix </div> <div style="width: 33%;"> <input type="checkbox"/> nasopharyngeal <input type="checkbox"/> vaginal smear <input type="checkbox"/> BAL </div> </div>	Hepatitis Serology Reason for test (Check (✓) only one box): <input type="checkbox"/> Immune status <input type="checkbox"/> Acute infection <input type="checkbox"/> Chronic infection Indicate specific viruses (Check (✓) all that apply): <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C (testing only available for acute or chronic infection; no test for determining immunity to HCV is currently available)																			
5 - Reason for Test <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> diagnostic <input type="checkbox"/> needle stick <input type="checkbox"/> prenatal <input type="checkbox"/> immunocompromised <input type="checkbox"/> post-mortem <input type="checkbox"/> other - (specify) <div style="border: 1px solid black; width: 150px; height: 1.2em;"></div> </div> <div style="width: 33%;"> <input type="checkbox"/> immune status <input type="checkbox"/> follow-up <input type="checkbox"/> chronic condition </div> <div style="width: 33%;"> Date Collected: <div style="border: 1px solid black; width: 150px; height: 1.2em;"></div> </div> <div style="width: 33%;"> Onset Date: <div style="border: 1px solid black; width: 150px; height: 1.2em;"></div> </div> </div>	Patient Setting <input type="checkbox"/> physician office/clinic <input type="checkbox"/> ER (not admitted) <input type="checkbox"/> inpatient (ward) <input type="checkbox"/> inpatient (ICU) <input type="checkbox"/> institution																			
Clinical Information <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> fever <input type="checkbox"/> STI <input type="checkbox"/> pregnant <input type="checkbox"/> jaundice <input type="checkbox"/> other - (specify) <div style="border: 1px solid black; width: 150px; height: 1.2em;"></div> </div> <div style="width: 33%;"> <input type="checkbox"/> gastroenteritis <input type="checkbox"/> headache / stiff neck <input type="checkbox"/> encephalitis / meningitis </div> <div style="width: 33%;"> <input type="checkbox"/> respiratory symptoms <input type="checkbox"/> vesicular rash <input type="checkbox"/> maculopapular rash </div> </div>																				

Section B: 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, Recommendations for the Control of Respiratory Infection Outbreaks in Long-Term Care Homes, March 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 tract illness **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.

Criteria for a potential outbreak are:

1. One laboratory confirmed case of influenza

OR

2. Two cases of acute respiratory tract illness occurring **within 48 hours** in a geographic area (e.g., unit, floor)

OR

3. More than one unit having a case of acute respiratory illness **within 48 hours**.

Facilities are required to call the Renfrew County and 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 Tract 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.

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 quickly 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 procedure 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 - whichever is shorter.

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 during the outbreak. 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 should be advised that working at more than one facility is not recommended. If this applies, he/she should notify the facility NOT in outbreak and follow their policy regarding exclusion.

12. Medical Appointments

Non-urgent appointments made before the outbreak 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

OR

More than one unit having a case of acute respiratory illness within 48 hours.

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 Renfrew County and District Health Unit,

Phone: 613-735-8653 extension 512 or After Hours 613-735-9926

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 :

Fax: 613-735-3067

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 wet ice.

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)

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.

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.



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.

Part 5:

List of Inserts

- Respiratory Outbreak Control Measures Checklist
- Respiratory Outbreak Line Listing Sample
- Sample Lab Requisition for NP Swab
- Management of Staff – Influenza Outbreak Algorithm
- Influenza Outbreak Questionnaire



Respiratory Outbreak Control Measures Checklist

Facility: _____

Date: _____

Date Outbreak Declared: _____

Outbreak #: _____

IMMEDIATE CONTROL MEASURES FOR SUSPECT OUTBREAK (not yet declared but facility is monitoring situation):

- ☐ Isolation of ill residents/patients and use of appropriate PPE + Hand Hygiene
- ☐ Notify staff quickly of potential outbreak
- ☐ Notify the Renfrew County and District Health Unit of potential outbreak
Call 613-735-8653 X 512 OR call 613-735-9926 (After hours)
- ☐ Send Line Listings to the Health Unit of ill residents/patients and staff

