

Quick Reference to Outbreak Control & Management for LTCH & RH

Reporting an Outbreak?					
Contact the Infectious Diseases T	eam at 1-800-922-0096				

Contact the Infectious Diseases Team at 1-800-922-0096						
IDENTIFY	<u>Enteric</u>	<u>Respiratory</u>	<u>Influenza</u>	COVID-19		
Case Definitions	 ✓ 2 or more episodes of <u>diarrhea</u> within a 24-hour period OR ✓ 2 or more episodes of vomiting within a 24-hour period OR ✓ 1 or more episodes of <u>diarrhea</u> AND one or more episodes of vomiting within a 24-hour period. NOTE: Symptoms must not be due to another cause (i.e., medication, laxatives, diet change underlying condition etc.). 	 ✓ 2 or more new and/or unexplained respiratory symptoms. NOTE: Respiratory outbreak case definitions should be developed for each individual outbreak as symptoms will vary based on pathogen(s) involved. 	 ✓ Cough and/or fever AND one or more new and/or unexplained respiratory symptoms OR ✓ Lab confirmation of influenza with clinically compatible symptoms of influenza. NOTE: The elderly may not develop a fever and they may present with acute functional decline or confusion, delirium, and falls. 	 ✓ A person with a positive test (RAT or PCR) OR ✓ A person with symptoms compatible with COVID-19 infection AND testing was not completed OR there were concerns with timing or quality AND the person had an exposure to a confirmed case. 		
Outbreak	Suspect: ✓ If an outbreak is suspected, notify SWPH to support with the investigation and management.	Suspect: ✓ Two residents with respiratory illness with symptom onset within 48 hours and a common link (e.g. same unit/floor/service area) AND lab testing is not available OR all negative.				
Definition	Confirmed: ✓ 2 or more cases meeting the outbreak case definition within a 48-hour period in a specific area (i.e., unit/floor).	Confirmed: ✓ Two or more residents with lab-confirmed respiratory illness with symptom onset within 48 hours and a common link (e.g. same unit/floor/service area) OR ✓ Three or more residents with respiratory illness with symptom onset within 48 hours and a common link AND lab testing is not available OR all negative.				
MANAGE	<u>Enteric</u>	<u>Respiratory</u>	<u>Influenza</u>	COVID-19		
Surveillance	 ✓ Staff and visitors should be screened for symptoms. Screening tools and policies should be posted (available) and followed by all people 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. 					
Collect Samples	 ✓ Collect stool sample for bacterial & viral testing using an enteric outbreak kit (limit 5). ✓ Enteric outbreak samples should be transported to the London Public Health Lab. ✓ Complete general test req. ✓ Print on coloured paper. 	 ✓ Collect NP swab as per SWPH direction. ✓ The first 4 samples from symptomatic residents/staff will undergo the full MRVP in addition to COVID-19 testing; subsequent samples will undergo FLUVID testing. ✓ Respiratory outbreak samples requiring MRVP testing should be transported to the London Public Health Lab. ✓ Complete COVID-19 + Respiratory Virus test req. ✓ Print on coloured paper. 				
Case Management Checklist	Unknown Pathogen: ✓ Isolate on droplet & contact precautions until 48 hours symptom-free. Norovirus: ✓ Isolate on droplet & contact precautions until 72 hours symptom-free.	✓ Isolate on droplet & contact precautions for 5 days from symptom onset OR until symptom-free, whichever is shorter, then mask until day 10 from symptom onset. ✓ Isolate on droplet & contact precautions for 5 days from symptom onset/test date AND until symptoms improved for 24 hours, then mask for 10 days from symptom onset/test date (remain isolated on droplet & contact precautions if unable to mask).				



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MANAGE	<u>Enteric</u>	<u>Respiratory</u>	<u>Influenza</u>	COVID-19		
Contact Management Checklist	 ✓ Roommates: Isolate on <u>droplet & contact precautions</u> for 5 days from when the case became symptomatic. Discontinue isolation and droplet & contact precautions after 5 days. Roommate should wear a mask & maintain distance from others until day 10 from the case's symptom-onset date. ✓ Roommates (moved to a different room): Isolate on <u>droplet & contact precautions</u> for 3 days (5 days for unknown outbreaks) after last exposure, then mask and distance from others until day 7 from the case's symptom-onset date. ✓ Non-roommate close contacts: Isolation not required. Recommend masking and distancing for 7 days from last exposure to case. 					
<u>Cohorting</u>	 ✓ Symptomatic residents should be placed in a single room, whenever possible. During COVID-19 outbreaks, close contacts (i.e., roommates) should also be placed in a single room, whenever possible. ✓ Minimize movement of staff, students, and volunteers between affected/unaffected floors/units. ✓ Consider assigning some staff members to look after ill residents and others to look after well residents OR assigning staff to a single unit/floor (i.e., outbreak unit or non-outbreak unit). ✓ Where possible, have recovering staff returning to work care for cases. Influenza Outbreaks: ✓ During influenza season, keep a current list of staff who are not immunized, to promptly implement control measures such as antiviral prophylaxis and cohorting. ✓ Other control measures such as non-patient care work arrangements or staff exclusions should also be considered/implemented for unvaccinated staff who are unable to take antivirals. 					
New Admissions, Readmissions and Transfers	 ✓ New admissions, re-admissions and transfers should be discouraged at the beginning of the outbreak. SWPH approval is not required. Consult with SWPH if IPAC advice is needed. ✓ Inter-facility transfers (LTCHs ONLY) between hospitals, physicians' offices, dental clinics, and institutions must go through the PTAC. This does not apply to life threatening emergencies. To arrange a transfer: www.hospitaltransfers.com/transfer/ OR call 1-866-869-7822. 					
Working at Other Facilities	 ✓ Staff who work in multiple facilities should inform the other facility of the outbreak to determine if they should continue working at both. Influenza Outbreaks: ✓ No exclusion needed for well staff that are immunized OR taking antivirals. ✓ Unimmunized staff who are not receiving antivirals should not work at another facility for 3 days from date last worked at the affected facility. 					
Return to Work	✓ Symptomatic staff should stay off work for 48 hours (72 hours for norovirus) after symptoms have resolved.					
Visitors	 ✓ Encourage visitors to postpone their visit during outbreaks, when possible. ✓ Visitors should avoid visiting multiple residents, must wear appropriate PPE and perform hand hygiene when entering and exiting the home and when leaving the resident's room. 					
	<u>Enteric</u>	<u>Respiratory</u>	<u>Influenza</u>	COVID-19		
OUTBREAK RESOLUTION	✓ The outbreak may be declared over by SWPH: ○ <u>4-5 days</u> after symptom-resolution in last resident case OR <u>2 days</u> after the last staff case worked, whichever is longer.	✓ <u>8 days</u> after symptom-onset in the last resident	case OR <u>3 days</u> after the last staff case worked , whic	chever is longer.		
	SWPH may extend an outbreak OR resolve an outbreak earlier based on an assessment of outbreak transmission risks.					
ADDITIONAL RESOURCES	 ✓ Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings ✓ Appendix 1: Gastroenteritis Outbreaks in Institutions and Public Hospitals, 2022 ✓ Appendix 1: Respiratory Infection Outbreaks in Institutions and Public Hospitals, 2024 ✓ PIDAC Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings, 2024 					