****

**OUTBREAK CONTROL MEASURES**

**FOR LONG-TERM CARE HOMES & RETIREMENT HOMES**

|  |
| --- |
| **OUTBREAK NUMBER: 4913 –** **YYYY – XXXXX** |
| **Southwestern Public Health Investigator & Contact Information:** Enter your name.Choose an item. ext. Enter text.***After-hours and weekends call 1-800-922-0096 ext. 0*** |
| **Control Measures Provided,**  Date. | **Control Measures Amended,**  Date. |
| **Outbreak Facility Name & Phone #:**Enter facility name and phone number. | **Outbreak Facility Lead Name & Ext.:** Enter the name of the facility contact and their ext.  |
| **Outbreak Unit(s)\*:**  **Enter outbreak unit(s).** |
| *\*Can residents from the affected areas be restricted from accessing non-affected areas?* | [ ]  yes [ ]  no [ ]  n/a |
| *\*Can the affected areas be closed to prevent access by other residents of the facility?*  | [ ]  yes [ ]  no [ ]  n/a |
| **# Residents in Affected Area(s)** | Enter text. | **# Staff in the Affected Area(s)** | Enter text. |
| **# Residents in the Entire Home** | Enter text. | **# Staff in the Entire Home** | Enter text. |
| **Type of Outbreak:** Choose an item. | **Outbreak Classification:** Choose an item.Date. Choose an item.Date. |
| **Pathogen:** Choose an item.  | **Date Pathogen Detected:** Date.  |
| **Pathogen:** Choose an item.  | **Date Pathogen Detected:** Date. |
| **Pathogen:** Choose an item.  | **Date Pathogen Detected:** Date. |
| **Outbreak Case Definition:** Choose an item.***Notes:*** *1) Symptoms must not be due to another cause (e.g., medication, laxatives, diet or underlying condition).**2) Case definitions should reflect the disease & circumstances of the outbreak and should be developed for each outbreak based on its characteristics.* |
| **Outbreak Definition:** Choose an item.***Note:*** *Outbreaks can exist outside the provincial outbreak definitions (i.e., may be declared when there is an increase in illness above your threshold).* |
| **Notes:**  Enter text. |

