

**CONFIRMED RESPIRATORY OUTBREAK CONTROL MEASURES FOR LONG-TERM CARE HOMES & RETIREMENT HOMES**

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| **Outbreak #** | Click to enter text. | **Facility Name & Affected Unit(s)** | | Click to enter text. | |
| **Type of Outbreak** | **Respiratory** | **Facility Outbreak Lead & Phone Number** | | Click to enter text. | |
| **Outbreak Pathogen(s)** | Click to enter text. | Results Pending | | Unknown | |
| **Outbreak Classification & Date** | **Suspect Respiratory**  **COVID-19:** One positive molecular test in a resident where source of acquisition is thought to be within the home or unknown  **Influenza:** One laboratory-confirmed case of influenza  **Other Respiratory Virus or Unknown:** Two cases of respiratory illness within 48 hours in a specific area (i.e., unit/floor) | | | | Date |
| **Confirmed Respiratory**  **COVID-19:** Two or more resident cases with a common epidemiological link (i.e., same unit, floor etc.) each with a positive PCR or rapid antigen test, within a 10-day period  **Influenza:** Two or more cases of nosocomial influenza within 48 hours in a specific area (i.e., unit/floor) with at least one lab confirmed case  **Other Respiratory Virus or Unknown:** Three cases of respiratory illness within 48 hours in a specific area (i.e., unit/floor) **OR** two cases of respiratory illness within 48 hours in a specific area, at least one of which must be laboratory confirmed | | | | Date |
| **Outbreak Case Definition** | **COVID-19:**  A person with infection documented by a positive test result (Rapid Antigen Test, Rapid Molecular Test or PCR)  A person with [symptoms compatible with COVID-19 infection](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts.pdf#page=5) AND testing was not completed OR there were concerns with sample timing or quality AND the person had a high-risk exposure to a confirmed case. | | | | |
| **Influenza:**  New or worsening cough AND one or more of the following: | | | | |
| Choose a symptom | | Choose a symptom | Choose a symptom | |
| Choose a symptom | | Choose a symptom | Other, specify: Click to enter text. | |
| **Other Respiratory Virus or Unknown:**  Two or more new or worsening respiratory symptoms: | | | | |
| Choose a symptom | | Choose a symptom | Choose a symptom | |
| Choose a symptom | | Choose a symptom | Other, specify: Click to enter text. | |

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| **Health Unit Contact Information** | **Elgin St. Thomas**  Mon-Fri (8:30am – 4:30pm):  **Ph:** 519-631-9900/**Fax:** 519-631-1682  ***After-hours/holidays:*** **Ph:** 1-800-922-0096 ext. 0 | | **Oxford**  Mon-Fri (8:30am – 4:30pm):  **Ph:** 519-421-9901/**Fax:** 519-539-6206  ***After-hours/holidays:* Ph:** 1-800-922-0096 ext. 0 | |
| **SWPH Investigator Name & Contact Information** | Click to enter text. | | | |
| **Date Control Measures Provided** | Date | **Prepared By:** | | Click to enter text. |

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| **CONTROL MEASURES CHECKLIST – CONFIRMED OUTBREAK** Once an outbreak has been declared, the home should immediately take the following steps: | **AFFECTED UNIT:** Click to enter text. | | |
| **SURVEILLANCE** | | **Start Date** | **Comments** |
| **Screen** staff and visitors for new, unexplained or worsening symptoms before entry into the facility as per current Ministry guidelines | | Date | Comments |
| **Monitor** all residents for new, unexplained, or worsening symptoms (minimum twice daily) | | Date | Comments |
| **Track** new cases on a [line list](https://www.swpublichealth.ca/en/partners-and-professionals/outbreak-resources-for-ltchs.aspx) | | Date | Comments |
| **COMMUNICATION** | | **Start Date** | **Comments** |
| **Provide daily updates** to SWPH about new cases, hospitalizations, and significant changes to SWPH | | Date | Comments |
| **Arrange an outbreak meeting** (i.e., with members of the outbreak management team) | | Date | Comments |
| **Post:**   * [Outbreak signage](https://www.swpublichealth.ca/en/partners-and-professionals/signage-downloads.aspx) at all entrances and all affected areas * [Additional precautions](https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/routine-practices-additional-precautions/additional-precautions-signage) signs at the entrances to the symptomatic resident’s rooms * A copy of the outbreak control measures in an area for staff to see | | Date | Comments |