Case Definition:

Nasopharyngeal (NP) Specimen Collection:

See *Outbreak Management – A Quick Reference Guide* pg.15 for instructions

- ☐ Check expiry dates on swabs; notify health unit if new swabs are required
- ☐ Collect NP swabs from **TWO** residents/patients most recently ill and who meet the case definition

Control Measures for Residents/Patients: (For influenza see next page)

- ☐ Restrict 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 nurse; list symptoms and onset date
- ☐ Exclude ill staff, students and volunteers for **FIVE days** after onset of symptoms or until symptoms have completely resolved
- ☐ It is recommended that staff/volunteers not work at more than one facility –if this occurs, staff/volunteers 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 visitor to:
 - Clean hands before and after visit
 - Use appropriate PPE for direct care of ill residents/patients
 - Visit only one resident/patient, then 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 contaminated/soiled surfaces
- ☐ 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 Appendix E, F & G of PIDAC's *Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings*, May 2012

Admissions, Re-admission, and Transfers:

See *Outbreak Management—A Quick Reference Guide* page 20, for algorithm

- ☐ Re-admit cases only if appropriate accommodation is available 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:

- ☐ Reschedule 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:

(for antiviral medication information, refer to *Recommendations for the Control of Respiratory Infection Outbreaks in LTCH's* pg. 56-67)

Residents/Patients

- ☐ 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)**

Staff and Volunteers

See *Outbreak Management—A Quick Reference Guide*, page 16 for *Management of Staff—Influenza Outbreak Algorithm*

Investigator: _____ Date: _____

- ☐ Copy to institution

Reference:

[Ministry of Health and Long-Term Care, *Recommendations for the Control of Respiratory Infection Outbreaks in Long-Term Care Homes*, March 2018.](#)

Respiratory Outbreak Line Listing

This form is for use during institutional outbreaks or outbreak investigations.

Please **FAX** daily to **613-735-3067**
Tel: 613-735-8653 ext. 512 **After Hours** Tel: 613-735-9926

Outbreak Number: _____ Name of Facility: _____
Date: _____ Unit/Floor: _____
Case Definition: _____
Please line list each resident or staff member once only.

☐ Staff List **OR** ☐ Resident List
Facility Contact: _____
Phone Number: _____
Fax Number: _____

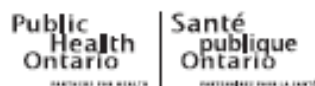
Case Identification				Symptoms (new onset)												Specimens/ Diagnostics				Prophylaxis/ Treatment			Outcome				
Name	Room Number	Gender (Male or Female)	Date of Birth (day/month/year)	Onset Date (day/month/year)	Abnormal Temperature (°C)	Runny Nose or Sneezing	Nasal Congestion	Sore Throat/Hoarseness	Dry Cough	Productive Cough	Swollen Glands in Neck	Tiredness (Malaise)	Muscle Aches (Myalgia)	Poor Appetite	Headache	Chills	Other (please specify)	Nasopharyngeal(day/month)	Result – Directive (++)	Result – PCR/NAT(+-)	Result - Culture (+-)	Flu Vaccine (Yes/No)	Prophylaxis (day/month)	Treatment (day/month)	Resolved(day/month)	Hospitalization (day/month)	Death (day/month)

For an electronic copy please visit the downloaded forms section of our website or click [HERE](#).

Adapted from “Recommendations for the Control of Respiratory Infection Outbreaks in Long-Term Care Homes, March 2018.”
Personal information on this form is collected under the authority of the Health Protection Act, S.O. 1983, C. 10 as amended and in accordance with MFIPPA and will be used for assessment, management, treatment and reporting purposes.
Questions about this collection should be addressed to the Renfrew County and District Health Unit, 7 International Dr. Pembroke, ON K8A 6W5, 613-732-3629 or 1-800-267-1097.



