

# OUTBREAK MANAGEMENT

for Long-Term Care & Retirement Homes

Revised: July 2019

**Why we do what we do...**

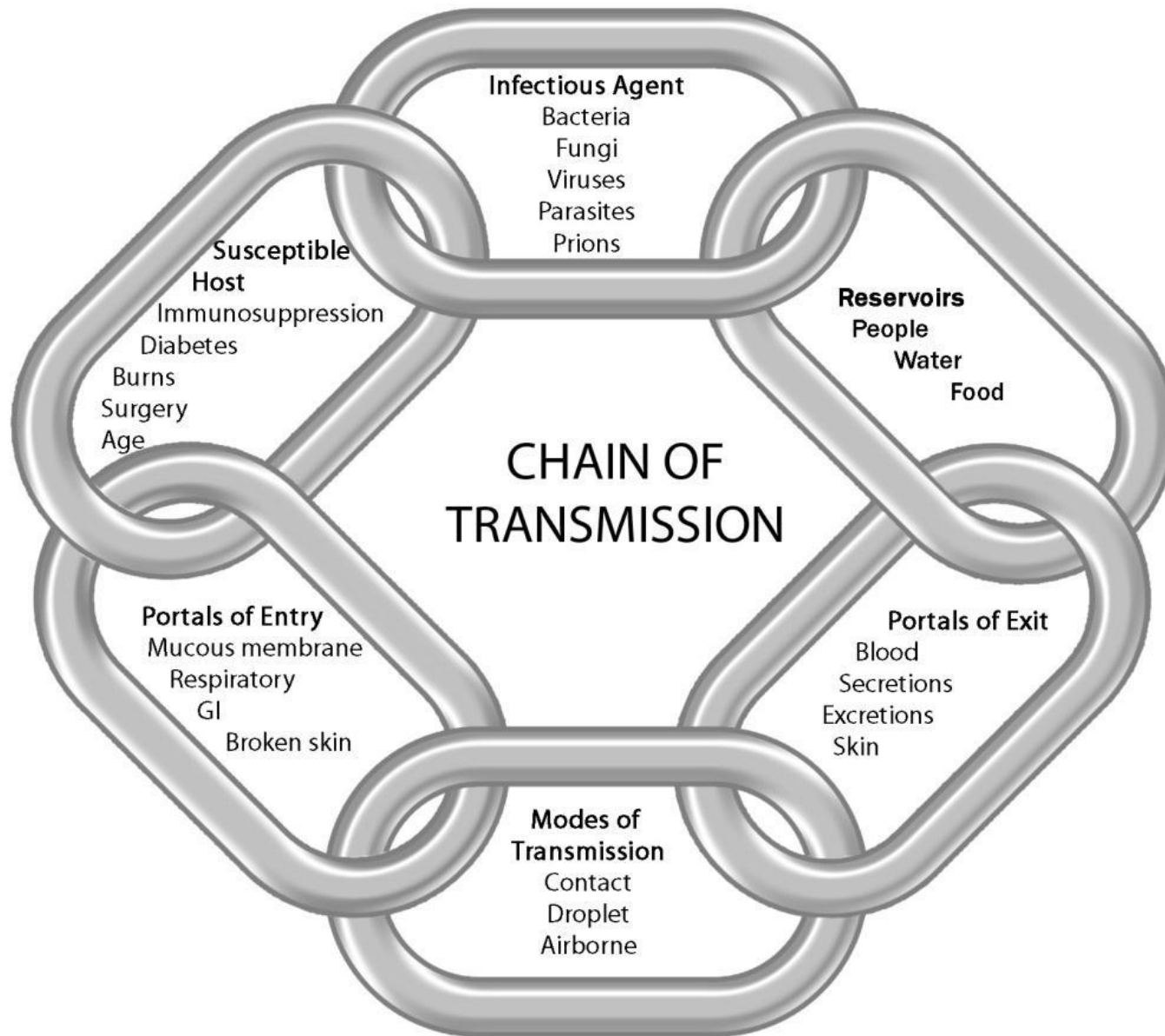


Image: CDC/Brian Judd, 2009

# GERMS ARE EVERYWHERE

- We can't see them
- All people are potentially infectious, even if they don't show any symptoms
- Many viruses can live on hard surfaces like countertops, door handles, computer keyboards and phones for up to 48 hours (or potentially longer)





# BREAKING THE CHAIN

Infection prevention:

- Identify/manage the ***agent*** (surveillance)
- Reduce the ***reservoir***
- Identify ***mode of transmission*** and prevent spread
- Reduce ***host susceptibility***

# ROUTINE PRACTICES

- Safe practices that are routinely used with all residents
- Prevent exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items
- Prevent the spread of microorganisms
- Elements of Routine Practices:
  - Risk assessment
  - Hand hygiene
  - Personal Protective Equipment: (PPE)
  - Environmental controls: cleaning, disinfecting, waste, and ABHR
  - Administrative controls: education, policies and procedures
- [Routine Practices and Additional Precautions in All Health Care Settings, PIDAC \(PHO\)](#)



# Reporting an Outbreak



# WHY REPORT THE OUTBREAK?

- To prevent and control an infection that is making residents sick
- To implement infection control measures quickly to prevent more illness in resident and staff populations
- To obtain an outbreak number for lab testing
- To utilize the expertise and support of your liaison
- Required by legislation

# LEGISLATION

An Infection Prevention and Control Program is a requirement in all acts of legislation listed below:

- [Long-Term Care Homes Act](#) (2007), Reg. 79/10
- [Retirement Home Act](#) (2010), Reg. 166/10
- [Ontario Public Health Standards](#) (OPHS)

## LTCHA, S.86(1) & Reg. 79/10, S.229

- The *Long-Term Care Home Act, 2007* requires every licensed long-term care home in Ontario to have an infection prevention and control (IPAC) program.
- Program requirements are outlined in *Ontario Regulation 79/10* and include: ongoing illness surveillance and outbreak management processes, a screening and immunization program for staff and residents, a hand hygiene program, annual evaluation of the IPAC program, and a review of outbreak and general IPAC policies every two years by the local Public Health unit.

*Reference: Section 86(1) of the Act and Section 229 of the Regulation*

## RHRA, S.60 & Reg. 166/10, S.24-27

- The home must establish a written surveillance protocol and reporting process for outbreaks.
- Other standards for the program relate to screening and training of staff, access to information about proper hygiene and the availability of hand sanitizer in the home.
- The home must contact the local Medical Officer of Health (or designate) at least once per year about health care issues in the home and efforts to reduce the number of outbreaks in the home. The home must keep a written record of these consultations.

*Reference: Section 60 of the Act and Sections 24-27 of the Regulation*

# ONTARIO PUBLIC HEALTH STANDARDS

## Institutional/Facility Outbreak Management Protocol, 2018

- Provides direction with respect to:
  - prevention, detection, and management of infectious disease outbreaks of public health importance including but not limited to, institutional respiratory infection and gastroenteritis outbreaks
- SMDHU has a responsibility to reduce the burden of communicable diseases and other infectious diseases of public health significance

Note: MOHLTC does not regulate retirement homes, however, SMDHU considers retirement homes to fall under the definition of an institution, as “any other place of a similar nature” under section 21(1) of the HPPA.

# DAILY SURVEILLANCE

## 1. Conduct Surveillance

- Conduct ongoing surveillance for infections in residents and staff and follow routine practices for infection control.
- Conduct targeted surveillance for respiratory and gastrointestinal symptoms in residents and staff.
- Identify respiratory symptoms such as: runny nose/ stuffy nose, sneezing, dry cough, congestion, sore throat, hoarseness, difficulty swallowing, fever or abnormal temperature, breathing difficulty, loss of appetite, malaise or muscle pain.
- Identify gastrointestinal symptoms : 2 or more unexpected incidents of diarrhea and/ or vomiting within 24 hours.

# SUSPECT AN OUTBREAK?

## 2. Suspect an Outbreak

### Respiratory

- Two cases of Acute Respiratory Illness (ARI) occurring within 48 hours in a geographic area (e.g. unit, floor)

OR

- More than one unit having a case of ARI within 48 hours

OR

- One laboratory-confirmed case of influenza

### Enteric

- Two suspected cases of infectious gastroenteritis in a specific area, such as a home, unit, or floor within 48 hours

or

- When more than one unit has a case of gastrointestinal illness within 24 hours.

Contact the Simcoe Muskoka District Health Unit (SMDHU) early about any suspected outbreak.

