



<b>Outbreak Control Measures- Institutional Respiratory Outbreak</b>		Applicable = <input checked="" type="checkbox"/>
		Not Applicable = <input type="checkbox"/>
1.	Communicate information about outbreak to all staff, residents, families, and volunteers (pg.28-29)	<input type="checkbox"/>
2.	Notify appropriate external agencies of the outbreak (pg. 28-29)	<input type="checkbox"/>
3.	Post signs at all entrances indicating that the facility is experiencing an outbreak (pg. 28)	<input type="checkbox"/>
4.	Complete line listings for ill staff and residents daily and fax to the health unit by <b>11am</b> at <b>705-482-0670</b>	<input type="checkbox"/>
5.	Organize an outbreak team meeting at the facility, with CDC attendance (pg. 27)	<input type="checkbox"/>
<b>Infection Prevention and Control Precautions</b>		
6.	Reinforce the use of routine practices (hand washing and PPE) with staff, visitors, and residents (pg. 32-38)	<input type="checkbox"/>
7.	Ill residents/patients should be encouraged to stay in their room, and should be on droplet and contact precautions until 5 days after the onset of acute illness or until symptoms have resolved, whichever is shorter (pg. 42)	<input type="checkbox"/>
8.	In consultation with health unit, a resident/patient may leave their room if they are able to comply with hand hygiene requirements and with the use of a surgical mask (pg. 42)	<input type="checkbox"/>
9.	Exclude symptomatic staff/students and volunteers from working at the facility/any health care setting for 5 days after the onset of symptoms, or until symptoms have resolved, whichever is shorter. This includes staff/students/volunteers on antiviral medication (pg. 44)	<input type="checkbox"/>
10.	During non-influenza outbreaks, staff, students, and volunteers may be able to work/provide services at other facilities if they do not have fever or symptoms of acute respiratory illness and this does not conflict with the policies of the receiving facility. (pg. 44)	<input type="checkbox"/>
11.	During non-influenza outbreaks cohort residents and staff as much as possible (eg. assign some staff to only care for ill residents while others care for well residents or assign staff to specific floors/units). (pg. 45)	<input type="checkbox"/>
<b>Environmental Cleaning and Disinfection</b>		
12.	Enhance routine cleaning and disinfection of all high-touch surfaces such as door handles, bed railings, handrails, light switches, elevator buttons, over-bed tables, dining tables, and counters. Refer to PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings (April 2018) document to help assess cleaning requirements. (pg. 46-47)	<input type="checkbox"/>
<b>Admissions and Transfers</b>		
13.	Admission of new residents and return of residents who have not been line-listed to the affected unit/floor is generally not advised. In consultation with the health unit, changes in this measure should be considered carefully with respect to resident safety and quality of life, as well as system capacity (pg. 40-41)	<input type="checkbox"/>
14.	The return of residents, who were line-listed and were part of the outbreak, is permitted provided appropriate accommodation and care can be provided. If the outbreak is laboratory confirmed Influenza, the returning resident should be placed on antiviral prophylaxis in line with other residents. (pg. 41)	<input type="checkbox"/>
15.	Symptomatic resident transfers to other LTCHs during an outbreak are not recommended. (pg. 44)	<input type="checkbox"/>
16.	Advise hospital Infection Control Practitioner/other facility, EMS workers or transfer agencies of outbreak prior to any transfer or outpatient procedures, even if resident is not from affected area. (pg. 43-44)	<input type="checkbox"/>
<b>For Facilities in Nipissing and Northeast Parry Sound Districts ONLY</b>		
17.	If resident from a LTCH/RH is being admitted to the North Bay Regional Health Centre, complete the <a href="#">North Bay Regional Health Centre Outbreak Transfer Notification Form</a> and fax to the Infection Control Department. (p.43-44)	<input type="checkbox"/>



