Initial Checklist for Outbreak Management

RCDHU Contact Information:

Fax Number: 613-735-3067
Outbreak Phone Number for Urgent Matters: 613-732-3629
Outbreak Email Address for Non-Urgent Matters: outbreak@rcdhu.com (must be password protected)

| Facility Name: | | | | | |
|--|--|---------------------------------------|------------------------|--|--|
| Address: | | | | | |
| City: | | | Postal Code: | | |
| Facility Investigator: | | | Phone #: | | |
| Attendees: | | | | | |
| | | | | | |
| Date Outbreak Declared: (yyyy/mm/dd) | | Date Checklist Reviewed: (yyyy/mm/dd) | | | |
| Pathogen Identified: | | | Reported: ry/mm/dd) | | |
| Define Outbreak Area(s): | | | | | |
| Case Definition: | | | | | |
| Respiratory/Influenza Outbreak Definitions: | | | | | |
| Suspect respiratory infection outbreak definitions: Two cases of acute respiratory tract illness (ARI) occurring within 48 hours with any common epidemiological link (e.g., unit, floor); OR One laboratory confirmed case of influenza | | | | | |
| Confirmed respiratory infection outbreak definitions: Two cases of acute respiratory tract illness (ARI) within 48 hours with any common epidemiological link (e.g., unit, floor), at least one of which must be lab confirmed; OR Three cases of acute respiratory illness (laboratory confirmation not necessary) occurring within 48 hours with any common epidemiological link (e.g., unit, floor) | | | | | |
| COVID-19 – Outbreak Definitions: | | | | | |
| Suspect COVID-19 outbreak definition: One positive PCR OR rapid molecular (ID NOW) test OR rapid antigen test in a resident who has reasonably acquired their infection in the home | | | | | |
| Confirmed COVID-19 outbreak definition: | | | | | |

Two or more residents with a common epi link (e.g., same unit, floor, etc.), each with a positive molecular or rapid antigen

test, within a 7-day period

Respiratory Outbreak Control Measures Checklist

Outbreak

| lmm | Immediate Control Measures for Outbreak | | | |
|--------------|--|--|--|--|
| <u> </u> | 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 at 613-735-3067 | | | |
| | c. If after hours or weekends, call RCDHU to report respiratory outbreak at 613-735-9926. | | | |
| | Weekday phone number is 613-732-3629 ext. 977. | | | |
| □ 3. | Receive outbreak number from RCDHU | | | |
| 4 . | Check expiry dates on swabs | | | |
| □ 5 . | Collect N/P swabs from FOUR residents/patients most recently ill and who meet case definition | | | |
| □ 6 . | Submit swabs to go to lab either through RCDHU or other arrangements | | | |
| Con | Respiratory; Restrict cases to their room for infectious period (usually five days) or until symptoms are completely | | | |
| | resolved, whichever is shorter. COVID-19; Restrict cases to their room for infectious period (10 days), if asymptomatic after 5 days of isolation and case is able to properly wear a mask see guidance on Case Management | | | |
| □ 2 . | Restrict well residents to unit | | | |
| □ 3. | Encourage hand hygiene practices and have hand sanitizer available | | | |
| 4 . | III 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 and proper signage is posted outside resident rooms | | | |
| □ 7 . | Confirmed Influenza; Antiviral treatment of all cases to start within 48 hours of symptom onset. Facility Medical Director/MRP will decide if residents on affected unit or in entire facility will be prescribed antiviral prophylaxis. Antiviral prophylaxis recommended for all residents in facility/affected unit to continue until outbreak is over. | | | |
| | COVID-19 cases; MRP to be made aware of positive covid-19 test result and assess for anti-viral eligibility | | | |
| □ 8. | Offer immunization to unimmunized residents | | | |
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Respiratory Outbreak Control Measures Checklist

Outbreak

| Control Measures for Staff and Volunteers | | |
|---|--|--|
| <u> </u> | 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 (e.g., 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 . | Respiratory; Exclude ill staff, students, and volunteers for FIVE days after onset of symptoms or until symptoms have resolved, whichever is shorter. | |
| | COVID-19; Exclude ill staff for until respiratory symptoms have been resolving for 24 hours (48 hours for enteric symptoms). Staff to follow facility return to work policy for staff returning to work after a positive covid-19 test. | |
| 6. | Staff working in other facilities during influenza outbreak; unimmunized staff not receiving prophylactic therapy must wait one incubation period (3 days) from the last day that they worked at the outbreak facility/unit prior to working in a non-outbreak facility, to ensure they are not incubating influenza (if permitted in internal policies of non-outbreak facility. Refer to other considerations in 4.3.3 Control of respiratory infection outbreaks in LTCH, 2018; | |
| Con | trol Measures for Visitors | |
| <u> </u> | 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 | |
| Envi | ronmental 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 the most upto-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 metre 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. | |

Respiratory Outbreak Control Measures Checklist Outbreak

| Conf | irmed Influenza A or B Outbreak Control Measures | | | |
|------------|---|--|--|--|
| <u> </u> | 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. If employee is vaccinated and refuses antiviral prophylaxis they must remain off work for 2 weeks. | | | |
| Med | ical Appointments and Communal Activities | | | |
| <u> </u> | Reschedule non-urgent appointments. If unable to reschedule, notify transfer service and infection control practitioner at the receiving hospital or facility regarding details of the outbreak. | | | |
| 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 | | | |
| | | | | |
| Com | munication and Declaring Outbreak Over | | | |
| □ 1. | The outbreak will be declared over by RCDHU | | | |
| | RCDHU will provide the facility with an Outbreak Withdrawal Notification letter for their records. | | | |
| 2 . | COVID-19; Outbreak can be declared over when there has been no evidence of transmission for 7 days from the last exposure at the facility and no pending test results related to the outbreak. | | | |
| | Respiratory; Outbreak can be declared over when the facility has no new resident cases in the 8 days from the onset of symptoms of the last resident case, OR 3 days from the last day worked of an ill (whichever is longer). | | | |
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| _ | Date Signature | | | |