For an electronic copy of this document, and to view other test requisitions, please visit Public Health Ontario's website by clicking [HERE](#).



Date received yyyy / mm / dd	PHOL No.
---------------------------------	----------

General Test Requisition

ALL Sections of this Form MUST be Completed

1 - Submitter <div> <div>Courier Code</div> <div>Provide Return Address:</div> <div> Name Address City & Province Postal Code </div> </div> <div>Clinician Initial / Surname and OHIP / CPSO Number</div> <div> Tel: <div></div> Fax: <div></div> </div>	2 - Patient Information <table border="1"> <tr> <td>Health No.</td> <td rowspan="2">Sex</td> <td>Date of Birth: yyyy / mm / dd</td> </tr> <tr> <td>Medical Record No.</td> <td></td> </tr> <tr> <td colspan="2">Patient's Last Name (per OHIP card)</td> <td>First Name (per OHIP card)</td> </tr> <tr> <td colspan="3">Patient Address</td> </tr> <tr> <td>Postal Code</td> <td colspan="2">Patient Phone No.</td> </tr> <tr> <td colspan="3">Submitter Lab No.</td> </tr> <tr> <td colspan="3">Public Health Unit Outbreak No.</td> </tr> </table>	Health No.	Sex	Date of Birth: yyyy / mm / dd	Medical Record No.		Patient's Last Name (per OHIP card)		First Name (per OHIP card)	Patient Address			Postal Code	Patient Phone No.		Submitter Lab No.			Public Health Unit Outbreak No.		
Health No.	Sex	Date of Birth: yyyy / mm / dd																			
Medical Record No.																					
Patient's Last Name (per OHIP card)		First Name (per OHIP card)																			
Patient Address																					
Postal Code	Patient Phone No.																				
Submitter Lab No.																					
Public Health Unit Outbreak No.																					
3 - Test(s) Requested (Please see descriptions on page 2) Test: Enter test descriptions below <div></div>	Public Health Investigator Information Name: <div></div> Health Unit: <div></div> Tel: <div></div> Fax: <div></div> 																				
4 - Specimen Type and Site <div> <input type="checkbox"/> blood / serum <input type="checkbox"/> faeces <input type="checkbox"/> nasopharyngeal </div> <div> <input type="checkbox"/> sputum <input type="checkbox"/> urine <input type="checkbox"/> vaginal smear </div> <div> <input type="checkbox"/> urethral <input type="checkbox"/> cervix <input type="checkbox"/> BAL </div> <input type="checkbox"/> other - (specify) <div></div>	5 - Reason for Test <div> <input type="checkbox"/> diagnostic <input type="checkbox"/> Immune status </div> <div> <input type="checkbox"/> needle stick <input type="checkbox"/> follow-up </div> <div> <input type="checkbox"/> prenatal <input type="checkbox"/> chronic condition </div> <div> <input type="checkbox"/> immunocompromised </div> <div> <input type="checkbox"/> post-mortem </div> <div> <input type="checkbox"/> other - (specify) <div></div> </div> <div> Date Collected: yyyy / mm / dd Onset Date: yyyy / mm / dd </div>																				
3 - Test(s) Requested (Please see descriptions on page 2) Test: Enter test descriptions below <div></div>	Heatitis Serology Reason for test (Check (✓) only one box): <input type="checkbox"/> Immune status <input type="checkbox"/> Acute infection <input type="checkbox"/> Chronic infection Indicate specific viruses (Check (✓) all that apply): <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> 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 <div> <input type="checkbox"/> blood / serum <input type="checkbox"/> faeces <input type="checkbox"/> nasopharyngeal </div> <div> <input type="checkbox"/> sputum <input type="checkbox"/> urine <input type="checkbox"/> vaginal smear </div> <div> <input type="checkbox"/> urethral <input type="checkbox"/> cervix <input type="checkbox"/> BAL </div> <input type="checkbox"/> other - (specify) <div></div>	5 - Reason for Test <div> <input type="checkbox"/> diagnostic <input type="checkbox"/> Immune status </div> <div> <input type="checkbox"/> needle stick <input type="checkbox"/> follow-up </div> <div> <input type="checkbox"/> prenatal <input type="checkbox"/> chronic condition </div> <div> <input type="checkbox"/> immunocompromised </div> <div> <input type="checkbox"/> post-mortem </div> <div> <input type="checkbox"/> other - (specify) <div></div> </div> <div> Date Collected: yyyy / mm / dd Onset Date: yyyy / mm / dd </div>																				
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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-6D-50G-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.30 (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 416-235-6595 or toll free 1-877-604-4567. F-6D-50G-1000 (06/2013)