| **Notify:**   * **Residents, families, visitors** about the outbreak and the precautions/restrictions in place * **Medical director and other members of the facility’s outbreak response team** * **Ministry of Long-Term Care OR Retirement Homes Regulatory Authority** * **Ministry of Labour, Training and Skills Development (MLTSD)** within four days of being advised that a worker has an occupational illness and under the *Workplace Safety and Insurance Act, 1997* (WSIA), must report to Workplace Safety Insurance Board (WSIB) and to relevant trade union, if any, within 72 hours of receiving notification of said illness. | | Date | Comments |
| **Provide outbreak education** to staff, residents, visitors | | Date | Comments |
| **SWPH will post an** [**outbreak status report**](https://www.swpublichealth.ca/en/partners-and-professionals/outbreak-status-reports.aspx?_mid_=104080) on the SWPH website for **confirmed** outbreaks | | Date | Comments |
| **SWPH will assist with media requests**, if needed | | Date | Comments |
| **IPAC ASSESSMENTS** | | **Start Date** | **Comments** |
| **Complete** [**COVID-19: Self-Assessment Audit Tool for LTCH and RHs**](https://www.publichealthontario.ca/-/media/documents/ncov/ltcrh/2021/12/covid-self-assessment-audit-tool-ltc.pdf?sc_lang=en) **WEEKLY** for the duration of the outbreak. Keep the IPAC audit results for at least 30 days and share with public health | | Date | Comments |
| **IPAC Assessments by the IPAC hub** may be arranged by facility request to: [ipachub@swpublichealth.ca](mailto:ipachub@swpublichealth.ca) | | Date | Comments |
| **HAND HYGIENE** | | **Start Date** | **Comments** |
| **Promote frequent hand hygiene**   * Reinforce resident and staff hand hygiene, soap/water, 70-90% alcohol-based hands * Implement the use of alcohol-based hand rubs in areas where sinks are not readily available | | Date | Comments |
| **Ensure availability** of handwashing supplies and alcohol-based hand rub | | Date | Comments |
| **ADDITIONAL PRECAUTIONS** | | **Start Date** | **Comments** |
| **Respiratory**   * [Droplet and contact precautions](https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/routine-practices-additional-precautions/additional-precautions-signage) (NOTE: N95, eye protection, gown and gloves should be used when providing direct care to symptomatic residents, while awaiting COVID-19 test results) | | Date | Comments |
| **COVID-19**   * [Fit-tested N95 respirator](https://www.publichealthontario.ca/-/media/documents/ncov/updated-ipac-measures-covid-19.pdf?la=en) (preferred) or tight-fitting medical mask, eye protection (goggles or face shield), gown and gloves when interacting with or providing direct care to a confirmed or suspected case or high-risk contact * [Fit-tested N95 respirator](https://www.publichealthontario.ca/-/media/documents/ncov/updated-ipac-measures-covid-19.pdf?la=en) (preferred) or tight-fitting medical mask and eye protection when in the outbreak area. Gown and gloves should be added based on point of care risk assessment | | Date | Comments |
| **MOVEMENT OF RESIDENTS** | | **Start Date** | **Comments** |
| **Symptomatic Residents** | | | |
| **Isolate symptomatic residents in a private room,** whenever possible   * If isolation in a private room is not possible, the use of partitions/barriers for separation between beds is recommended, encourage mask use, ensure distancing is maintained and increase ventilation * While awaiting COVID-19 test results N95 respirator, eye protection, gown and gloves should be used when providing direct care | | Date | Comments |
| **Length of isolation** will depend on the pathogen detected:  **COVID-19**   * Isolate on droplet-contact precautions (N95, eye protection, gown and gloves) for **10 days** from symptom-onset date or test collection date, whichever is earlier * [See section below for information about antivirals](#FLUAntivirals)   **Influenza**   * Isolate ondroplet-contact precautions (medical mask, eye protection, gown and gloves) for **5 days** from symptom onset **OR** 24 hours symptom-free, whichever is sooner * [See section below for information about antivirals](#FLUAntivirals)   **Rhinovirus, Enterovirus, Seasonal Coronavirus, or Unknown Respiratory Virus**   * Isolate on droplet-contact precautions (medical mask, eye protection, gown and gloves) for **5 days** from symptom onset **OR** 24 hours symptom-free, whichever is sooner   **RSV, Parainfluenza or Human Metapneumovirus**   * Isolate on droplet-contact precautions (medical mask, eye protection, gown and gloves) for **8 days** from symptom onset **OR** 24 hours symptom-free, whichever is sooner | | Date | Comments |
