Respiratory outbreak control measures checklist

Outbreak number: **2241-20 -**	Facility name:	
Date checklist completed:	Date outbreak declared:	Date outbreak declared over:
Contact name:	Case definition:	

Consult with KFL&A Public Health (KFLAPH)	
Obtain outbreak number from KFLAPH — contact the IPAC team at 613-549-1232, ext. 4722 or email IPAC@kflaph.ca who will reach out to your PHI/PHN team if available. On the weekend or after hours, consult with KFLAPH manager on-call by calling 613-507-3100.	
Complete the line list for residents and for staff, upload it to your SharePoint account and notify KFLAPH.	
Obtain respiratory specimen from symptomatic residents and send to Public Health Ontario Laboratory (PHOL). Include outbreak number on test requisition and ensure to include testing for COVID-19 **and** respiratory viruses. Printing test requisitions on coloured paper is recommended to ensure specimens are expedited and receive expanded eligibility from the lab.	
Ensure the KFLAPH Medical Officer of Health (MOH) is listed as the ordering provider on test requisitions for all tests submitted under the outbreak number. If applicable, include the facility's health care provider under "Other Authorized Health Care Provider" on the test requisition.	
Call PHOL to drop off specimens after hours, weekends, and/or holidays if needed. Specimens should be stored and transported at 2 to 8 °C or on wet ice to the laboratory for processing within 72 hours of collection.	
Notification	
Notify applicable facilities and agencies of any transfers and/or visits during the period of communicability.	
Communication with family and notification of the outbreak.	
Notify visitors and post signs on entrance doors to facility indicating there is an outbreak.	
Notify Ministry of Long-Term Care or RHRA as applicable.	
Implement additional precautions	
Implement additional precautions for all symptomatic residents and roommates.	
Universal masking in outbreak area. Additional PPE may be required based on a point of care risk assessment (PCRA).	
Increase hand hygiene. Alcohol-based hand rub containing at least 70 percent alcohol preferred when hands not visibly soiled.	
Reinforce hand hygiene with staff and residents. Assist residents with compliance.	
Environmental controls	
Clean and disinfect high touch surfaces twice daily and as needed.	
Dedicate resident care equipment to symptomatic resident; if not dedicated, clean and disinfect between use.	
Follow the manufacturer's instructions for use of disinfectants, especially contact times.	
Outbreak management team (OMT) meeting	
Form an OMT with representation from each operational area of the facility; include those with decision-making authority and a representative from KFLAPH.	
Staff	
Recommend testing symptomatic staff, students and volunteers if possible.	
Symptomatic staff should follow any relevant workplace guidance on return to work. In general, exclude symptomatic staff/students/volunteers until symptoms have been improving for 24 hours (or 48 if they have gastrointestinal symptoms) and no fever present. Follow measures to reduce the risk of transmission for 10 days after symptom onset and positive test date.	
Cohort staff: minimize movement of staff between affected and unaffected units; if moving between units is necessary, visit the outbreak unit last.	

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Resident control measures	
Isolate cases to single room (where feasible) and place on additional precautions. Duration of isolation is dependent on pathogen identified (refer to Tables 1 and 2 for additional information)	
Roommate close contacts should be isolated and placed on additional precautions (in a separate room where feasible). Duration of isolation is dependent on pathogen identified (refer to Tables 1 and 2 for additional information)	
Postpone medical appointments and elective tests/procedures until after case is finished isolation. If this is not possible, notify transfer service and receiving facility regarding details of the outbreak and provide a medical mask for the resident.	
Residents within the outbreak area should be cohorted to unit and not visit unexposed residents and units.	
Restrict communal activities and group outings for cases and provide meal service to room.	
In general, group activities and/or gatherings within the outbreak area should be avoided. Consult with OMT to determine whether activities on unit can continue for specific cohorts during the outbreak.	
Encourage physical distancing in communal areas and dining areas where possible.	
Nourishment areas/sharing of food	
Communal dining should be conducted so that the outbreak unit is cohorted separately from unexposed clients/patients/residents and units.	
Limit/close communal food or snacking areas and sharing of foods between residents or staff.	
Close buffet lines and have food plated by staff.	
Encourage staggered eating times for diners, if possible.	
Pre-set tables with utensils to minimize client/patient/resident handling.	
Individually wrapping snacks, and use of single packet condiments.	
Ventilation and filtration	
Portable units (e.g., fans, air conditioners, portable air cleaners) should be placed in a manner that avoids person-to-person air currents.	
Indoor spaces should be as well-ventilated as possible, through a combination of strategies: natural ventilation (e.g., by regular opening of windows and doors), local exhaust fans, (e.g., bathroom exhaust fan), or centrally by a heating, ventilation, and air conditioning (HVAC) system.	
Where appropriate and possible, residents who go outdoors should be encouraged to practice physical distancing from others.	
Antiviral medication and immunization	

COVID-19		Influenza	
• Antiviral treatment should be offered to eligible residents within 5 days of symptom onset • Offer immunization to unimmunized residents		• Antiviral treatment of all cases to start within 48 hours of symptom onset • Antiviral prophylaxis recommended for all well residents on affected unit • Encourage immunization and antivirals for unimmunized staff/volunteers	

Visitors	
General visitors should postpone all non-essential visits to residents within the outbreak area (unless resident is receiving end of life care).	
Caregivers and support workers are allowed when a resident is isolating or resides in a home or area of the home in an outbreak, provided they are able to comply with PPE recommendations.	
Provide all visitors with education on hand hygiene and proper use of PPE.	

