

Respiratory Outbreak Control Measures Checklist

Immediate control measures for outbreak

- 1.** Isolation of ill residents/patients
- 2.** Notify staff of potential outbreak
 - a.** Start line listing of ill residents/patients
 - b.** Fax line listing and initial outbreak notification form to Renfrew County and District Health Unit 613-735-3067
 - c.** If after hours or weekends call RCDHU to report respiratory outbreak 613-735-9926. Weekday phone number is 613-735-8654 ext. 555
- 3.** Receive outbreak number from RCDHU
- 4.** Check expiry dates on swabs
- 5.** Collect N/P swabs from TWO residents/patients most recently ill and who meet case definition
- 6.** Submit swabs to go to lab either through RCDHU or other arrangements

Control measures for residents/patients

- 1.** Restrict cases to their room – for infectious period (usually five days) or until symptoms are completely resolved, whichever is shorter
- 2.** Restrict well residents to unit
- 3.** Encourage hand hygiene practices and have hand sanitizer available
- 4.** Ill residents/patients are to receive meals in their rooms
- 5.** Avoid sharing equipment between residents/patients if possible OR thoroughly clean and disinfect between use
- 6.** Ensure Droplet/Contact precautions are in place (with signage) which includes
 - a.** Use of masks/eye protection within two meters of a coughing resident/patient

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- b. 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.
- 7. Antiviral treatment of all cases to start within 48 hours of symptom onset (confirmed influenza only). Antiviral prophylaxis recommended for all residents on affected unit (confirmed influenza only) to continue until outbreak is over
- 8. Offer immunization and antivirals to unimmunized residents
- 9. Medical and other appointments – if unable to reschedule, notify transfer service and infection control practitioner at the receiving hospital or facility regarding details of the outbreak (whether resident is a case)

Control measures for staff and volunteers

- 1. Emphasize the importance of hand hygiene
- 2. Provide education to staff on routine practices, additional precautions, environmental cleaning and disinfection
- 3. Cohort staffing if possible (eg. Assign to a floor/unit that either contains or does not contain active cases)
- 4. Report illness to charge person; list symptoms and onset date
- 5. Exclude ill staff, students and volunteers for FIVE days after onset of symptoms or until symptoms have resolved; whichever is shorter
- 6. Staff/volunteers should only work in one facility as per Directive #3

Control measures for visitors

- 1. Notify visitors of outbreak through signage at entrances
- 2. Notify visitors of contact/droplet precautions with signage on ill resident/patient doors
- 3. Notify all outside agencies contracted to work in the facility
- 4. Ensure that ill visitors are not permitted in the facility
- 5. Encourage well visitors to reschedule their visit if possible

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Environmental Cleaning

- 1. Increase frequency of cleaning and disinfection of high touch surfaces
- 2. Increase cleaning and disinfection of ill resident/patient's immediate environment
- 3. Promptly clean and disinfect surfaces contaminated by stool and vomit
- 4. Dedicate routine equipment to the resident if possible. If equipment is shared, disinfect before it is used for another resident.
- 5. Use appropriate products for cleaning and disinfection – refer to Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, check Public Health Ontario website for most up to date version.
- 6. 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 and clothing, if splashing is likely to occur. Remove PPE once task is completed upon exiting room. Hand hygiene is performed after PPE is removed.

Confirmed influenza A or B outbreak control measures

- 1. Only immunized staff shall be permitted to work
- 2. Non-immunized staff may return to work if they are receiving appropriate antiviral prophylaxis as soon as they have started to take the medication
- 3. Decisions surrounding antivirals for treatment are the responsibility of the attending physician(s).
- 4. Antivirals for treatment must be started within 48 hours of onset of symptoms to be effective and may decrease the rate of complications.
- 5. Influenza immunization should be offered to all unvaccinated residents, staff, visitors and volunteers
- 6. When an unvaccinated health care worker is vaccinated during an outbreak, antiviral prophylaxis should be continued until 2 weeks after vaccination.

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Medical appointments and communal activities

- 1.** Re-schedule non-urgent appointments
- 2.** Urgent or difficult to re-schedule appointments are possible with precautions; consult with RCDHU
- 3.** Cancel or postpone large gatherings
- 4.** Small gatherings for well residents/patients only, consult with RCDHU

Communication and Declaring Outbreak Over

- 1.** Fax line list daily to RCDHU by 11am. If there is a significant change in severity of illness, number of hospitalizations and/or deaths, contact RCDHU immediately.
- 2.** 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).

Date

Signature