

*Your Health Connection*



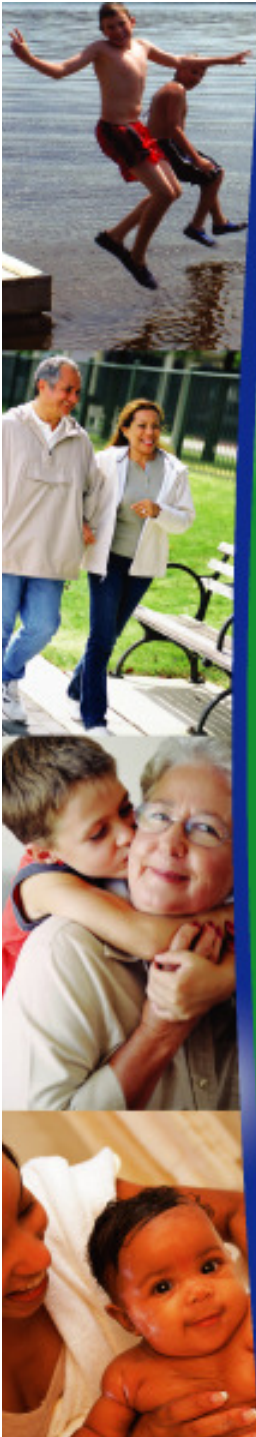
**simcoe  
muskoka**  
DISTRICT HEALTH UNIT



# Infection Control Road Show 2011 Outbreak Management

# Today's Agenda

- ◆ LTCH Road Show
- ◆ Road Map for the day
- ◆ How can you, the management team, support infection prevention and control and promote infection control practices in your facility?



# Getting the Big Picture

When can an outbreak occur?

- ◆ Any time of year; Influenza is more likely from November to March

Why is IPAC Important?

- ◆ Reduces mortality and morbidity of residents
- ◆ Reduced costs, reduced workload and a safer environment.
- ◆ IPAC policy supports Occupational Health and enhances a positive Health and Safety culture

## Long Term Care Homes Act Infection Prevention and Control

... focuses on requirements related to:

- ◆ Infection control practices
- ◆ Infection Prevention and Control Program
- ◆ TB screening and immunization protocols established in the home.

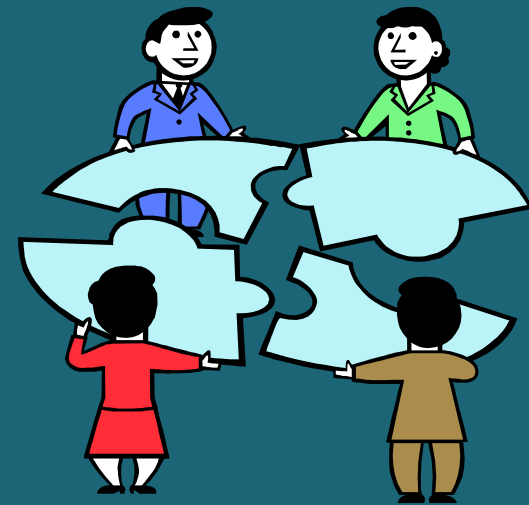
During the inspection they will look for:

- ◆ Measures to prevent and monitor
- ◆ How staff on every shift record symptoms
- ◆ Handling of supplies and isolation precautions
- ◆ The provision of resident care

# Outbreak Management & Control

## ...What's Involved?

1. Ongoing surveillance & identification of a potential outbreak
2. Internal Communication
3. Reporting to the Health Unit
4. Declaring the outbreak
5. Notification of external partners
6. Establishing a case definition
7. The outbreak line list
8. Collecting specimens
9. Control measures



# Surveillance

- ◆ Ongoing
- ◆ Know baseline numbers – what is your norm?
- ◆ Communicate between service areas.
- ◆ Document!!
- ◆ May identify trends...may identify a potential outbreak
- ◆ Working together can stop an outbreak from developing
- ◆ Required under the LTCH Act

# Definitions

Suspect an enteric outbreak whenever there are...

...two or more cases with similar signs and symptoms (such as nausea, vomiting or diarrhea) in the same geographical area in a 24-hour period.

# Definitions

Suspect a respiratory outbreak whenever there are...