# **SUMMARY**: OUTBREAK CONTROL MEASURES

|  |
| --- |
| **SYMPTOM SCREENING & TRACKING CASES**  |
| * **Monitor residents** for new, unexplained, or worsening symptoms twice daily. **Screen staff and visitors** for symptoms on entry to facility.
 |
| * **Track new cases** on the outbreak line list. **A copy of the line list is available at** [ ]  nursing station [ ]  other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
 |
| **PERSONAL PROTECTIVE EQUIPMENT (PPE)** |
| * **Staff should wear the following** **PPE:** Choose an item.
 |
| **ISOLATION OF ILL RESIDENTS** |
| * Isolate ill residents in a private room. If a private room is not available, use barriers between beds, encourage masking, distancing and increase ventilation. Length of isolation will be confirmed when results are available.
 |
| * **Duration of Isolation**:
	+ Choose an item.
	+ Choose an item.
 |
| **ISOLATION OF ASYMPTOMATIC ROOMMATES** |
| * **Isolate roommate while awaiting COVID-19 result for the ill resident**.
	+ If COVID-19 testing of ill residents has been discontinued (i.e., during an enteric outbreak), isolation of the roommate is not required.
	+ **If Ill resident is COVID-19 Positive:** Isolate roommate for 5 days from when the case became symptomatic or tested positive. Complete twice daily symptom checks for 7 days from last exposure to the case. Isolate and test promptly if symptoms start.
	+ **If Ill resident is COVID-19 Negative:** Isolation of the roommate may be discontinued.
 |
| **COMMUNAL ACTIVITIES & ABSENCES** |
| * **Non-urgent appointments and absences** **for social reasons** should be rescheduled. Homes may consult SWPH for further advice.
 |
| * **Urgent medical appointments and absences for palliative or compassionate reasons** are permitted. This includes resident in isolation.
 |
| * **Small group activities and dining** on the outbreak unit may continue for residents who are not in isolation. \*Dining and small group activities may be paused completely ifthe outbreak is uncontrolled or as per facility policy.
 |
| * **Large group activities and outside entertainers** should be postponed on the outbreak unit until the outbreak is over.
 |
| **NEW ADMISSIONS AND READMISSIONS** |
| * New admissions, readmissions & transfers are generally discouraged until the outbreak is under control.
 |
| **SYMPTOMATIC STAFF** |
| * **Ill staff** should not be at work. Ill staff shouldseek medical attention, as required.
 |
| **WORKING AT MULTIPLE FACILITIES** |
| * Generally, well staff should wait one incubation period before working at another facility. For this outbreak, the recommended time to wait before working at another facility is: Choose an item.
 |
| * Staff should consult with their other employer.
 |
| **VISITORS** |
| * **Ill visitors should not visit.**
 |
| * **Caregivers, support workers, or individuals visiting a resident receiving end of life care**, are permitted when a resident is isolating or resides in an outbreak area of the home, provided they are able to comply with the outbreak PPE recommendations.
 |
| * **General visitors should postpone non-essential visits** to residents in the outbreak area for the duration of the outbreak whenever possible. If they do visit, they should avoid visiting multiple residents, must be trained on donning and doffing PPE and wear appropriate PPE and perform hand hygiene when entering and exiting the home and when entering/leaving the resident room.
 |
| **SPECIMEN COLLECTION** |
| * **Collect the following sample(s):** Choose an item.
 |
| * **Complete the appropriate test requisition.** Ask your SWPH outbreak investigator to provide a copy of the relevant pre-filled requisition.
	+ Use a [COVID-19 and Respiratory Virus Test Requisition](https://www.publichealthontario.ca/-/media/documents/lab/2019-ncov-test-requisition.pdf?la=en) for **respiratory** samples.
	+ Use a [General Public Health Requisition](https://www.publichealthontario.ca/-/media/Documents/Lab/general-test-requisition.pdf?la=en&rev=141c982990f84461a0f7e307ced0a844&sc_lang=en&hash=A1C26190EF177E75724A9D1DC842A584) for **stool** samples.
 |
| * **Ensure the requisition includes** the outbreak number, client demographics, setting type/name, medical officer of health AND cc medical director (if applicable), client clinical information (i.e., symptoms, onset dates) and date of specimen collection.
 |
| * **Print** the requisition on coloured paper.
 |
| * **Label the specimen container** with the resident’s name, date of birth or health card number and date of collection. Ensure the demographic information on the specimen container is identical to the demographic information on the requisition.
 |
| * **Ensure specimen container lids/caps are on tightly.**
 |
| * **Refrigerate specimens while awaiting pick-up.**
 |
| * **Contact SWPH to arrange specimen pick-up, as needed.**
 |

# **SUSPECT** OUTBREAK CONTROL MEASURES

|  |
| --- |
| **SURVEILLANCE** |
| * Staff and visitors should be **screened** for symptoms per current Ministry screening requirements.
* Screening tools and policies should be posted (available) and followed by all persons entering the facility.
* All residents should be **monitored** for new, unexplained, or worsening symptoms (minimum twice daily).
* **Track** new cases (suspect and confirmed) on a line list.
* **Contact** SWPH promptly if new symptomatic residents are identified.
 |
| **ROUTINE PRACTICES & ADDITIONAL PRECAUTIONS** |
| * **Perform** a [point of care risk assessment](file:///C%3A%5CUsers%5Crlatendresse%5CDownloads%5C%EF%83%BC%09www.publichealthontario.ca%5C-%5Cmedia%5Cdocuments%5Cr%5C2012%5Crpap-risk-assessment.pdf%3Fla%3Den) (PCRA).
* **Ensure adequate stock** of PPE.
* **Select the** **appropriate additional precautions based on outbreak type:**
	+ Choose an item.
* Staff, residents, visitors should perform **frequent hand hygiene** with ABHR containing at least 70% alcohol or soap and water.
* **Increase frequency of cleaning and disinfection** of high-touch items and surfaces. Switch to intermediate high-level disinfectant (for suspect enteric).
 |
| **ISOLATION** |
| **SYMPTOMATIC RESIDENTS** |
| * **PENDING COVID-19 results:** Isolate symptomatic residents in a private room. If a private room is not available, use barriers between beds, encourage masking, distancing and increase ventilation. Length of isolation will be confirmed when results are available.
* **Suspect cases** (i.e., uncertain if resident meets outbreak case definition):
* Refer to SWPH Decision Making Tree on Management of Residents with [Respiratory Symptoms](https://www.swpublichealth.ca/en/partners-and-professionals/resources/Long-Term-Care-and-Retirement-Homes/Influenza-and-Outbreaks/Management-of-Symptomatic-Residents-in-LTCH-RH---Respiratory-Sep-14-2023-1.pdf) or [Enteric Symptoms](https://www.swpublichealth.ca/en/partners-and-professionals/resources/Long-Term-Care-and-Retirement-Homes/Influenza-and-Outbreaks/Management-of-Symptomatic-Residents-in-LTCH-RH---Enteric-Sep-15-2023.pdf).
* **Outbreak cases** (i.e., residents who meet the outbreak case definition). **Follow the isolation recommendations below**:

Choose an item. Choose an item. |
| **ASYMPTOMATIC RESIDENTS** |
| * **Isolate roommate while awaiting COVID-19 result for the ill resident**.
	+ If COVID-19 testing of ill residents has been discontinued (i.e., during an enteric outbreak), isolation of the roommate is not required.
	+ **If Ill resident is COVID-19 Positive:** Isolate roommate for 5 days from when the case became symptomatic or tested positive. Complete twice daily symptom checks for 7 days from last exposure to the case. Isolate and test promptly if symptoms start.
	+ **If Ill resident is COVID-19 Negative:** Isolation of the roommate may be discontinued.
 |
| **SPECIMEN COLLECTION** |
| **SYMPTOMATIC RESIDENTS AND STAFF*** Choose an item.
* Choose an item.

**ASYMPTOMATIC RESIDENTS AND STAFF*** Choose an item.

**GENERAL INFORMATION*** **Ensure adequate supply of specimen kits and check expiry dates.**
* **Complete the appropriate test requisition.**
	+ Use a [COVID-19 and Respiratory Virus Test Requisition](https://www.publichealthontario.ca/-/media/documents/lab/2019-ncov-test-requisition.pdf?la=en) for **respiratory** samples.
	+ Use a [General Public Health Requisition](https://www.publichealthontario.ca/-/media/Documents/Lab/general-test-requisition.pdf?la=en&rev=141c982990f84461a0f7e307ced0a844&sc_lang=en&hash=A1C26190EF177E75724A9D1DC842A584) for **stool** samples.
* Ask your SWPH outbreak lead to provide a copy of the relevant pre-filled requisition(s)
* **Label the requisition** with the outbreak number, client demographics, setting type/name, name of medical officer of health AND cc facility medical director (if applicable), clinical information (i.e., symptoms, onset dates) and date of specimen collection.
* **Print** on coloured paper.
* **Label the specimen container** with the resident’s name, date or birth or health card number and date of collection. Ensure the information on the specimen container matches the information on the requisition.
* **Ensure specimen container lids/caps are on tightly.**
* **Refrigerate specimens while awaiting pick-up.**
* **Outbreak specimens should be submitted to the Public Health Ontario Lab.** Contact SWPH to arrange specimen pick-up, as needed.
* SWPH will provide resident **results** once available.
 |

