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Description automatically generated with medium confidence**SUSPECT 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. | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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. |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **CONTROL MEASURES CHECKLIST – SUSPECT OUTBREAK** Once an outbreak has been declared, the home should immediately take the following steps: | **AFFECTED UNIT:** Click to enter text. | | | | | **Control Measures** | | **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 during suspect and confirmed outbreaks) | | Date | Comments | | | **Track** new cases on a [line list](https://www.swpublichealth.ca/en/partners-and-professionals/outbreak-resources-for-ltchs.aspx) | | Date | Comments | | | **Contact Southwestern Public Health** to provide updates about new cases | | Date | Comments | | | **Symptomatic Resident(s)**   * **ISOLATE 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 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 * Consult with the facility medical director or resident physician about [**antiviral treatment.**](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)   **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 * Consult with the facility medical director or resident physician about **antiviral treatment**   **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 and 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 Roommate(s) of Symptomatic Resident(s)**   * **ISOLATE** 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 roommate remains asymptomatic   **If the symptomatic resident has a positive COVID-19 result:**   * Continue to isolate the asymptomatic roommate on droplet-contact precautions (N95, eye protection, gown and gloves) until receipt of a negative PCR test taken on or after Day 5 from the date isolation was started * 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 | | | **Symptomatic Staff**   * Exclude from the facility * Arrange testing (refer to testing information on the following page) * Return to work can be determined once COVID-19 testing has been completed. For more information, refer to [Return to Work Recommendations](#RTWR) (see last page) | | Date | Comments | | | **Exposed Staff (COVID-19)**   * 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 & Other Congregate Settings for Public Health Units](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/LTCH_RH_guidance_PHU.pdf)”, v. 8, p. 42. | | Date | Comments | | | [**Cohort**](https://www.publichealthontario.ca/-/media/documents/ncov/cong/2020/06/focus-on-cohorting-outbreaks-congregate-living-settings.pdf?la=en#:~:text=Cohorting%3A%20Is%20the%20process%20of,the%20same%20break%20rooms%20etc.)staff and residents to limit the spread of infection, where possible | | Date | Comments | | | **IPAC Assessments**   * Bi-weekly [COVID-19: Self-Assessment Audit Tool for Long-term Care Homes & Retirement Homes](https://www.publichealthontario.ca/-/media/documents/ncov/ltcrh/2021/12/covid-self-assessment-audit-tool-ltc.pdf?sc_lang=en) * If a confirmed COVID-19 outbreak is declared, IPAC audits should be completed weekly * For assistance with completing IPAC assessments, email [ipachub@swpublichealth.ca](mailto:ipachub@swpublichealth.ca) | | On-going | | | | **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 | | **Testing – Outbreak Kits**   * Ensure there is an adequate supply of outbreak test kits onsite. * 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 | | | **Testing – Residents and Staff WITH Symptoms**   * **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 | | | **Testing – Exposed Residents (COVID-19)**   * Roommates of COVID-19 cases should be swabbed for COVID-19 only on day 5 from the beginning od isolation 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 | | | **Testing – Exposed Staff (COVID-19)**   * 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 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. 23-24 * Previously Positive Staff: 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 | | | **Testing – Submitting Outbreak Samples**   * Respiratory outbreak specimens should be submitted to Public Health Lab or PaLM as per SWPH direction * Ensure that the test requisition and specimen container label are filled out completely and match   **Public Health Ontario Lab**   * Ensure outbreak number, client demographics, medical officer of health, and other clinical information (i.e., symptoms, onset dates, date of collection) are included on the [COVID-19](https://www.publichealthontario.ca/-/media/documents/lab/completing-covid-19-test-requisition.pdf?la=en&sc_lang=en&hash=1F18ADF6DD424FE95C3977B74C9C290F) and Respiratory Virus Test Requisition, print requisition on coloured paper * COVID-19 testing and MRVP testing may be requested * MRVP testing is limited to 4 symptomatic residents per outbreak, additional MRVP tests may be done upon special request * Contact SWPH to pick up specimens for transport   **PALM Lab**   * For confirmed COVID-19 outbreaks, asymptomatic surveillance swabs for residents may be submitted to PALM * For non-COVID respiratory outbreaks with a confirmed pathogen, additional samples from symptomatic residents and/or staff can be sent to PALM to rule-out COVID-19 | | 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 | | | **Enhance cleaning and disinfection** in the affected area(s):   * Increase frequency of cleaning of high-touch surfaces; usual hospital grade disinfection is adequate | | Date | Comments | | | **New admissions, re-admissions, and transfers**   * Permitted IF the home is **NOT** in a confirmed outbreak | | Date | Comments | | | **Additional Control Measures** at the discretion of SWPH:  Comments | | | | | | |
| **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)