...two or more cases identified within 48 hours in one geographic area with an acute respiratory tract illness OR

...more than one unit having a case of acute respiratory illness within 48 hours



# Why Report to the Health Unit?

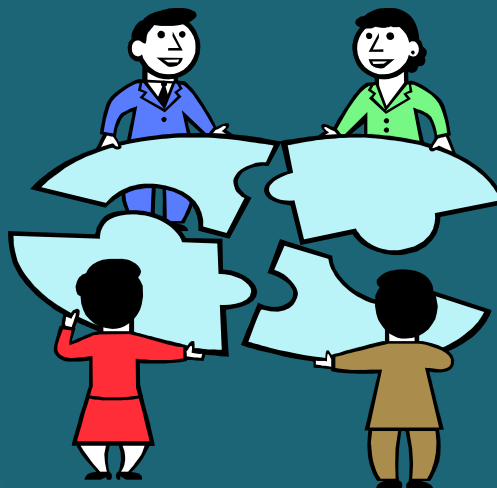
- ◆ To identify potential outbreaks or emerging illnesses early.
- ◆ So public health measures can be implemented to prevent and manage infection.
- ◆ To obtain an outbreak number to be used to identify lab specimens collected for testing.
- ◆ To utilize the expertise and support of your liaison

# Who declares the Outbreak???

- ◆ A collaborative process with the Health Unit....*a phone call, a discussion, data review, decision making.*
- ◆ It is a requirement under subsection 27(2) of the Health Protection and Promotion Act, R.S.O. 1990, C.H.7 to report potential or confirmed outbreaks to SMDHU.

# Outbreak Management

- A) ESTABLISH CASE DEFINITION
- B) INITIATE OUTBREAK LINE LIST
- C) SIGNAGE
- D) NOTIFY EXTERNAL PARTNERS
- E) COLLECT SPECIMENS FOR TESTING
- F) INSTITUTE CONTROL MEASURES



# Outbreak Management Checklist



## Respiratory Outbreaks

<b>Respiratory Outbreak Management Checklist</b>	<b>Date Initiated yy/mm/dd</b>
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: a) Immunizations rates – staff/residents b) Patient/resident placement – (private room if possible) discuss isolating positive cases to rooms c) Hand-washing – staff/volunteers and residents/visitors - review use of hand sanitizers d) Masking (for staff exposure to respiratory secretions) e) Patient/resident movement within the facility – for essential purposes only – patient/resident should wear mask, as tolerated.	
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.	
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



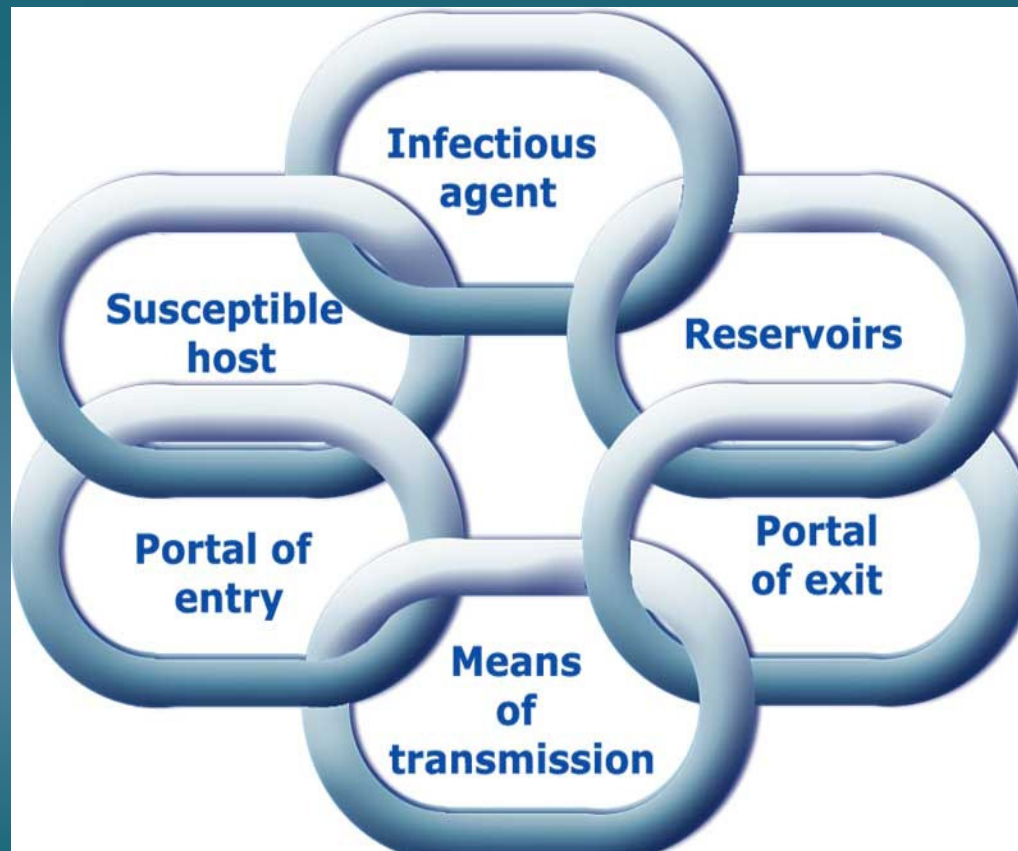
# Outbreak Management Team (OMT)

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- ◆ Directs and oversees the outbreak
- ◆ Key decision makers as well as your Health Unit liaison
- ◆ Know roles and responsibilities
- ◆ Regular times for daily meetings
- ◆ Establish a standing agenda and ask for reports

# Control Measures

Break the Chain of Infection!!