# **CONFIRMED** OUTBREAK CONTROL MEASURES

|  |
| --- |
| **1.0 SURVEILLANCE** |
| * **Screen** staff and visitors for symptoms & **Monitor** all residents for new, unexplained, or worsening symptoms (minimum twice daily).
* **Track** new cases (suspect and confirmed), hospitalizations, complications, and deaths on the **line list**. Keep the line list **up-to-date** with resident and staff cases. Ensure line list is **available to all front-line staff**.
 |
| **2.0 COMMUNICATION** |
| * **Provide daily updates** to SWPH.
* **Arrange an outbreak meeting** with members of the outbreak management team.
* **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.
	+ **Outbreak control measures in an area for staff to review**.
* **Notify:**
	+ **Residents and visitors** about the outbreak. Provide information on preventing spread of infection & the outbreak measures 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 4 days if there is an occupational illness.
* **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.
 |
| **3.0 IPAC ASSESSMENTS/AUDITS** |
| * IPAC Assessments by the IPAC hub may be arranged by facility request. Email: ipachub@swpublichealth.ca
* **Select the** **appropriate** **assessment/audit** **based on outbreak pathogen:** Choose an item.
 |
| **4.0 HAND HYGIENE** |
| * Staff, residents, visitors should perform **frequent hand hygiene.**
* Ensure alcohol-based hand rubs contains at least 70% alcohol.
* **Ensure adequate stock** of ABHR, soap & paper towels etc.
 |
| 1. **ENVIRONMENTAL CLEANING**
 |
| * **Increase frequency of cleaning and disinfection** (i.e., twice daily cleaning and disinfection of high-touch items and surfaces)
* **Select the** **appropriate disinfectant based on outbreak type:** Choose an item.
* **Follow the manufacturers instructions for use.**
* **Dedicate equipment** -or- clean & disinfect shared equipment between uses.
* **Ensure adequate stock** of cleaning and disinfecting products.
 |
| **6.0 ADDITIONAL PRECAUTIONS** |
| * **Perform** a [point of care risk assessment](file:///C%3A%5CUsers%5Crlatendresse%5CDownloads%5C%EF%83%BC%09www.publichealthontario.ca%5C-%5Cmedia%5Cdocuments%5Cr%5C2012%5Crpap-risk-assessment.pdf%3Fla%3Den) (PCRA).
* **Ensure adequate stock** of PPE.
* **Select the** **appropriate additional precautions based on outbreak type:** Choose an item.
 |
| **7.0 CONTROL MEASURES FOR RESIDENTS** |
| **ISOLATION OF SYMPTOMATIC RESIDENTS** |
| * **PENDING COVID-19 results:** Isolate symptomatic residents in a private room. If a private room is not available, use barriers between beds, encourage masking, distancing and increase ventilation. Length of isolation will be confirmed when results are available.
* **Suspect cases** (i.e., uncertain if resident meets outbreak case definition):
* Refer to SWPH Decision Making Tree on Management of Residents with [Respiratory Symptoms](https://www.swpublichealth.ca/en/partners-and-professionals/resources/Long-Term-Care-and-Retirement-Homes/Influenza-and-Outbreaks/Management-of-Symptomatic-Residents-in-LTCH-RH---Respiratory-Sep-14-2023-1.pdf) or [Enteric Symptoms](https://www.swpublichealth.ca/en/partners-and-professionals/resources/Long-Term-Care-and-Retirement-Homes/Influenza-and-Outbreaks/Management-of-Symptomatic-Residents-in-LTCH-RH---Enteric-Sep-15-2023.pdf).
* **Outbreak cases** (i.e., residents who meet the outbreak case definition). **Follow the isolation recommendations below**:

Choose an item. Choose an item. |
| **ISOLATION OF ASYMPTOMATIC RESIDENTS** |
| * **Isolate roommate while awaiting COVID-19 result for the ill resident**.
	+ If COVID-19 testing of ill residents has been discontinued (i.e., during an enteric outbreak), isolation of the roommate is not required.
	+ **If Ill resident is COVID-19 Positive:** Isolate roommate for 5 days from when the case became symptomatic or tested positive. Complete twice daily symptom checks for 7 days from last exposure to the case. Isolate and test promptly if symptoms start.
	+ **If Ill resident is COVID-19 Negative:** Isolation of the roommate may be discontinued.
 |
| **APPOINTMENTS & ABSENCES** |
| * Reschedule non-urgent appointments & absences for non-essential reasons. Homes may consult with SWPH, as needed.
* Appointments & absences for medical, palliative or compassionate reasons are permitted. This includes when a resident is in isolation.
 |
| **ADMISSIONS, RE-ADMISSIONS & TRANSFERS** |
| * In general, admissions, readmissions & transfers are discouraged until the outbreak is under control. Consult with SWPH, as needed.
	+ **Select the** **appropriate recommendations based on outbreak type:** Choose an item.
 |
| * **Interfacility transfers** must go through the Provincial Transfer Authorization Centre (PTAC). This does not apply to life threatening emergencies.
 |
| **OFF UNIT ACTIVITIES** |
| * Residents within the outbreak area of the home should be restricted to the unit.
 |
| **ACTIVITIES & DINING IN THE OUTBREAK AREA** |
| * Dining and small group activities on the unit for well residents may resume. The residents should be cohorted (i.e., exposed residents separated from unexposed residents).
* Dining and group activities may be paused completely ifthe outbreak is uncontrolled.
* Large group activities and outside entertainers should be postponed until the outbreak is over.
 |
| **DAY PROGRAMMING** |
| * At the discretion of the home, in consultation with SWPH, day programming may continue.
* All staff and residents who are part of the outbreak should be kept separate from participants and staff of the day program.
 |
| **8.0 CONTROL MEASURES FOR STAFF, VOLUNTEERS & VISITORS** |
| **COHORTING** |
| * **Whenever possible,** assign staff to working on the affected or unaffected units only.
 |
| **SYMPTOMATIC STAFF, VOLUNTEERS & VISITORS** |
| * Exclude from the facility as per facility policy.
* Advise to seek medical assessment as required.
 |
| **INFLUENZA Outbreaks: Unvaccinated Staff, Volunteers, Students** [ ]  **N/A** |
| * Offer vaccination and 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.
 |
| **WORKING AT MULTIPLE FACILITIES** |
| * Depending on the policies for the non-outbreak facility, staff may be asked to wait one incubation period from the date last worked at the outbreak facility.
* For this outbreak, the recommended time to wait before working at another facility is: Choose an item.
 |
| **VISITORS** |
| * **Caregivers, support workers, or individuals visiting a resident receiving end of life care**, are permitted when a resident is isolating or resides in a home or area of the home in an outbreak, provided they are able to comply with the outbreak PPE recommendations.
* **General visitors should postpone non-essential visits** to residents in the outbreak area for the duration of the outbreak whenever possible. 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.
* **Encourage family and friends to stay in touch** through video conferencing, telephone calls.
 |
| **9.0 Antiviral Treatment & prophylaxis** |
| * Choose an item.
* For more information, refer to “Additional Information/Resources section”.
 |
| **10.0 SPECIMEN COLLECTION** |
| **SYMPTOMATIC RESIDENTS AND STAFF*** Choose an item.

**ASYMPTOMATIC RESIDENTS AND STAFF*** + Choose an item.

**GENERAL INFORMATION*** + **Ensure adequate supply of specimen kits and check expiry dates.**
	+ **Complete the appropriate test requisition.**
	+ Use a [COVID-19 and Respiratory Virus Test Requisition](https://www.publichealthontario.ca/-/media/documents/lab/2019-ncov-test-requisition.pdf?la=en) for **respiratory** samples.
	+ Use a [General Public Health Requisition](https://www.publichealthontario.ca/-/media/Documents/Lab/general-test-requisition.pdf?la=en&rev=141c982990f84461a0f7e307ced0a844&sc_lang=en&hash=A1C26190EF177E75724A9D1DC842A584) for **stool** samples.
* Ask your SWPH outbreak lead to provide a copy of the relevant pre-filled requisition(s)
* **Label the requisition** with the outbreak number, client demographics, setting type/name, name of medical officer of health AND **cc facility medical director** (if applicable), clinical information (i.e., symptoms, onset dates) and date of specimen collection.
* **Print** on coloured paper.
* **Label the specimen container** with the resident’s name, date or birth or health card number and date of collection. Ensure the information on the specimen container matches the information on the requisition.
* **Ensure specimen container lids/caps are on tightly.**
* **Refrigerate specimens while awaiting pick-up.**
* **Contact SWPH to arrange specimen pick-up, as needed.**
* SWPH will provide resident **results** once available. \*Important: Ensure there is a process in place at your facility to obtain results after-hours and on weekends.
 |
| **11.0 DECLARING THE OUTBREAK OVER** |
| **Outbreak resolution criteria:** * Choose an item.
 |
| * **SWPH may extend an outbreak OR resolve an outbreak earlier based on an assessment of outbreak transmission risks.**
* **Multi-pathogen outbreaks: Resolution will be determined by the pathogen with the longest incubation period and infectious period.**
* [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)
* SWPH may provide an outbreak summary report AND/OR arrange a debrief meeting with the Outbreak Management Team.
 |