Admissions and transfers	
Avoid new resident admissions, readmissions, or transfers in the outbreak areas until the outbreak is declared over as directed by KFLAPH or as per current guidance. Consult with OMT when IPAC advice or risk mitigation is needed.	
Transfer of residents to other LTCH/RH/high risk settings is not advised; discuss exceptions with KFLAPH.	
Transfer to hospital: advise hospital and ambulance/transfer service.	
Ongoing monitoring	
Conduct symptom assessment (minimum twice daily) of cases and close contacts and once daily for all residents in the outbreak area and test all residents with new/worsening symptoms.	
Monitor the status of symptomatic residents and staff; note hospitalization or death on the line list.	
Update line listing of residents and staff, upload to Sharepoint every weekday.	
Conduct weekly self-audits for duration of outbreak.	
Declare outbreak over	
As a general rule, the outbreak may be declared over by the PHU when 8 days have passed after the last potential exposure to a resident case in the home, or 3 days from the last day of work from an ill staff (whichever is longer). If the last case is a roommate of a known case and was on additional precautions prior to symptom onset, outbreak does not need to be extended. Decision to declare the outbreak over must be done in consultation with KFLAPH.	

Table 1: COVID-19 Case and Contact Management in LTC/RH

Scenario	Isolation Period	Additional Instructions
COVID-19: Resident/client/patient case	At least 5 days from symptom onset until symptoms have been improving for at least 24 hours (48 hours if gastrointestinal symptoms) and no fever is present If resident is unable to wear a mask independently – remain on contact/droplet precautions for 10 days from symptom onset	After discontinuing additional precautions, cases should wear a well-fitted mask if tolerated when receiving care and when outside their room until day 10 from symptom onset. This may include avoiding attending group activities that involved unexposed residents where masking cannot be maintained by the case (such as dining).
COVID-19: Resident/client/patient close contact (roommate with ongoing exposure)	Place on additional precautions for 5 days from the case's symptom onset	Following this period, the roommate should wear a well-fitted mask if tolerated until day 10 from the case's symptom onset. This may include avoiding attending group activities that involve unexposed residents where masking cannot be maintained (such as dining).
COVID-19: Resident/client/patient close contact (roommate who has been moved out of the room)	Place on additional precautions for 3 days from the case's symptom onset	Following this period, the roommate should wear a well-fitted mask if tolerated until day 7 from the case's symptom onset. This may include avoiding attending group activities that involve unexposed residents where masking cannot be maintained (such as dining).
All other close contacts	No isolation required unless symptoms develop	Strongly encourage the resident to wear a well fitted mask if tolerated when receiving care and when outside the room for 7 days following their last exposure to the case. This may include avoiding attending group dining and group activities that involve unexposed residents where masking cannot be maintained by the close contact.

Table 2: Acute Respiratory Infection (ARI) Case and Contact Management in LTC/RH

Scenario	Isolation Period	Additional Instructions
ARI (including Influenza): Resident/client/patient case	Until 5 days after the onset of acute illness or until symptoms have resolved (whichever is shorter)	After discontinuing additional precautions, cases are encouraged to wear a well-fitted mask if tolerated when receiving care and when outside their room until day 10 from symptom onset. This may include avoiding attending group activities that involved unexposed residents where masking cannot be maintained by the case (such as dining).
ARI (including Influenza): Resident/client/patient close contact (roommate with ongoing exposure)	Place on additional precautions for 5 days from the case's symptom onset	Following this period, the roommate should wear a well-fitted mask if tolerated until day 10 from the case's symptom onset. This may include avoiding attending group activities that involve unexposed residents where masking cannot be maintained (such as dining).
ARI (including Influenza): Resident/client/patient close contact (roommate who has been moved out of the room)	Place on additional precautions for one incubation period (or 5 days if pathogen is unknown) from last exposure	Following this period, the roommate should wear a well-fitted mask until day 7 from the case's symptom onset. This may include avoiding attending group activities that involve unexposed residents where masking cannot be maintained (such as dining).
All other close contacts	No isolation required unless symptoms develop	Strongly encourage the resident to wear a well fitted mask if tolerated when receiving care and when outside the room for 7 days following their last exposure to the case. This may include avoiding attending group dining and group activities that involve unexposed residents where masking cannot be maintained by the close contact.