# Control Measures

- ◆ Routine Practices and Additional Precautions

- ◆ *Hand hygiene*
- ◆ *Personal protective equipment (PPE)*
- ◆ *Isolation / exclusion*
- ◆ *Resident / staff movement within the facility (i.e. cohort care)*

- ◆ Enhanced environmental and equipment cleaning

- ◆ Immunization rates

- ◆ Limit Visitation



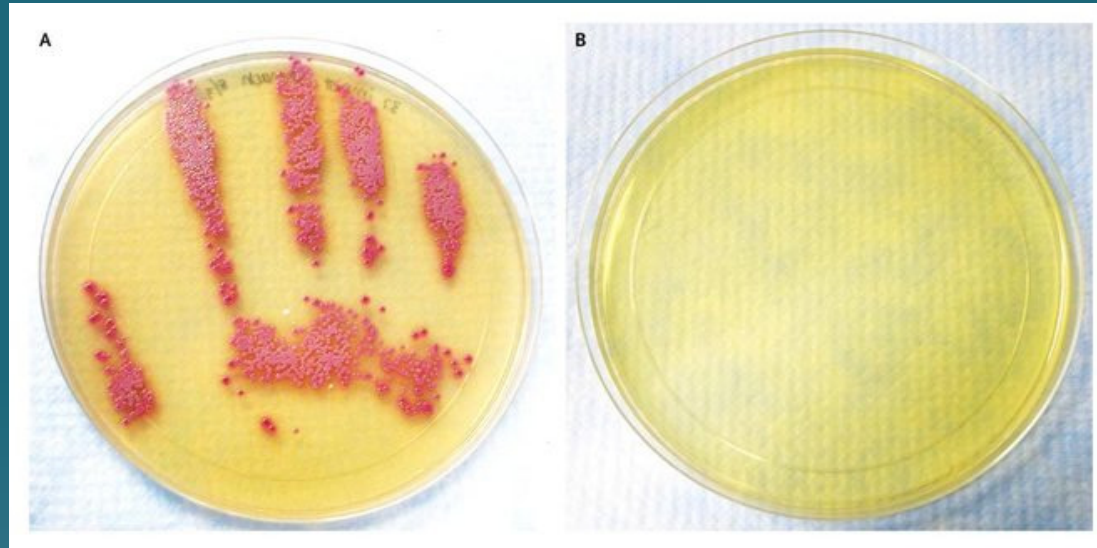
# Hand Hygiene

**Recognized as the most important way to prevent the transmission of infection.**

- ◆ Shared responsibility
- ◆ MUST be readily accessible
- ◆ Alcohol-based hand rub (ABHR) with at least 70% alcohol
- ◆ ABHRs preferred over soap & water if hands not visibly dirty
- ◆ Minimum of 15 seconds
- ◆ JCYH : focus on the 4 moments of hand hygiene



Unwashed  
hand of HCW  
with MRSA



Washed hand  
of HCW with  
MRSA



# Staff Exclusion

## Enteric Outbreaks:

- ◆ Excluded from the workplace for the duration of symptoms and for an additional 48 hrs following resolution of symptoms.
- ◆ Hygiene counseling before returning to work.
- ◆ Exclusion period may be elevated in certain situations.



# Staff Exclusion

## Respiratory Outbreaks:

- ◆ Excluded from the workplace for 5 days from the onset of symptoms or until symptoms have resolved, whichever is shorter.
- ◆ Exclusion period may be elevated in certain situations.
- ◆ Working between facilities is not advised during respiratory outbreaks (exceptions: immunized staff during Influenza outbreaks)



# Visitors

Visitors shall be instructed on:

- a) Hand hygiene on arrival and before leaving unit
- b) Visiting only one resident
- c) How to don the proper PPE

***\*\* Complete closure to visitation is not usually recommended.***



# Declaring the Outbreak Over

- ◆ The outbreak is declared over by your facility, in consultation with SMDHU.



# Outbreak Management & Control

## ...Questions?

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