







LTCHs, RHs, CLSs (Updated October 2024)

Outbreak Definitions	<u>Respiratory</u>  (COVID-19, Influenza & Other Acute Respiratory Infections (ARIs))	Suspect	Confirmed
		<ul style="list-style-type: none">✓ 2 client/resident cases of ARI with symptom onset within 48 hours with an epidemiological link (e.g. same unit/floor) suggestive of transmission in the setting and testing is not available or all negative	<ul style="list-style-type: none">✓ 2 or more client/resident cases of test-confirmed ARI with symptom onset within 48 hours and an epi link (e.g. same unit/floor) suggestive of transmission within the setting. OR✓ 3 or more client/resident cases of ARI with symptom onset within 48 hours and an epi link suggestive of transmission within the setting and testing is not available or all negative.
	<u>Enteric</u> 	Suspect	Confirmed
	<ul style="list-style-type: none">✓ If an outbreak is suspected, notify your local health unit to support you with the investigation and management.	<ul style="list-style-type: none">✓ 2 or more cases of gastroenteritis within 48 hours with any common link (e.g., unit, floor) with initial onset within a 48-hour period.	
Case Management	Outbreak Type	Long-Term Care & Retirement Homes	Congregate Living Settings
	COVID-19	Case Isolation	
		<ul style="list-style-type: none">✓ Isolate on droplet contact precautions for at least 5 days from symptom onset date or test date, if asymptomatic.✓ After 5 days, isolation and additional precautions may be discontinued IF symptoms have been improving for 24 hours (or 48 hours for GI symptoms) and no fever is present.✓ For 10 days from symptom onset, the case should wear a well-fitted mask, if tolerated, when receiving care and out of their room.✓ If the case is unable to mask, they should remain isolated on additional precautions for 10 days from symptom onset.	<ul style="list-style-type: none">✓ Isolate on droplet contact precautions for 5 days from symptom-onset date or test date, if asymptomatic.✓ After 5 days, isolation and additional precautions may be discontinued IF symptoms have been improving for 24 hours (or 48 hours for GI symptoms) and no fever is present.✓ For 10 days from symptom onset, the case should wear a mask and maintain distance from others.
		<ul style="list-style-type: none">✓ All cases in isolation should be supported to leave their room for walks in the immediate area or outdoors with staff wearing appropriate PPE, to support overall physical and mental well-being.	
		Additional Precautions	
		<ul style="list-style-type: none">✓ Droplet Contact: Medical mask or N95, eye protection, gown & gloves.✓ Universal Masking: Recommended for all suspect and confirmed COVID-19 outbreaks.	
		Assessment & Monitoring	
		<ul style="list-style-type: none">✓ Assess cases twice daily to identify new & worsening symptoms.	
		<u>Antivirals</u> 	
		<ul style="list-style-type: none">✓ Clients/residents who test positive for COVID-19 should be assessed as soon as possible to determine if COVID-19 therapeutics are within their goals of care, and if so, to determine eligibility.	
		Respiratory (non-COVID-19)	Case Isolation
	<ul style="list-style-type: none">✓ Isolate on droplet contact precautions for 5 days from symptom onset date OR until symptoms have resolved (whichever is shorter).✓ For some pathogens, the period of communicability may be longer than 5 days, but for practical reasons, this could still be applied to outbreaks caused by other respiratory viruses.✓ To prevent risk of transmission from infections with a longer period of communicability, clients/residents are encouraged to wear a well-fitted mask, if tolerated, when receiving care and when outside of their room until day 10 from symptom onset.		
	<ul style="list-style-type: none">✓ All cases in isolation should be supported to leave their room for walks in the immediate area or outdoors with staff wearing appropriate PPE, to support overall physical and mental well-being.		
	Additional Precautions 		
	<ul style="list-style-type: none">✓ Droplet Contact: Medical mask, eye protection, gown, & gloves.✓ Universal Masking: Recommended for all suspect and confirmed respiratory outbreaks.		
	Assessment & Monitoring		
<ul style="list-style-type: none">✓ Assess cases at least once daily to identify new & worsening symptoms.			
<u>Antivirals</u> 			
<ul style="list-style-type: none">✓ Consult with the resident physician or pharmacist about treatment of influenza cases.			
Enteric	Case Isolation		
	<ul style="list-style-type: none">✓ Until 48 hours after symptom resolution. Note: Extend to 72 hours for Norovirus outbreaks.		
	<u>Additional Precautions</u> 		
	<ul style="list-style-type: none">✓ Contact: Gown & gloves. Note: Medical mask & eye protection should be used if there is a risk of aerosolization (i.e. projectile vomiting or explosive diarrhea).		

