

Nipissing/Northeast Parry Sound Health Care Providers Outbreak Repatriation and Admissions Protocol

Developed by: Nipissing/Northeast Parry Sound Health Care Providers Repatriation Working Group

Version: 2.0

Approved: December 2014

Revised: October 2019

Purpose

In general, new admissions and the transfer of non line-listed patients to a Long-Term Care Home (LTCH) or Retirement Home (RH) during an outbreak is not advised in an effort to protect susceptible individuals from being exposed to the outbreak pathogen(s) (Ministry of Health [MOH], 2018a, p.40). These transfers, however, are not automatically prohibited and require consideration of a number of factors including: the risk of remaining in hospital and being exposed to other infections, risk of exposure to the individual resident, risk of lengthening the duration of the outbreak, and the backlog it may create in the acute care system (MOH, 2018a, p. 40). In 2014, the Nipissing/Northeast Parry Sound Health Care Providers Outbreak Protocol was developed by a working group to determine the process for repatriation of residents to LTCH/RH in the Nipissing/Northeast Parry Sound area during outbreaks.

Guidance Documents

This protocol was adapted from the general guidance for resident/patient movement between institutions from the Ministry of Health outbreak management documents (MOH, 2018a; MOH, 2018b).

Communications

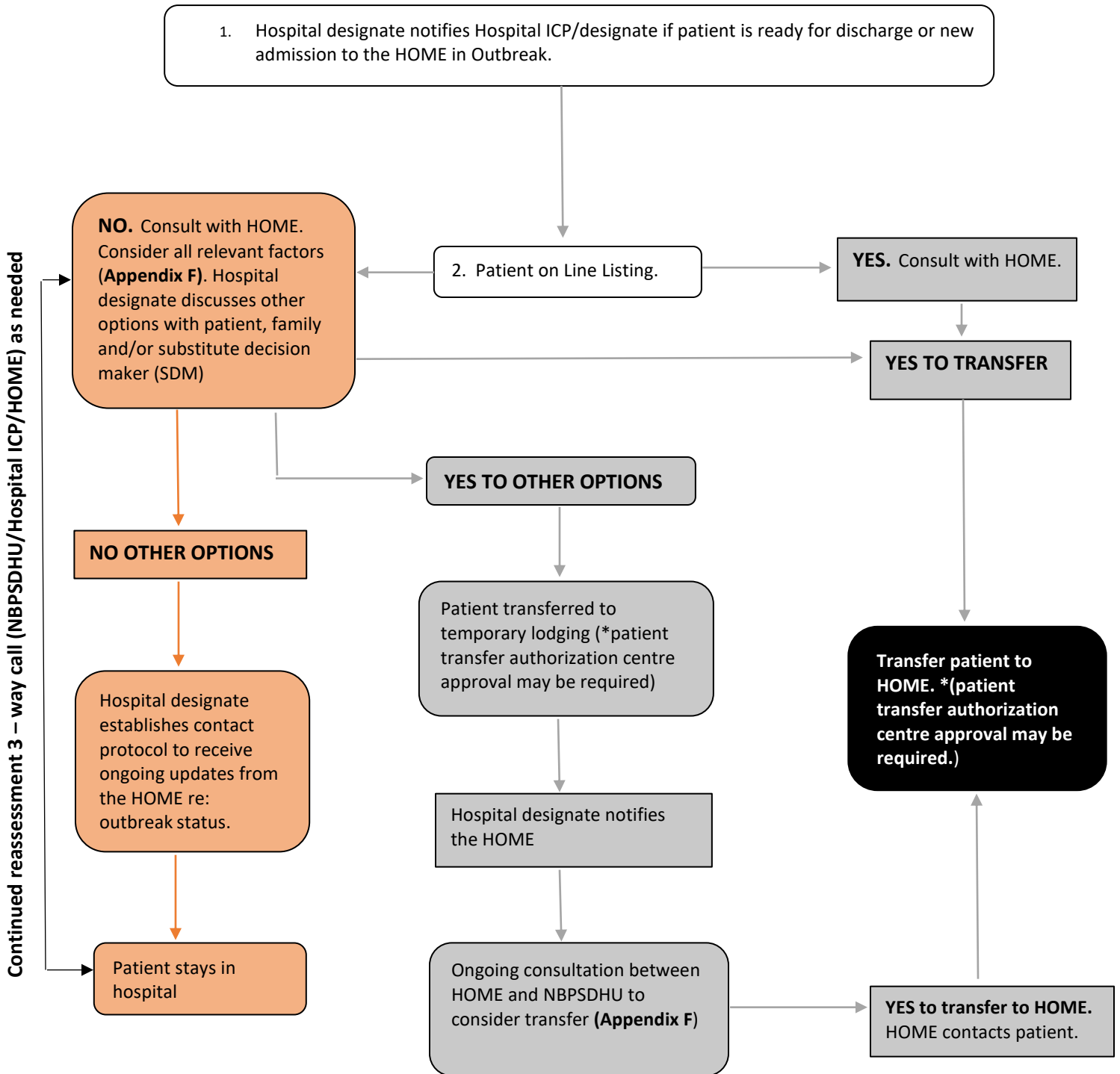
Providing information to patients/residents/substitute decision-makers is essential to informed decision making and ensuring satisfactory transitions within the health care system. A sample letter that can be provided to residents/substitute decision-makers upon initial admission to a home and advises of the implications of an outbreak can be found in Appendix A. A sample letter that can be provided to residents/substitute decision-makers annually, prior to the respiratory illness season, can be found in Appendix B. A sample letter that can be provided to residents/substitute decision-makers when they are transferred to hospital can be found in Appendix C.