| **Asymptomatic Residents** | | | |
| **Isolate asymptomatic roommate(s) of symptomatic resident(s)** while awaiting COVID-19 test result for the symptomatic resident.   * If the symptomatic resident has a negative COVID-19 result, isolation of the roommate may be discontinued immediately if the roommate remains asymptomatic * If the symptomatic resident has a positive COVID-19 result, isolate as per the direction provided below | | Date | Comments |
| **COVID-19 Outbreaks**  **Roommate(s)** **of case(s)**   * Isolate on droplet-contact precautions (N95, eye protection, gown and gloves) until receipt of a negative PCR test taken on or after Day 5 from beginning of isolation period * Monitor for symptoms twice daily, encourage use of a well-fitting mask and physical distancing from others for the full 10 days following the date of last exposure to the case * Promptly isolate and test if symptoms develop   **Non-roommate resident close contacts**   * Do NOT need to be isolated or placed on additional precautions provided they remain asymptomatic * Monitor for symptoms twice daily, encourage use of a well-fitting mask and physical distancing from others for the full 10 days following the date of last exposure to the case * Promptly isolate and test if symptoms develop | | Date | Comments |
| **Appointments, Activities, Absences** | | | |
| **Appointments**   * Reschedule non-urgent appointments * Appointments and absences for medical, palliative or compassionate reasons are permitted at any time. This includes when a resident is in isolation on additional precautions and/or when a home is in an outbreak; in these situations, homes must consult SWPH for further advice | | Date | Comments |
| **Off Unit Activities**   * Residents who are in isolation on additional precautions and/or reside in an area of the home that is in an outbreak should not participate in non-essential, social or temporary absences * Residents within the outbreak area of the home should be restricted to the unit | | Date | Comments |
| **On Unit Activities**   * Residents on the affected unit who are not in isolation may participate in small group activities and therapies on the unit only; proper precautions should be taken, and the outbreak unit should be visited last * Visits by outside groups (i.e., entertainers) are not permitted during the outbreak | | Date | Comments |
| **New Admissions, Readmissions, Transfers** | | **Start Date** | **Comments** |
| **COVID-19 Outbreaks**   * In general, admissions, readmissions and transfers are discouraged IF the resident will be going to a new outbreak, uncontrolled outbreak, or unit where isolation is not possible OR if the resident is not up-to-date with vaccinations OR is severely immunocompromised * For more information, refer to the “[COVID-19 Guidance: Long-Term Care Homes, Retirement Homes and Other Congregate Settings for Public Health Units](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/LTCH_RH_guidance_PHU.pdf)” version 8., p. 43,” for guidance related to admissions and transfers | | Date | Comments |
| **Non-COVID-19 Outbreaks**   * Refer to the “[Transfer and Return Algorithm](https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/RESP_Infectn_ctrl_guide_LTC_2018_en.pdf)” (page 77) | | Date | Comments |
| **Interfacility Transfers**   * Must go through the Provincial Transfer Authorization Centre (PTAC). This does not apply to life threatening emergencies | | Date | Comments |
| **STAFF, VOLUNTEERS & VISITORS** | | **Start Date** | **Comments** |
| **Symptomatic Staff, Volunteers, Visitors**   * Exclude from the facility * Arrange testing (see specimen collection details on p.4) * Return to work can be determined once testing has been completed. For more information, refer to [Return to Work Recommendations](#RTWR) (see last page) | | Date | Comments |