Contact Management	Outbreak Type	Long-Term Care & Retirement Homes	Congregate Living Settings
	Respiratory	Roommate Close Contacts	Roommate & Non-Roommate Close Contacts
		<div>✓ Roommates who remain in room with case:</div> <ul style="list-style-type: none">Isolate on droplet contact precautions for 5 days from when the case became symptomatic.Resident should wear a mask & distance from others for 10 days from the case's symptom onset. <div>✓ Roommates moved to a different room:</div> <ul style="list-style-type: none">Isolate on droplet contact precautions for 3 days (5 days for unknown outbreaks) after last exposure.Resident should wear a mask & distance from others for 7 days from the case's symptom onset. <div>✓ Monitor for all close contacts symptoms twice daily.</div>	<div>✓ Do not need to isolate or be placed on additional precautions.</div> <div>✓ Isolate promptly and complete testing if symptoms start.</div> <div>✓ Instruct to wear a mask, if tolerated, and distance from others, for 7 days from last exposure to the case.</div> <div>✓ Cohort separately from non-exposed residents and isolate and test promptly if symptoms start.</div> <div>✓ When outside of the institution, close contacts may follow community guidance.</div>
		Non-Roommate Close Contacts	
		<div>✓ Isolation is not required.</div> <div>✓ Wear a mask, if tolerated, and distance from others, for 7 days from last exposure to case.</div> <div>✓ Cohort exposed from non-exposed residents.</div> <div>✓ Monitor for symptoms at least once daily.</div> <div>✓ Isolate and test promptly if symptoms start.</div>	
		Antivirals	
		<div>✓ Initiate antiviral prophylaxis for well residents during confirmed influenza outbreaks, per PHU direction/facility policy.</div> <div>✓ Important: Only some settings are eligible for antiviral prophylaxis during influenza outbreaks. Antiviral prophylaxis should be addressed in facility policies to ensure there are no delays in providing medication.</div> <div>✓ For more information, refer to Appendix B in the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings.</div>	
		Symptomatic Staff	
Type of Illness	Long-Term Care & Retirement Homes & Congregate Living Settings		
Respiratory	<div>✓ Staff with new & unexplained respiratory symptoms should self-isolate until symptoms have been improving for 24 hours and fever-free.</div> <div>✓ Staff should mask until day 10 from symptom onset or for the duration of the outbreak, whichever is longer.</div>		
Gastroenteritis	<div>✓ Staff with new & unexplained enteric symptoms should self-isolate until 48 hours after symptoms resolve. This may be modified once the pathogen is known i.e. increased to 72 hours for norovirus cases.</div>		
Outbreak Testing	Outbreak Type	Long-Term Care & Retirement Homes	Congregate Living Settings
	Respiratory	<div>✓ Refer to PHOL test information index for more information on specimen collection, storage, and transportation:</div> <ul style="list-style-type: none">Respiratory OutbreaksEnteric Outbreaks	<div>✓ Consult with your local PHU for outbreak testing recommendations.</div>
	Enteric		
Working at Other Facilities	Outbreak Type	Long-Term Care & Retirement Homes & Congregate Living Settings	
	All Outbreaks (except influenza)	<div>✓ Well staff that work in multiple settings/locations, should advise the other settings/locations of the outbreak to determine if they should continue working in multiple places.</div>	
	Influenza	<div>✓ The influenza vaccination status or antiviral use status of unvaccinated staff should be considered in the decision. Generally, vaccinated staff and staff who are taking antivirals may work at multiple facilities.</div>	
Outbreak Resolution	Outbreak Type	Long-Term Care & Retirement Homes & Congregate Living Settings	
	Respiratory	<div>✓ 8 days from symptom onset in the last resident case OR 3 days from the date the last staff case worked (if they worked while infectious), whichever is longer.</div> <div>✓ *At the discretion of the public health outbreak investigator, the outbreak may be extended or shortened on a case-by-case basis.</div>	
	Enteric	<div>✓ 48 hours from symptom resolution in the last case OR no new cases after one infectious period plus one incubation period.</div>	
Outbreak Review	<div>✓ What was handled well and what could be improved in managing future outbreaks?</div> <div>✓ Identify recommendations for future preventive actions and/or necessary policy/protocol changes.</div> <div>✓ Identify possible reasons for the outbreak and steps to prevent similar outbreaks in the future.</div>		