# **ADDITIONAL INFORMATION / RESOURCES**

|  |
| --- |
| **MINISTRY OUTBREAK GUIDELINES** |
| **Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018** | [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)  |
| **Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes, 2018** | [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)  |
| **COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for PHUs** | [www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/LTCH\_RH\_guidance\_PHU.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/LTCH_RH_guidance_PHU.pdf)  |
| **ANTIVIRALS** |
| **Recommendations on the Use of Paxlovid, Ontario Health** | [www.ontariohealth.ca/sites/ontariohealth/files/2022-12/OntarioHealthRecommendationUseOfNirmatrelvirRitonavir-Paxlovid.pdf](http://www.ontariohealth.ca/sites/ontariohealth/files/2022-12/OntarioHealthRecommendationUseOfNirmatrelvirRitonavir-Paxlovid.pdf)  |
| **Antiviral Medications for Seasonal Influenza, Public Health Ontario**  | [www.publichealthontario.ca/-/media/Documents/A/2022/antiviral-medications-seasonal-influenza-2022-23.pdf?rev=6bc144c4ea6a4ebcbc22cf206ca491a5&sc\_lang=en](http://www.publichealthontario.ca/-/media/Documents/A/2022/antiviral-medications-seasonal-influenza-2022-23.pdf?rev=6bc144c4ea6a4ebcbc22cf206ca491a5&sc_lang=en)  |
| **ENVIRONMENTAL CLEANING** |
| **Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition** | [www.publichealthontario.ca/-/media/documents/b/2018/bp-environmental-cleaning.pdf](http://www.publichealthontario.ca/-/media/documents/b/2018/bp-environmental-cleaning.pdf)  |
| **Public Health Ontario Disinfectant Tables** | [www.publichealthontario.ca/-/media/documents/a/2018/at-a-glance-ipac-pss-disinfectant-tables.pdf?la=en](http://www.publichealthontario.ca/-/media/documents/a/2018/at-a-glance-ipac-pss-disinfectant-tables.pdf?la=en)  |
| **AUDITS & ASSESSMENTS** |
| **COVID-19 Self-Assessment Audit Tool for LTCH and RHs**  | [www.publichealthontario.ca/-/media/documents/ncov/ltcrh/2021/12/covid-self-assessment-audit-tool-ltc.pdf?sc\_lang=en](http://www.publichealthontario.ca/-/media/documents/ncov/ltcrh/2021/12/covid-self-assessment-audit-tool-ltc.pdf?sc_lang=en)  |
| **IPAC Audit toolkit**  | [www.qipaudit.com/](http://www.qipaudit.com/) |
| **PPE Audit** | [www.publichealthontario.ca/en/Health-Topics/Infection-Prevention-Control/PPE-Auditing](http://www.publichealthontario.ca/en/Health-Topics/Infection-Prevention-Control/PPE-Auditing)  |
| **Hand Hygiene Audit** | [www.publichealthontario.ca/en/Health-Topics/Infection-Prevention-Control/Hand-Hygiene/JCYH-LTCH](http://www.publichealthontario.ca/en/Health-Topics/Infection-Prevention-Control/Hand-Hygiene/JCYH-LTCH) |
| **SPECIMEN COLLECTION** |
| **Gastroenteritis** | [www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Enteric-Gastroenteritis-Stool-Viruses](https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Enteric-Gastroenteritis-Stool-Viruses)  |
| **Respiratory Viruses** | [www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Virus-Respiratory](https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Virus-Respiratory)  |
| **RETURN TO WORK RECOMMENDATIONS** |
| **COVID-19** | Staff with COVID-19 may return to work once they are afebrile, and symptoms improving for at least 24 hours or 48 hours if they have enteric symptoms. |
| **ENTERIC** | Staff with enteric symptoms (i.e., vomiting, diarrhea)should be assessed for COVID-19. If COVID-19 is ruled out, the staff member should stay off work for **a minimum of 48 hours after their enteric symptoms resolve**. **Note: Exclusion may be extended based on pathogen identified.** |
| **RESPIRATORY** | Staff with respiratory symptoms should be assessed for COVID-19. If COVID-19 is ruled out, the staff member should stay off work **for 5 days from the onset of respiratory symptoms or until symptoms have resolved whichever is sooner.** **Note: Exclusion may be extended based on pathogen identified.** |