| **COVID-19 Outbreaks: Exposed Staff, Essential Caregivers**   * Staff who have had close, unprotected contact with a case may continue to work. Where possible, they should work in only one facility and follow the additional workplace measures for 10 days from the date of exposure. For more information, refer to “[COVID-19 Guidance: Long-Term Care Homes, Retirement Homes and Other Congregate Settings for Public Health Units](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/LTCH_RH_guidance_PHU.pdf)”, version 8, p. 42 | | Date | Comments |
| **INFLUENZA Outbreaks: Unvaccinated Staff, Volunteers, Students**   * Offer vaccination * Initiate antiviral prophylaxis   + Note: Antivirals should be taken for two weeks after vaccination as it takes two weeks for the vaccine to provide protection, or until the outbreak is declared over, whichever is shorter * Implement staff exclusion policy for unimmunized staff unwilling or unable to take antiviral prophylaxis | | Date | Comments |
| **Working at Multiple Facilities**  **COVID-19 Outbreaks**   * Staff who have had close contact with a case should work in only one facility and follow the additional workplace measures for 10 days from the date of exposure. For more information, refer to “[COVID-19 Guidance: Long-Term Care Homes, Retirement Homes and Other Congregate Settings for Public Health Units](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/LTCH_RH_guidance_PHU.pdf)”, version 8, p. 42   **Influenza Outbreaks**   * No exclusion needed for well staff members that are immunized and/or taking antivirals. They can continue to work at the affected facility and at other facilities without waiting 3 days. * Unimmunized staff who are not receiving antivirals should not work at another facility until it has been 3 days since they last worked at the affected facility   **Respiratory Outbreaks (excluding influenza and COVID-19 outbreaks)**   * Asymptomatic staff must wait 3 days from the day they last worked at the affected facility before working at another facility * This period may be extended if the causative agent is known (i.e., if the cause of the outbreak is RSV, Parainfluenza, or Human metapneumovirus, consider lengthening this time to 5 days) | | Date | Comments |
| **Cohort**   * **Whenever possible,** assign staff to working on the affected or unaffected units only | | Date | Comments |
| **Visitors**   * **Encourage family and friends to stay in touch** through video conferencing, telephone calls * **General visitors should postpone non-essential visits** to residents in the outbreak area for the duration of the outbreak. If they do visit, they should avoid visiting multiple residents, must wear appropriate PPE and perform hand hygiene when entering and exiting the home and when leaving the resident room | | Date | Comments |
| **Antiviral Treatment & prophylaxis** | | **Start Date** | **Comments** |
| **COVID-19**   * Consult with the facility medical director or resident physician about antiviral treatment for eligible cases. For Antiviral Recommendations for LTCH Residents from the Ontario Science Table, visit: <https://covid19-sciencetable.ca/wp-content/uploads/2022/04/Therapeutic-Management-of-Residents-of-Long-term-Care-Homes-with-COVID-19_published_20220422_page1-1-scaled.jpg> | | Date | Comments |
| **Influenza**   * [**Residents**](https://www.swpublichealth.ca/sites/default/files/userfiles/files/2016-2017%20Tamiflu%20Recommendations%20for%20Residents.pdf):   Implement antiviral treatment & prophylaxis per facility directives and Ministry guidelines  For more information: [www.swpublichealth.ca/en/partners-and-professionals/resources/Long-Term-Care-and-Retirement-Homes/Influenza-and-Outbreaks/Fact-Sheet-Antiviral-Recommendations-for-Residents.pdf](https://www.swpublichealth.ca/en/partners-and-professionals/resources/Long-Term-Care-and-Retirement-Homes/Influenza-and-Outbreaks/Fact-Sheet-Antiviral-Recommendations-for-Residents.pdf)   * [**Staff**](https://www.swpublichealth.ca/sites/default/files/userfiles/files/2016-2017%20Tamiflu%20Recommendations%20for%20Staff.pdf):   Advise unimmunized staff to take antivirals  For more information: [www.swpublichealth.ca/en/partners-and-professionals/resources/Long-Term-Care-and-Retirement-Homes/Influenza-and-Outbreaks/Fact-Sheet-Antiviral-Recommendations-for-Staff.pdf](https://www.swpublichealth.ca/en/partners-and-professionals/resources/Long-Term-Care-and-Retirement-Homes/Influenza-and-Outbreaks/Fact-Sheet-Antiviral-Recommendations-for-Staff.pdf)  Implement staff exclusion policy for unimmunized staff unwilling or unable to take antiviral | | Date | Comments |
