

OUTBREAK MANAGEMENT

for Long-Term Care & Retirement Homes

Revised: September 2025

Why we do what we do...

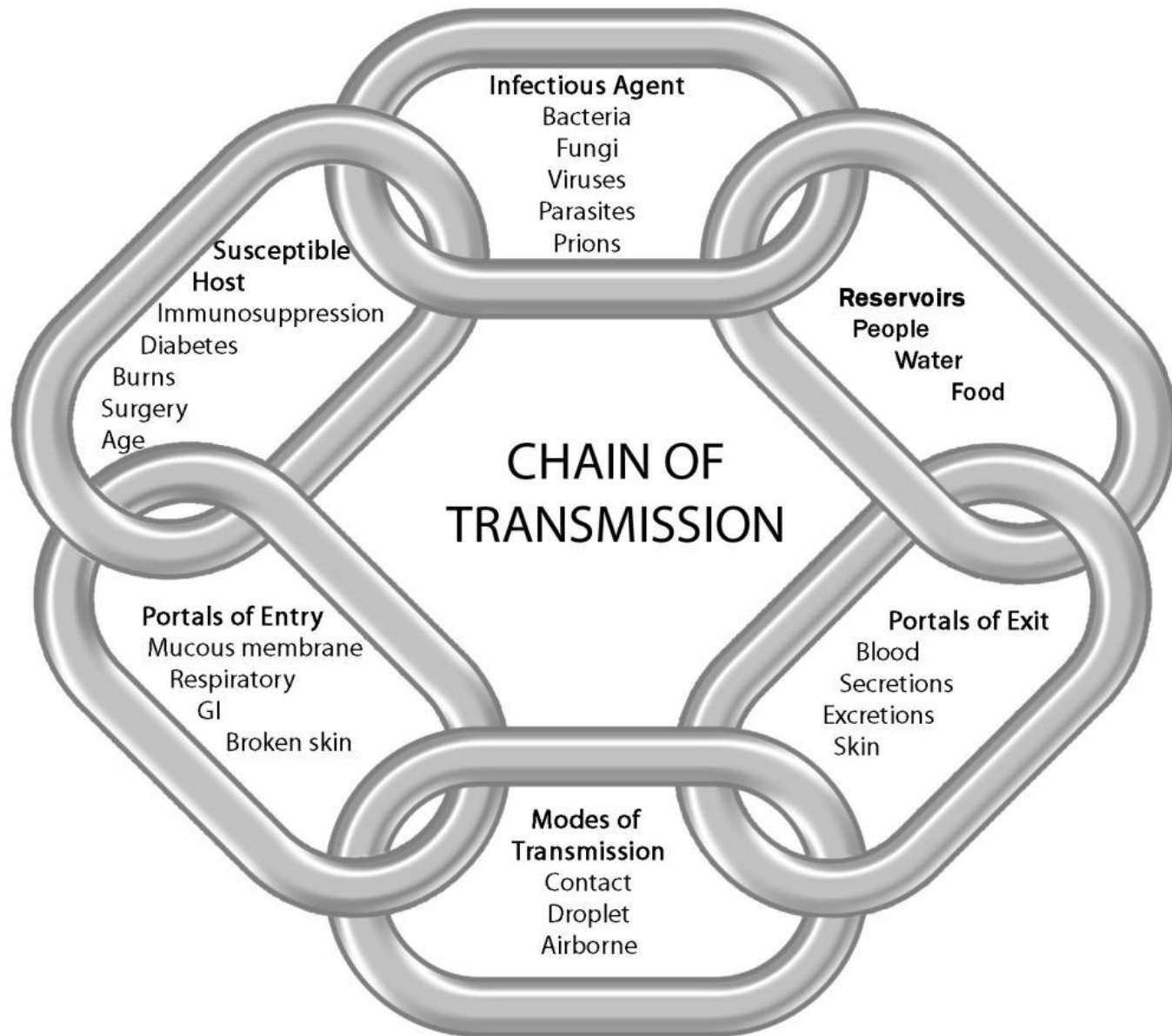


Image: CDC/Brian Judd, 2009

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:

- [Fixing Long-Term Care Act](#) (2021)
 - [Infection Prevention and Control \(IPAC\) Standard for Long-Term Care Homes](#) (2023)
- [Retirement Homes Act](#) (2010)
- [Ontario Public Health Standards](#) (OPHS)

FIXING LONG-TERM CARE ACT (2021)

- The *Fixing Long-Term Care Act* requires every licensed long-term care home in Ontario to have an infection prevention and control (IPAC) program.
- Programs must include:
 - IPAC lead and interdisciplinary team
 - Evidence-based policies and procedures
 - IPAC training and education for staff, residents, volunteers and caregivers
 - Infectious disease surveillance
 - Outbreak management system
 - Hand hygiene program
 - Quality program and evaluation
 - Application of precautionary principal

Reference: S.23(2-5)

IPAC STANDARD FOR LTCH (2023)

- The Standard provides detailed descriptions and explanatory notes for components of the IPAC program required as per the Fixing Long-Term Care Act.
- Each component has additional requirements that are outlined under the Standard.
- The Standard also adds additional IPAC program requirements:
 - Routine practices and additional precautions
 - Personal Protective Equipment
 - Ethical framework for decision-making

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: S.60 of the Act and S.24-27 of the Regulation

ONTARIO PUBLIC HEALTH STANDARDS

Institutional/Facility Outbreak Management Protocol, 2023

- 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 new respiratory and gastrointestinal symptoms in residents and staff.
- Identify respiratory symptoms such as runny/stuffy nose, sneezing, new or worsening cough, sore throat, hoarseness, difficulty swallowing, abnormal temperature, breathing difficulty, loss of appetite, malaise, or muscle pain.
- Identify gastrointestinal symptoms: two or more episodes of diarrhea and/or vomiting within a 24-hour period.

