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| --- | --- | --- | --- |
| **Outbreak Number** |  | | |
| **Facility Name:** |  | | |
| **Address:** |  | | |
| **City:** |  | **Postal Code:** |  |
| **Facility Investigator:** |  | **Phone #:** |  |
| **Attendees:** |  | | |

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| **Date Outbreak Declared:**  *(yyyy/mm/dd)* |  | **Date Checklist Reviewed:**  *(yyyy/mm/dd)* |  |
| **Pathogen Identified:** |  | **Date Reported:**  *(yyyy/mm/dd)* |  |
| **Define Outbreak Area(s):** |  | | |
| **Case Definition:** |  | | |

# Immediate Control Measures for Outbreak

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| **1.** | Isolation of ill residents/patients |
| **2.** | Notify staff of potential outbreak &  Obtain required forms for health unit at <https://www.rcdhu.com/for-professionals/health-care/> |
|  | 1. 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 (next business day if outbreak declared on a weekend/holiday) |
| **4.** | Check expiry dates on swabs. If required, complete a [website request](https://www.rcdhu.com/pcr-test-kit-order-form/) from RCDHU to order PCR Test Kits. |
| **5.** | Collect N/P swabs from symptomatic residents/patients, and include respiratory panel (MVRP) for first 4 most recently ill and who meet case definition |
| **6.** | Submit swabs to go to lab. |

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**Control Measures for Residents/Patients**

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| **1.** | If Respiratory: Restrict cases to their room on [Droplet and Contact Precautions](https://www.ontario.ca/files/2024-11/moh-recommendations-for-outbreak-prevention-and-control-in-institutions-and-cls-en-2024-11-01.pdf) for infectious period (usually five days) or until symptoms are completely resolved, whichever is shorter. Cases may leave their room while on Droplet and Contact Precautions if they are able to perform hand hygiene and consistently wear a well-fitted medical mask when receiving care and when outside their room until Day 10 from symptom onset.  If COVID-19: Patients/Clients who are identified as confirmed or probable Covid-19 case should self-isolate on [Additional Precautions](https://www.ontario.ca/files/2024-11/moh-recommendations-for-outbreak-prevention-and-control-in-institutions-and-cls-en-2024-11-01.pdf) for at least 5 days from symptom onset (due to the longer period of communicability for Covid-19 versus other ARI pathogens). After 5 days from symptom onset, if symptoms have been improving for 24 hours (or 48 hours if Gastrointestinal symptoms) and no fever is present, Additional Precautions can be discontinued.   * Patients/residents can leave their room for walks in the immediate area or outdoors with staff wearing appropriate PPE, to support overall physical and mental well-being * Patients/residents who test positive for Covid-19 should be assessed as soon as possible to determine if COVID-19 therapeutics are within their goals of care, and if so, to determine eligibility. * After discontinuation of Additional Precautions, patients/residents should wear a well-fitted mask, if tolerated, when receiving care and when outside their room until Day 10 from symptom onset. This includes avoiding attending group dining and group activities that involve unexposed residents where masking cannot be maintained by the case. If residents are not able to mask, they should remain on Additional Precautions for 10 days from symptom onset. |
| **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 and proper signage is posted outside resident rooms |
| **7.** | If Confirmed Influenza: Antiviral treatment of all cases to start within 48 hours of symptom onset. The Facility Medical Director/MRP will decide if residents on the affected unit or in the entire facility will be prescribed antiviral prophylaxis. Antiviral prophylaxis is recommended for all residents in facility/affected unit to continue until the outbreak is over.  If 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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**Control Measures for Staff and Volunteers**

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| **1.** | Emphasize the importance of hand hygiene <https://www.publichealthontario.ca/en/Health-Topics/Infection-Prevention-Control/Hand-Hygiene> |
| **2.** | Provide training 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.**  **6.** | If Respiratory: Exclude ill staff, students, and volunteers for FIVE days after onset of symptoms or until symptoms have resolved, whichever is shorter.  If COVID-19: Exclude ill staff for until respiratory symptoms have been resolving for 24 hours (48 hours for enteric symptoms). Staff follow facility return to work policy for staff returning to work after a positive Covid-19 test.  If 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.  For other considerations, refer to: [https://www.ontario.ca/files/2024-11/moh-recommendations-for-outbreak-](https://www.ontario.ca/files/2024-11/moh-recommendations-for-outbreak-prevention-and-control-in-institutions-and-cls-en-2024-11-01.pdf)prevention-and-control-in-institutions-and-cls-en-2024-11-01.pdf |

**Control Measures for Visitors**

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| --- | --- |
| **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 |

**Environmental Cleaning**

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| **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 the 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](https://www.publichealthontario.ca/en/Health-Topics/Infection-Prevention-Control/Best-Practices-IPAC) for the most up- to-date version) |
| **6.** | Housekeeping staff use gloves and masks prior to entering the room of an ill resident. Eye protection is used within 2 meters 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. |

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**Confirmed Influenza A or B Outbreak Control Measures**

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| **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. If employee is vaccinated and refuses antiviral prophylaxis they must remain off work for 2 weeks. |

**Medical Appointments and Communal Activities**

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| **1.** | 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 reschedule 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**

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| **1.** | The outbreak will be declared over by RCDHU.  RCDHU will provide the facility with an Outbreak Withdrawal Notification letter for their records. |
| **2.** | 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). This “8-day rule” is based on the period of communicability (d5 days) and an incubation period (3 days) for influenza and in general may apply to many other respiratory viruses associated with respiratory infection outbreaks as well. |

***Date Signature***

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