# INITIATE CONTROL MEASURES AND REPORT

## 3. Initiate Action for Outbreak Management

- Implement Infection Control Measures: Routine Practices and Additional Precautions.
- Notify SMDHU at 705-721-7520 or 1-877-721-7520 ext 8809. On weekends, after hours (4:30 p.m. - 8:30 a.m. Monday to Friday) and holidays please contact the communicable disease on-call investigator at 1-888-225-7851.
- Initiate two separate line lists, one for residents and one for staff.
- Fax the line listing daily to the SMDHU at 705-733-7738.
- Follow SMDHU directions to obtain specimens for laboratory testing (NP swabs for respiratory symptoms, stool samples for gastrointestinal symptoms).
- Implement the SMDHU Recommendations of Outbreak Control Measures. Maintain daily contact with the SMDHU to review additional cases.



# HOW TO REPORT?

- SMDHU 705-721-7520 or 1-877-721-7520
  - Call you facility liaison directly
  - Or ext. 8809
- Please have the following information available when you call:
  - Signs & symptoms of illness
  - Number of resident and staff cases
  - Total number of residents and staff in affected area/facility
  - October to April: influenza immunization rates for residents and staff
- If reporting outside of Monday to Friday 8:30 am – 4:30 pm
  - After hours: 1-888-225-7851
- SMDHU Fax Number:
  - 705-733-7738

# OUTBREAK MANAGEMENT

## The basics...

# OUTBREAK CASE DEFINITION

- A case definition lists the criteria of who should be classified as a case and added to the line list
- The case definition must include:
  - Clinical information about symptoms
  - Time, place, and person
  - Created in consultation with facility liaison
- Should be based on MOHLTC guides:
  - [Control of Gastroenteritis Outbreaks in LTCH, 2018](#)
  - [Appendix B: Respiratory Infection Outbreaks, 2019](#)

# OUTBREAK CASE DEFINITION

- Example:
  - Respiratory:

Any staff or resident of (unit/floor) at (facility name) presenting with two or more of the following acute respiratory symptoms of (list symptoms), on or after (first onset date); or any lab-confirmed case.
  - Enteric:

Any staff or resident of (unit/floor) at (facility name) presenting with two or more episodes of the following gastroenteric symptoms of (list symptoms), on or after (first onset date); or any lab-confirmed case.

# LINE LIST

- Complete and fax the initial line list:
  - [Respiratory](#) line list
  - [Enteric](#) line list
  - Staff and residents should have separate line lists
- SMDHU FAX: 705-733-7738
  - Use [outbreak fax cover sheet](#)
- **ALL** fields should be completed
  - Including a complete case definition
- If you need help completing the line list:
  - Please see “[How to Fill Out a Line List](#)”

# COLLECT SPECIMENS

- Collect specimens
- Complete [respiratory](#) or [enteric](#) lab requisition
- Notify liaison when specimens are ready for pick up
- If you need help:
  - Please see the [Quick Reference Guide](#) for how to collect and label specimens
  - Please see the [sample](#) outbreak lab requisition for how to complete a requisition

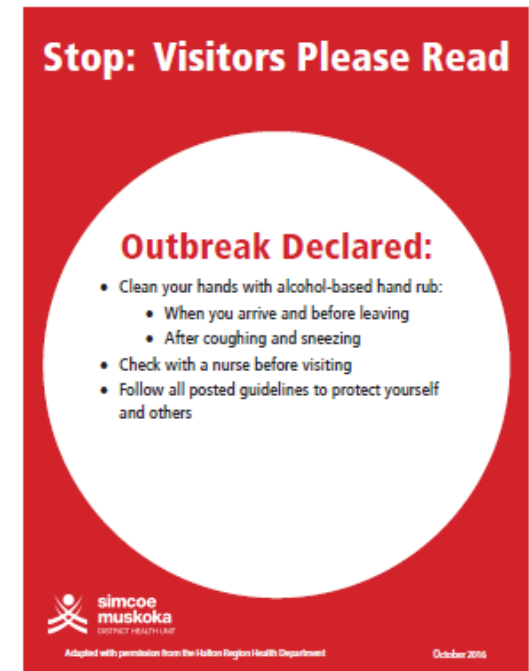


# OUTBREAK MANAGEMENT TEAM

- Notify OMT and set up initial meeting
- OMT meets daily to review the outbreak status
- OMT usually includes:
  - Administrator, Physician or Medical Director, Director of Nursing, Infection Control Practitioner, Food Services, Environmental Services, OT/PT/Recreation, Occupational Health, Pharmacy, Public Health, and others as appropriate.
- If you need help with the role of the OMT
  - Please see sample [OMT Agenda/Minutes](#) as a guide