Public Health Laboratories Testing Menu

For HIV, please use the HIV Serology form.

For historical duplex code information please access website at www.publichealthontario.ca/requisitions

Test (enter in Test Description Section 3)	Test (enter in Test Description Section 3)
Adenovirus (virus detection only)	Mycoplasma pneumoniae - Culture
Antimicrobial Susceptibility Testing - Bacteria	Mycoplasma pneumoniae - PCR
Antimicrobial Susceptibility Testing - Fungi, Nocardia	Mumps IgG Immune Status
Antimicrobial Susceptibility Testing - Mycobacteria	Mumps IgG/IgM Diagnosis
Arbovirus Serology	Mumps Virus Detection
Arthropod Identification (ticks, lice, mites from human sources)	Neisseria gonorrhoeae - NAAT/Culture
Bacterial Culture and Sensitivity	Norovirus Detection
Bacterial Vaginosis - Gram Stain	Parainfluenza 1, 2, 3 (virus detection only)
Bordetella - PCR	Parvovirus B19 (Fifth Disease, Erythema Infectiosum) IgG Immune Status
Cat Scratch Fever (Bacillary angiomatosis, Bartonella)	Parvovirus B19 (Fifth Disease, Erythema Infectiosum) IgG/IgM Diagnosis
Chlamydia trachomatis - NAAT/Culture	Q Fever Serology
Chlamydia pneumoniae - PCR	Rabies Virus Antibody Screen
Clostridium difficile toxin	Referred Culture - Fungus (specify agent)
Cytomegalovirus (CMV) Culture/Early Antigen	Referred Culture - TB
Cytomegalovirus (CMV) IgG Immune status	Referred Culture - Virus (specify agent)
Cytomegalovirus (CMV) IgG/IgM Diagnosis	Rickettsia (Typhus, RMSF) Serology
Dengue Virus Serology	Rotavirus (virus detection only)
Diphtheria antitoxin antibody ¹	Rubella (German Measles) IgG Immune Status
Electron microscopy	Rubella (German Measles) IgG/IgM Diagnosis
Enterovirus (Coxsackie, ECHO, Polio) (virus detection only)	Rubella (German Measles) Virus Detection
Epstein Barr Virus (EBV) - EBV VCA IgG/EA/EBNA	Serology - Bacterial (specify agent)
Epstein Barr Virus (EBV) - EBV VCA IgM	Serology - Mycotic (specify agent)
Fungus - Superficial - Microscopy & Culture	Serology - Parasitic (specify agent)
Fungus - Systemic - Microscopy & Culture	Stool parasites
Haemorrhagic Fever Serology (Crimean-Congo Fever, Ebola Virus, etc.)	Syphilis - Direct Fluorescence
Hantavirus Serology	Syphilis CSF (VDRL)
Helicobacter pylori serology (IgG)	Syphilis screen
Hepatitis A Virus Immune Status	TB - Culture and Susceptibility (Mycobacteria culture)
Hepatitis A Virus Acute	Tetanus antitoxin antibody
Hepatitis B Virus Immune Status	TORCH (Toxoplasma, Rubella, CMV, Herpes Simplex) Diagnostic Screen
Hepatitis B Virus Acute	TORCH (Toxoplasma, Rubella, CMV, Herpes Simplex) IgG Screen
Hepatitis B Virus Chronic	Torovirus (virus detection only)
Hepatitis B - HBcIgM ²	Toxoplasmosis - Serology
Hepatitis B - HBeAb ³	Urogenital mycoplasma/ureaplasma
Hepatitis B - HBeAg ³	Varicella - Zoster (Chicken Pox) IgG Immune Status
Hepatitis B Virus DNA ⁴	Varicella - Zoster (Chicken Pox) IgG/IgM Diagnosis
Hepatitis C Virus Serology	Varicella - Zoster (Chicken Pox) Virus Detection
Hepatitis C Virus RNA - Genotyping ⁴	Viral Diarrhea (virus detection only)
Hepatitis C Virus RNA - Quantitative ⁴	Virus Isolation/Detection
Hepatitis D Virus (Delta Agent)	West Nile Virus - Serology
Hepatitis E Virus	Worm Identification
Herpes Simplex Virus (HSV) IgG Immune Status	
Herpes Simplex Virus (HSV) Virus Detection	
Human Herpes Virus 6 (Roseola, Exanthema Subitum) - PCR	
Influenza A, B (Flu) Virus Detection	
Legionnaires Disease	
Lyme Disease - Serology	
Measles IgG Immune Status	
Measles IgG/IgM Diagnosis	
Measles Virus Detection	
Molluscum contagiosum (Poxvirus) Virus Detection	