SUSPECT AN OUTBREAK?

2. Suspect an Outbreak

Respiratory

Suspect and Confirmed Case Definitions

- Contact the Simcoe Muskoka District Health Unit (SMDHU) early regarding any suspected or confirmed outbreak.
- Immediately isolate any resident/staff with new or worsening respiratory or enteric symptoms.
- Implement additional precautions and outbreak control measures.

Enteric

Suspect and Confirmed Case Definitions

INITIATE CONTROL MEASURES AND REPORT

3. Initiate Action for Outbreak Management

- Notify SMDHU
- Initiate separate resident and staff line lists (enteric / respiratory).
- [Upload](#) or fax (705-733-7738) the line lists daily to SMDHU.
- Follow SMDHU directions to obtain specimens for laboratory testing
- Implement OB checklists recommendations (enteric / respiratory).
- Maintain daily contact with the SMDHU to review additional cases.

HOW TO REPORT?

- SMDHU 705-721-7520 or 1-877-721-7520
 - Call your facility liaison directly at their extension
 - Or call the infectious diseases line at 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
- [Upload](#) or Fax line list to 705-733-7738

OUTBREAK MANAGEMENT

The basics...

OUTBREAK CASE DEFINITION

- An outbreak 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:
 - Gastroenteritis, Outbreaks in Institutions and Public Hospitals*
 - Respiratory Infection Outbreaks in Institutions and Public Hospitals*

OUTBREAK CASE DEFINITION

- Example:
 - Respiratory:

Any staff or resident working/residing at <Facility and Unit(s) if not facility wide> with symptoms of an acute respiratory infection on or after <yyyy-mm-dd>; or any lab confirmed case.
 - Enteric:

Any staff or resident working/residing at <Facility and Unit if not facility wide> with two or more episodes of diarrhea and/or vomiting in a 24-hour period on or after <yyyy-mm-dd>; or any lab confirmed case.

LINE LIST

- Complete and upload or fax (705-733-7738) the initial line list:
 - Respiratory line list
 - Enteric line list
 - Staff and residents should have separate line lists
- **ALL** fields should be completed
 - Including a complete case definition

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

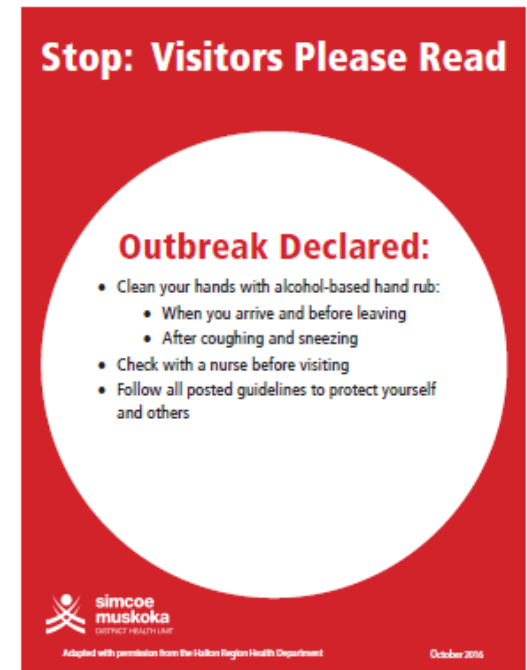


OUTBREAK MANAGEMENT TEAM

- Notify OMT and set up initial meeting
- OMT meeting schedule to be determined at start of outbreak
- 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, IPAC HUB representative, 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
 - Please see [sample](#) posters for general IPAC, illness surveillance and outbreak status

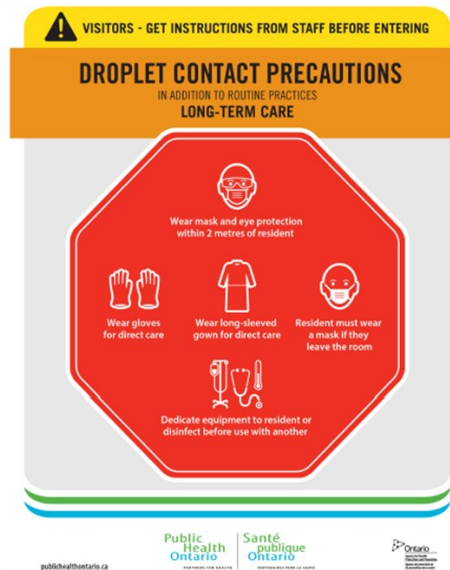


IMPLEMENT CONTROL MEASURES

- 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
- Assess and adjust/cancel social activities, functions, and communal meetings based on the outbreak.



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/disinfecting for high touch surfaces
 - Clean and disinfect shared equipment after each use
- Ensure disinfectant has kill claim for the identified/suspected pathogen (e.g. norovirus).



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 for staff exclusion
- Transfers, discharges, appointments and admissions
 - Should **all** be done in consultation with SMDHU
 - Notify SMDHU when resident movement is anticipated/planned.

ONGOING OUTBREAK MANAGEMENT

- OMT schedule established at start of outbreak
- Line list and outbreak update to be submitted daily by 11 am
- On-going surveillance to identify new cases
- Monitor ill residents and staff
- Monitor precautions and control measures
 - Increased frequency of hand hygiene and PPE audits for duration of outbreak
- 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: [Influenza Resources](#)
 - Seasonal Vaccination, Antivirals, Surveillance Reports
- [PIDAC Documents](#)
 - Best Practices in all Health Care Settings: Hand Hygiene, Routine and Additional Precautions, and Environmental Cleaning
- [Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings 2025](#)