18.	Review/discuss availability of the <a href="#">Nipissing/Northeast Parry Sound Health Care Providers Outbreak Protocol</a> on page 3 for repatriation of residents or admission of new residents, if necessary. A three-way conference call may be initiated.	<input type="checkbox"/>
<b>Activities and Visitors</b>		
19.	Non-urgent medical and other appointments may be rescheduled at the discretion of the treating physician, with consent of the resident/substitute decision maker. (pg.43)	<input type="checkbox"/>
20.	In consultation with the health unit, previously scheduled events, (e.g. holiday events) may have to be rescheduled. The Outbreak Management Team should discuss restriction of activities, revisiting the issue as the outbreak progresses. Consideration should be given to planning events in such a way as to permit well residents to participate according to geographical areas. (pg. 42)	<input type="checkbox"/>
21.	<p>Visitors/private pay caregivers should be advised of the potential risk of acquiring illness within the facility, the reintroduction of illness into the facility, and any visiting restrictions:</p> <ul style="list-style-type: none"> <li>• Ill visitors/private pay caregivers should postpone their visit</li> <li>• Well visitors/private pay caregivers should practice hand hygiene; use appropriate PPE if required; visit resident/patient in his or her room and avoid communal areas at the facility; not mingle with other residents/patients; and leave the facility immediately after the visit. (pg. 45-46)</li> </ul>	<input type="checkbox"/>
<b>Laboratory Testing</b>		
22.	Physician or health care provider order obtained to collect specimens	<input type="checkbox"/>
23.	Ensure there are an adequate number of specimen kits on site (check expiry dates)	<input type="checkbox"/>
24.	Collect NP swab specimens from symptomatic residents; maximum 4 specimens (p. 25)	<input type="checkbox"/>
25.	Collect NP specimens on all deceased residents regardless of whether or not they were on the line listing.	<input type="checkbox"/>
26.	Facilities should review <a href="#">PHO's Protocol: Respiratory Outbreak Testing Prioritization</a> (January 2023 or as current)	<input type="checkbox"/>
<b>Additional Control Measures for an Influenza Outbreak</b>		
27.	Continue to offer the Influenza vaccination to unvaccinated staff and residents/patients. (pg. 9-12, 50)	<input type="checkbox"/>
28.	Antiviral prophylaxis should be offered to all residents/patients in the outbreak affected area who are not already ill with influenza, whether previously vaccinated or not, until the outbreak is declared over. (pg. 50-51)	<input type="checkbox"/>
29.	Antiviral treatment for ill residents/patients is the responsibility of the attending physician. (pg. 52) Physicians can refer to pages 52-58 of the MOHLTC (November 2018) <i>Control of Respiratory Infection Outbreaks in LTCHs</i> document and the most recent Association of Medical Microbiology and Infectious Disease (AMMI) guidelines and drug product monographs for prescribing information.	<input type="checkbox"/>
30.	Unvaccinated asymptomatic staff who work in the area where the influenza outbreak is occurring should take prophylactic antiviral medication until the outbreak is declared over. Unvaccinated staff who refuse prophylactic antiviral medication during an outbreak should not provide resident/patient care or conduct activities where they have the potential to acquire or transmit influenza and may be excluded from work. (pg. 45, 50-51)	<input type="checkbox"/>
31.	If a person taking prophylactic antiviral medication develops symptoms of influenza-like illness, the medication should be increased to the recommended treatment dose. Consideration should be given to obtaining a nasopharyngeal specimen if the individual has been on antiviral prophylaxis for more than four days to determine the presence of a resistant strain or other respiratory virus. (pg. 52)	<input type="checkbox"/>



32.	Vaccinated staff who were vaccinated at least two weeks prior to outbreak declaration or those taking antiviral prophylaxis may work at the outbreak affected home/unit. (pg. 45, 50-51)	<input type="checkbox"/>
33.	Staff protected by vaccination or taking prophylactic antiviral medication have no restrictions on their ability to work at another facility/health care setting if they do not have symptoms of acute respiratory infection and it does not conflict with the receiving facility's own exclusion policies. (pg. 44)	<input type="checkbox"/>
34.	Unvaccinated staff <b>not</b> taking prophylactic antiviral medication must wait 3 days from the last day that they worked at the outbreak facility/unit prior to working at a non-outbreak facility to ensure they are not incubating influenza. (pg. 44)	<input type="checkbox"/>

**References:**

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

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Best practices for environmental cleaning for prevention and control of infections in all health care settings. 3rd ed. Toronto, ON: Queen's Printer for Ontario; 2018.

Nipissing/Northeast Parry Sound Health Care Providers Repatriation Working Group. (Revised October 2019). *Nipissing/Northeast Parry Sound Health Care Providers Outbreak Repatriation and Admissions Protocol*. Retrieved from: <https://www.myhealthunit.ca/en/health-professionals-partners/long-term-care-and-retirement-homes.asp>