| **SPECIMEN COLLECTION** | | **Start Date** | **Comments** |
| **NOTE:** Rapid antigen tests (RATs) should not be used for residents and staff of highest risk settings who are symptomatic without parallel molecular testing. | | | |
| **Symptomatic residents & staff**   * **COVID-19 + MRVP testing** may be requested for the first 4 symptomatic residents/staff * **FLUVID testing** (COVID-19, RSV, Influenza A and B) testing may be completed for symptomatic residents/staff beyond the first 4 symptomatic residents/staff   + For more information:[www.publichealthontario.ca/en/laboratory-services/test-information-index/virus-respiratory](http://www.publichealthontario.ca/en/laboratory-services/test-information-index/virus-respiratory) * If a resident develops enteric symptoms, consult with SWPH about collecting a stool sample * If a staff member will be tested at an assessment centre for COVID-19 only, provide the outbreak number to the staff member | | Date | Comments |
| **Exposed residents: COVID-19 Outbreaks**   * Roommates of cases should be swabbed for COVID-19 on day 5 from the date isolation was started or sooner if symptoms start * Previously Positive Residents: Isolation and PCR testing within 90 days after clearance should be based on clinical indications (e.g. new COVID-19 symptoms) or as directed in the context of a new exposure or outbreak investigation – consult with SWPH * In limited circumstances, public health has the discretion to recommend additional COVID-19 testing of asymptomatic resident contacts who have had significant exposures to the case | | Date | Comments |
| **Exposed staff: COVID-19 Outbreaks**   * Staff who have had **close, unprotected contact** with a COVI9-19 case, regardless of vaccination status should be tested for COVID-19 as per “[Ministry of Health Management of Cases and](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts.pdf)   [Contacts of COVID-19 in Ontario](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts.pdf)” version, 15, section 6.3 p. 23-34   * Previously Positive Staff: Repeat PCR testing within 90 days after clearance should be based on clinical indications (e.g. new COVID-19 symptoms) or as directed in the context of a new exposure or outbreak investigation – consult with SWPH | | Date | Comments |
| **Ensure adequate supply of specimen kits and check expiry dates.**   * Keep outbreak kits in a location that is known and accessible to staff * Contact [HMMS](https://hmmscovid19.ca/) if more Respiratory test kits are needed * Contact SWPH if more Enteric test kits are needed | | Date | Comments |
| **Label the specimen container**, at a minimum with the following:   * Resident’s name, date or birth, health card number and date of collection * Ensure that the information on the specimen container matches the information on the requisition | | Date | Comments |
| **Respiratory outbreak specimens should be submitted to Public Health Lab or PaLM as per SWPH direction:**  **Public Health Ontario Lab**   * Samples for COVID-19 + MRVP -OR- FLUVID testing should be transported to PHOL. Contact SWPH to pick up specimens for transport * Ensure the outbreak number, client demographics, setting type/name, name of the medical officer of health, and other clinical information (i.e., symptoms, onset dates, date of collection) are included on the [COVID-19 and Respiratory Virus Test Requisition](https://www.publichealthontario.ca/-/media/documents/lab/completing-covid-19-test-requisition.pdf?la=en&sc_lang=en&hash=1F18ADF6DD424FE95C3977B74C9C290F), print requisition on coloured paper   **PALM Lab**   * For confirmed COVID-19 outbreaks, asymptomatic surveillance swabs -OR- other swabs for COVID-19 only testing may be submitted to PALM | | Date | Comments |
| **Refrigerate specimens** until they are ready to be transported | | Date | Comments |
| **Test results** SWPH will provide resident test results once available | | Date | Comments |
| **Environmental Cleaning** | | **Start Date** | **Comments** |
| **Usual hospital grade disinfectant** is adequate for respiratory outbreaks including COVID-19 | | Date | Comments |
| **Follow the manufacturers instructions for use** | | Date | Comments |
| **Ensure adequate stock** of ABHR, masks, eye protection, gloves, gowns; soap & paper towels etc. | | Date | Comments |