Communications within the health care system are also essential to ensure safe and appropriate transfers. When residents are transferred to North Bay Regional Health Centre, an Outbreak Transfer Notification form (Appendix D) should be faxed to the Infection Control Department and an original sent with the resident.

The public health unit will fax Appendix E daily to relevant health care system partners with information about current outbreaks and the status of those outbreaks. This ensures that partners have the information needed to plan transfers and new admissions to homes.

Outbreak Repatriation and Admissions Algorithm

INPATIENT TREATMENT OCCURS



Approved December 2014 by the Nipissing Repatriation Outbreak Work Group
 Revised: October 9, 2019
 Exhibit for WI-CDC-107 – 2018-11-13

Appendix A: ADMISSION LETTER (printed on institutions letterhead)

(Date)

Name
Address
City, Province PC

Re: infection Prevention and Control Measures

Dear _____ :

Our Home has developed very specific infection prevention and control measures to help limit the spread of disease that is sometimes experienced with institutional living. One such strategy involves encouraging all residents, staff, family members and visitors to get vaccinated against influenza, if medically appropriate. Additionally, we encourage everyone to practice proper hand washing protocols, while in our home.

While we do everything we can to prevent an outbreak of disease, we may not always be successful. In the event of an outbreak, staff may recommend enhanced infection prevention and control measures, which may include restriction of social activities and asking residents to remain in their suites for the duration of the outbreak.

In the event that you need to be transferred to or from the hospital during an outbreak, it is important for you to know that a number of criteria will be used to determine whether re-admission to the Home can occur before the outbreak is declared over.

We thank you in advance for the important role you play in preventing the spread of illness. We are happy to answer any questions or concerns you may have. Please contact ____.

Sincerely,

name and designation of HOME

Appendix B: ANNUAL LETTER (printed on institution's letterhead)

(Date)

Name
Address
City, Province PC

Dear _____ :

Yes, it's that time again. Influenza season is quickly approaching and we are taking this moment to remind all of our staff, families, friends and residents to get vaccinated against influenza, if medically appropriate.

While we do everything we can to prevent an outbreak, we may not always be successful. Having said that, should an outbreak occur within the home we ask that you cooperate fully with the recommendations of the medical staff. These recommendations are put in place to assist us in reducing the chance of other residents and/or staff contracting the illness. This may include being asked to remain in your suite during your illness or delaying your return to the HOME should you need to be admitted to hospital.

While we recommend the restriction of visitors during an outbreak, family, friends and personal support workers may visit with you in your suite. Should it be necessary, we will be happy to instruct your visitors on the proper wearing of Personal Protective Equipment prior to entering your suite, and of course, ask that those visitors practice proper hand washing protocols while in our home.

We thank you in advance for the important role you will play in preventing the spread of illness.

Sincerely,

name and designation of HOME

Appendix C: TRANSFER TO HOSPITAL DURING AN OUTBREAK LETTER

(Date)

Name
Address
City, Province PC

Dear _____ :

Most medical conditions that commonly arise for residents can be managed more effectively, and with greater comfort for the resident, if they stay in the HOME, rather than transferring to the hospital. Being hospitalized can be a scary, unsettling and disorienting experience for a lot of elderly people. In addition to this, acute care is focused on treating the illness that has brought the resident there and not the social and supportive activities that are part of the long term care or retirement home life. Hospital nurses and other staff are not as familiar with the resident and therefore often are not aware of the personal things that work to individualize residents' daily care.

Of course, there are some conditions that can only be treated at the hospital. As each event happens, medical staff will discuss with the resident/Power of Attorney for Personal Care, to ensure the best decision on treatment is made for each resident, in each case.

When a transfer to hospital is necessary, during a time that the HOME is experiencing an outbreak of illness, we wish to advise you that if the outbreak continues while you are in hospital, the timing of your return to the HOME may be delayed. This may be necessary to protect you from exposure to the outbreak illness. This is more likely to occur if the health concerns that you are requiring medical attention for are different from the symptoms of the outbreak within the HOME. If the HOME remains in outbreak once you are ready for discharge from Hospital, alternate care options will be considered.

We thank you for your understanding and encourage you to speak with any of the staff, at any time, if you have questions or concerns.