Public Health Ontario Laboratories

Customer Service Centre

7:30 am - 7:00 pm, Monday to Friday
8:00 am - 3:45 pm, Saturday

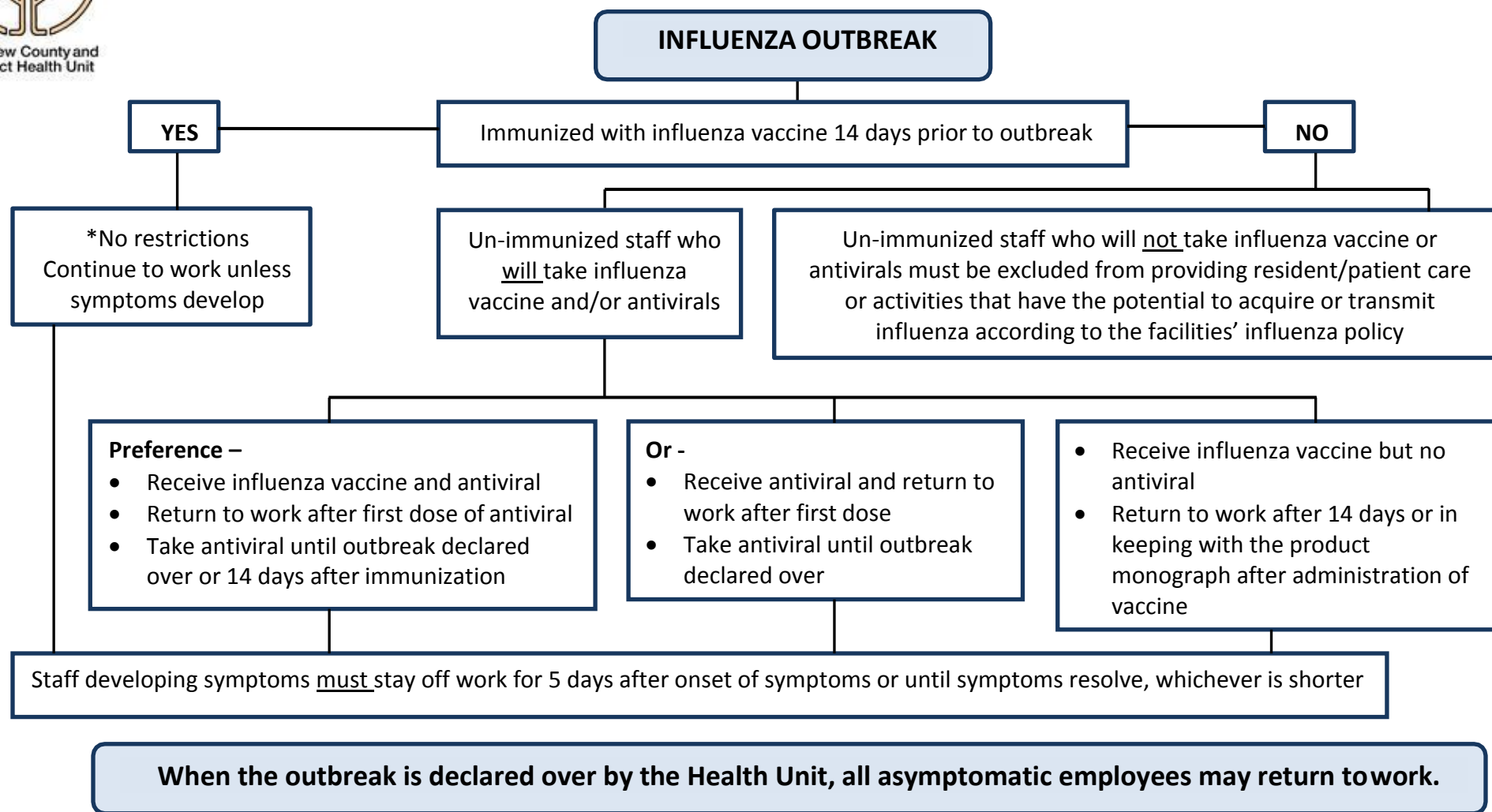
Emergency After-Hours Duty Officer

tel: 416.235.6556
toll free: 1.877.604.4567
fax: 416.235.6552
email: customerservicecentre@ohpp.ca

tel: 416.605.3113
website: www.publichealthontario.ca

1. Testing is available only for the rare event of an adverse reaction to Diphtheria vaccine or the possibility of humoral immunodeficiency in the patient. This must be indicated on the test requisition in order for testing to be performed.
2. Contact Medical Officer of Health and Public Health Ontario Laboratory before ordering, 416.235.6556 or toll: 1.877.604.4567.
3. Individual Hepatitis B virus markers may be ordered individually.
4. The General Test Requisition is not required. Use the form F-C-HE-036, Hepatitis PCR Requisition and Information Form located at: www.publichealthontario.ca/requisitions

Management of Staff - Influenza Outbreak Algorithm



Resources:

- MOHLTC, *Recommendations for the Controls of Respiratory Infection Outbreaks in Long-Term Care Homes*, March 2018.
- OHA, *Influenza Surveillance Protocol for Ontario Hospitals*, May 2017 (or as current).

*Unless mismatch between vaccine and outbreak strains, in which case antiviral prophylaxis is recommended.

Influenza 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**



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

- Admissions, Re-admissions or Transfers to Long-Term Care Home or Retirement Home during an Outbreak
- Signage for Visitors (3)
- Precautions for Patient/Resident Rooms (3)



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, *Recommendations for the Control of Respiratory Infection Outbreaks in Long-Term Care Homes*, March 2018
Ministry of Health and Long-Term Care, *Recommendations for the control of Gastroenteritis Outbreaks in Long-Term Care Homes*, March 2018

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

CONTACT PRECAUTIONS

Organism/Presentation	Duration of Precautions	Comments
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Antibiotic Resistant Organisms Such as: MRSA, ESBL, VRE	Consult with Infection Control	Follow facility policy regarding admission screening for AROs
<i>Clostridium difficile</i>	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 <i>C. difficile</i>
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 <i>C. difficile</i> 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

DROPLET PRECAUTIONS

Organism/Presentation	Duration of Precautions	Comments
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Mumps (<i>infectious parotitis</i>)	Until 5 days after onset of swelling	
Meningococcal Meningitis (<i>Neisseria meningitidis</i>)	Until 24 hours after effective therapy has been received	Close contacts may require chemoprophylaxis; 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 bed space 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



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

DROPLET + CONTACT PRECAUTIONS

Organism/Presentation	Duration of Precautions	Comments
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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: <ul style="list-style-type: none"> • 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