| **Twice daily cleaning of high touch surfaces** (including break/lunchroom/common spaces) | | Date | Comments |
| **Dedicate equipment** -or- clean & disinfect shared equipment between uses | | Date | Comments |
| **OTHER RECOMMENDATIONS/COMMENTS** | | | |
| Comments | | | |
| **DECLARING THE OUTBREAK OVER** | | | |
| **Rhinovirus, Enterovirus, Seasonal Coronavirus, Unknown Respiratory and Influenza Outbreaks.** Whichever is longer:  **8 days** (one incubation period and one infectious period) after symptom-onset in the last case **OR**  **3 days** (one incubation period) **after** symptom resolution in the last case | | | |
| **RSV, Parainfluenza, Human Metapneumovirus Outbreaks.** Whichever is longer:  **13 days** (one incubation period and one infectious period) after symptom-onset in the last case **OR**  **5 days** (one incubation period) after symptom resolution/last exposure to the last case | | | |
| **COVID-19 outbreaks**  **10 days** after the last potential exposure to a resident case in the home | | | |
| [SWPH will notify stakeholders once the outbreak has been declared over (OSR)](https://www.swpublichealth.ca/professionals/long-term-careretirement-homes/influenza-and-outbreak-information/outbreak-activity) | | | |
| Conduct debrief meeting with Outbreak Management Team. Date of debrief meeting: Click to add date.  n/a | | | |

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| **Return to Work Recommendations** |
| **Enteric** |
| Staff with any gastroenteritis symptoms should be assessed for COVID-19. If COVID-19 is rule- out AND the staff member has not had the staff member should stay off work **a minimum of 48 hours after their GI symptoms (i.e. vomiting, diarrhea) have resolved**. The LTCH may consult with SWPH once a pathogen has been identified where the exclusion period may need to be adjusted. |
| **Respiratory** |
| Staff with respiratory symptoms should be assessed for COVID-19. If COVID-19 is ruled-out, the staff member should staff off work **for 5 days from the onset of symptoms of a respiratory illness or until symptoms have resolved whichever is shorter.** **Note: Exclusion may be extended based on pathogen identified.** The LTCH may consult with SWPH once a pathogen has been identified where the exclusion period may need to be adjusted. |
| **COVID-19** |
| Staff with COVID-19 may return to work 10 days after symptom onset (or 10 days from positive test collection date if never had symptoms), provided they are afebrile, and symptoms are improving for at least 24 hours or 48 hours if they have enteric symptomatic.  In **circumstances** where clinical care would be compromised without additional staffing, an earlier return to work for a COVID-19 positive HCW may be considered under \*\*work self-isolation. Refer to link for more information about early return to work for cases. [Refer to Ministry of Health Management of Cases and Contacts of COVID-19 in Ontario, version 15, appendix A.](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts.pdf) |

**References:**

1. Ministry of Health and Long-Term Care, COVID-19 Guidance: Long-Term Care Homes, Retirement Homes and Other Congregate Settings for Public Health Units: [www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/LTCH\_RH\_guidance\_PHU.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/LTCH_RH_guidance_PHU.pdf)
2. Ministry of Health and Long-Term Care, 2018, Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes, available online at:

[www.health.gov.on.ca/en/pro/programs/publichealth/oph\_standards/docs/reference/Control\_Gastroenteritis\_Outbreaks\_2018\_en.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/Control_Gastroenteritis_Outbreaks_2018_en.pdf)

1. Ministry of Health and Long-Term Care, 2018, Recommendations for the Control of Respiratory Infection Outbreaks in Long-Term Care Homes: [www.health.gov.on.ca/en/pro/programs/publichealth/oph\_standards/docs/reference/RESP\_Infectn\_ctrl\_guide\_LTC\_2018\_en.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/RESP_Infectn_ctrl_guide_LTC_2018_en.pdf)
2. Ministry of Health, COVID-19 Patient Screening Guidance Document: [www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\_patient\_screening\_guidance.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_patient_screening_guidance.pdf)