

## Respiratory Outbreaks

<b>Respiratory Outbreak Management Checklist</b>		<b>Date Initiated</b> yy/mm/dd
1.	Notify members of facility Outbreak Management Team (OMT) and facility medical advisor.	
2.	Health Unit notification – CD team, Barrie or Gravenhurst	
3.	Respiratory precautions: <ul style="list-style-type: none"> <li>a) Immunizations rates – staff/residents</li> <li>b) Patient/resident placement – (private room if possible) discuss isolating positive cases to rooms</li> <li>c) Hand-washing – staff/volunteers and residents/visitors               <ul style="list-style-type: none"> <li>- review use of hand sanitizers</li> </ul> </li> <li>d) Masking (for staff exposure to respiratory secretions)</li> <li>e) Patient/resident movement within the facility – for essential purposes only – patient/resident should wear mask, as tolerated.</li> </ul>	
4	Identify cases and high risk patients/residents/staff Start Respiratory Line List (separate lists for resident/staff cases).	
5.	Cohort nursing/patients, as a facility is able.	
6.	Exclude ill and unimmunized staff members. Exclusionary period to be reviewed with health unit. Have ICP discuss with symptomatic or unimmunized employee the issue of exclusion from working in other facilities.	
7.	Discuss deferring admissions, readmissions and transfers. (pg. 33 of guide 2004)	
8.	Notify relatives. Restrict or limit visiting. Educate visitors re precautions. Post signage indicating outbreak.	
9.	Notify local hospital – Infection Control Practitioner, Emergency Department - CCAC, Nursing agencies, LTC Compliance Advisor.	
10.	Contact Patient Transfer Authorization Centre (for LTCHs and acute care hospitals only). 1-866-869-7822	
11.	Cancel social activities and community meetings/functions.	
12.	Thorough cleaning/sanitizing of equipment (especially respiratory equipment).	
13.	Specimen collection: Number of kits on site _____ Expired? <input type="checkbox"/> Yes <input type="checkbox"/> No Call CD Team for arrangement of pick-up of specimens.	
14.	Complete documentation – i.e. Line Listing. Daily update of new and resolved cases to be faxed to health unit – CD Team.	

Reviewed with \_\_\_\_\_ by: \_\_\_\_\_

Date: \_\_\_\_\_ yy/mm/dd

Copy faxed to facility ☐ Yes ☐ No