# NOTIFICATION & SIGNAGE

- Notification and communication to families, visitors and community partners
- Post signage at entrance to facility regarding outbreak status
- If you need help:
  - Please see [sample](#) posters for general IPAC, illness surveillance and outbreak status
  - Please use and share these resources with residents, families, and visitors
    - [Outbreak Management: A guide for residents, families and visitors](#)
    - [Outbreaks: What you need to know to protect yourself and your loved one](#)



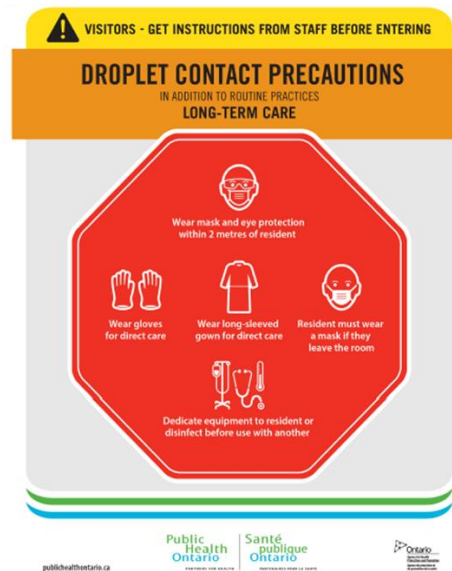


# IMPLEMENT CONTROL MEASURES

- Isolate symptomatic residents and put on droplet/contact precautions when symptom(s) are first identified
- Ensure all supplies are readily available (ABHR, PPE, etc.)
- Conduct ongoing surveillance of asymptomatic residents/staff

[Respiratory Outbreak Management Checklist](#)

[Enteric Outbreak Management Checklist](#)



# IMPLEMENT CONTROL MEASURES

- Review hand hygiene with staff, volunteers, residents and visitors
- Limit resident movement within the facility
- Cancel/reschedule social activities, functions, and communal meetings



# IMPLEMENT CONTROL MEASURES

- Cohort care
  - Limit movement of staff, student and volunteers between affected and unaffected floors/units
  - Assign certain staff members to look after ill residents and other staff members to look after unaffected residents
- If influenza is suspected:
  - Review facility plans for antivirals (notify pharmacy), vaccination, exclusion policy and staffing contingency

# IMPLEMENT CONTROL MEASURES

- Enhanced environmental cleaning and disinfecting
- Key components:
  - Proper dilution of chemicals as per manufacturers' directions
  - Mechanical action and friction
  - Adequate disinfecting through proper contact time
  - Increase frequency of cleaning and disinfecting for high touch surfaces
  - Clean and disinfect shared equipment after each use



# IMPLEMENT CONTROL MEASURES

- Staff exclusion
  - Ill staff will be excluded for appropriate timeframes
  - Enteric – 48 hours after symptoms have resolved
  - Respiratory – 5 days from onset of symptoms or when symptoms resolve, whichever is shorter
  - Facility will have policy outlining specifics of staff exclusion
- Transfers, discharges, appointments and admissions
  - Should **all** be done in consultation with SMDHU
  - Transfers or re-admission of non-cases and new admissions are not recommended while in outbreak
  - Use [NSM LHIN](#) repatriation document to guide decision-making

# ONGOING OUTBREAK MANAGEMENT

- Daily OMT meeting to review outbreak status, control measures, and identify concerns/issues
- Surveillance to identify new cases
- Monitor ill residents and staff
- Submit line lists daily by **10 am**
- Monitor precautions and control measures
- Ensure sufficient staffing to support outbreak IPAC measures
- Report any significant changes in the outbreak to the facility liaison (deaths, hospitalizations, spread to new unit)

# DECLARING THE OUTBREAK OVER

- Based on etiological agent and epidemiology of outbreak (period of communicability and incubation period)
- SMDHU in consultation with the facility will determine when to declare the outbreak over
- Submit completed [Outbreak Summary Report](#) for respiratory outbreaks

# RESOURCES

- [SMDHU Portal](#)
  - Outbreak Resources, factsheets and health faxes
- PHO: [Antiviral Medications for Influenza: Information for Health Care Providers](#)
- NACI: [Statement on Seasonal Influenza Vaccine 2019/2020](#)
- [PIDAC Documents](#)
  - Best Practices in all Health Care Settings: Hand Hygiene, Routine and Additional Precautions, and Environmental Cleaning
- [Recommendations for the Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018](#)
- [Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes, 2018](#)