Sincerely,

name and designation of HOME

North Bay Regional
Health Centre



Centre régional
de santé de North Bay

Outbreak Transfer Notification to North Bay Regional Health Centre

Date:

Please be advised that _____ (name of resident) is being transferred from _____ (facility), Unit/Floor _____ where there is a _____ outbreak. Please ensure that appropriate isolation precautions are taken upon receipt of this resident if applicable.

At the time of transfer, this resident was: ___ confirmed of outbreak illness (on line listing)
___ suspected of outbreak illness (on line listing)
___ free of outbreak illness (NOT on line listing)

Resident is on antiviral medication: ___yes ___no

Name of antiviral medication: _____ Start date: _____

Resident's vaccination status (If applicable)

Pneumococcal: Yes___ No___ Date_____

Influenza: Yes___ No___ Date_____

For further information, contact _____ at _____ (Tel. #).

Please fax to Infection Control and Prevention Department at 705-495-7581 and send original with patient.

Thank you for your assistance in this matter!

Sept. 2019

Appendix E: Current Facility Outbreak - 2019 - CONFIDENTIAL

Date Outbreak Declared (yyyy/mm/dd)	Outbreak Facility (Facility Name & Outbreak #)	Contact @ Facility (Contact Name and phone number)	Location of Outbreak (Facility wide vs. confined area)	Type (Respiratory /Enteric)	Organism	Reside nt Cases (Total # resident cases to date/ Total # residents at risk)	Date of onset of last resident case (yyyy/mm/dd)	Estimated date of outbreak to be declared over (yyyy/mm/dd)	Outbreak Manager (Name/ Designation & Ext.)	Date of Last Update (yyyy/mm/dd)

This report is provided for use by healthcare professionals to assist in movement of patients/staff between care environments. It is not for further distribution. For more information on these outbreaks, please contact your local Public Health office

Appendix F: Checklist* for transfer of a **non** line-listed patient to a HOME in outbreak or from a FACILITY in Outbreak

The admission of new residents and return of residents who have not been line-listed in the outbreak (i.e., are not known cases) is encouraged to be considered after one incubation period has passed without any new cases in the home. Exceptions to this may occur. Admissions and transfers to a home in outbreak and/or a involving a resident who is on additional precautions may be considered in partnership with local public health (Health Unit) and with respect to patient safety, quality of care, and system capacity.

This checklist must be completed **prior** to any transfer to a Home in outbreak OR any transfer to a Home from a facility in Outbreak:

- The patient's attending physician at the hospital is aware the HOME is in outbreak and agrees to the transfer based on a review of the current health status of the patient.
- Hospital designate to inform patient or the substitute decision maker (SDM) that the HOME is in outbreak.
- Patient/SDM has been given information about the transfer, understands the risk of transferring to the HOME in outbreak, and still agrees to the transfer.
- If the outbreak in the HOME is due to influenza, the patient is vaccinated with the current year's vaccine and/or is on antivirals.
- Enhanced symptom screening for all admissions and transfers, and twice daily symptom screening for 10 days following the admission or transfer.
- If the outbreak is unit-specific, can the patient be admitted to a non-outbreak area of the home (or from a non-outbreak area of the transferring facility)?
- Assess capacity at hospital including factors such as bed crisis. Conduct patient analysis.
- Assess capacity at long-term care home, including staffing.
- Hospital designate completes transfer sheet.
- Clerk arranges transport for patient to transfer to HOME.

*Note: Checklist is based on current guidance (October 2024) from Ministry of Health and is subject to change

Definitions:

Patient - any patient in the hospital or individual in the community setting awaiting admission/re-patriation to a Long-Term Care Home or Retirement Home.

HOME – refers to Long-Term Care Home or Retirement Home in the Nipissing/Northeast Parry Sound area.

FACILITY – refers to hospital

Signature: _____ Date: _____

Glossary of Terms

Home- Long-Term Care Home or Retirement Home in the Nipissing/Northeast Parry Sound area.

Infection Prevention and Control Professional (ICP)- a health professional designated to be responsible for infection prevention and control programs, who should possess expertise and additional training in infection prevention and control.

Line Listing- a table that summarizes information about probable or confirmed cases associated with an outbreak.

Long-Term Care Home (LTCH)- has the same meaning as under Subsection 2(1) of the Long-Term Care Homes Act in Ontario.

Patient- any patient in the hospital or individual in the community setting awaiting admission/re-admission to a Long-Term Care Home or Retirement Home.

Repatriation- refers to the return of a resident to their own Retirement or Long-Term Care Home

Resident- a person permanently or temporarily residing in a Retirement or Long-Term Care Home

Retirement Home- has the same meaning as under Subsection 2(1) of the Retirement Homes Act in Ontario.

References

Ministry of Health/Population and Public Health Division (2018a). *Recommendations for the Control of Respiratory Infection Outbreaks in Long-Term Care Homes*. Toronto, Canada: Queen's Printer for Ontario.

Ministry of Health /Population and Public Health Division (2018b). *Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes*. Toronto, Canada: Queen's Printer for Ontario.