

# Quick Reference to Outbreak Control & Management for LTCH & RH

Reporting an Outbreak? Contact the Infectious Diseases Team at 1-800-922-0096				
IDENTIFY	Enteric	Respiratory	Influenza	COVID-19
<b>Case Definitions</b>	<ul style="list-style-type: none"> <li>✓ 2 or more episodes of <a href="#">diarrhea</a> within a 24-hour period <b>OR</b></li> <li>✓ 2 or more episodes of vomiting within a 24-hour period <b>OR</b></li> <li>✓ 1 or more episodes of <a href="#">diarrhea</a> AND one or more episodes of vomiting within a 24-hour period.</li> </ul> <p><b>NOTE:</b> Symptoms must not be due to another cause (i.e., medication, laxatives, diet change, underlying condition etc.).</p>	<ul style="list-style-type: none"> <li>✓ 2 or more new and/or unexplained respiratory symptoms.</li> </ul> <p><b>NOTE:</b> Respiratory outbreak case definitions should be developed for each individual outbreak as symptoms will vary based on pathogen(s) involved.</p>	<ul style="list-style-type: none"> <li>✓ Cough and/or fever <b>AND</b> one or more new and/or unexplained respiratory symptoms <b>OR</b></li> <li>✓ Lab confirmation of influenza with clinically compatible symptoms of influenza.</li> </ul> <p><b>NOTE:</b> Seniors may not develop a fever and they may present with acute functional decline or confusion, delirium, and falls.</p>	<ul style="list-style-type: none"> <li>✓ A person with a positive test (RAT or PCR) <b>OR</b></li> <li>✓ A person with symptoms compatible with COVID-19 infection <b>AND</b> testing was not completed <b>OR</b> there were concerns with timing or quality <b>AND</b> the person had an exposure to a confirmed case.</li> </ul>
<b>Outbreak Definition</b>	<p><b>Suspect:</b></p> <ul style="list-style-type: none"> <li>✓ Two or more residents with <b>suspected</b> infectious enteric illness within 48 hours with a common link (i.e., unit/floor, etc.).</li> </ul>	<p><b>Suspect:</b></p> <ul style="list-style-type: none"> <li>✓ Two residents with respiratory illness with symptom onset within 48 hours and a common link (i.e., unit/floor, etc.) AND lab testing is not available OR all negative.</li> </ul>		
	<p><b>Confirmed:</b></p> <ul style="list-style-type: none"> <li>✓ 2 or more cases meeting the outbreak <b>case definition</b> within 48 hours in a specific area (i.e., unit/floor, etc.).</li> </ul>	<p><b>Confirmed:</b></p> <ul style="list-style-type: none"> <li>✓ Two or more residents with lab-confirmed respiratory illness with symptom onset within 48 hours and a common link (i.e., unit/floor, etc.). <b>OR</b></li> <li>✓ 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.</li> </ul>		
MANAGE	Enteric	Respiratory	Influenza	COVID-19
<b>Surveillance</b>	<ul style="list-style-type: none"> <li>✓ Staff and visitors should be <b>screened</b> for symptoms. Screening tools and policies should be posted (available) and followed by all people entering the facility.</li> <li>✓ All residents should be <b>monitored</b> for new, unexplained, or worsening symptoms (minimum twice daily).</li> <li>✓ <b>Track</b> new cases (suspect and confirmed) on a line list.</li> </ul>			
<b>Collect Samples</b>	<ul style="list-style-type: none"> <li>✓ Collect stool sample for bacterial &amp; viral testing using an enteric outbreak kit (limit 5).</li> <li>✓ Enteric outbreak samples should be transported to the London Public Health Lab.</li> <li>✓ Complete <a href="#">general test req.</a></li> <li>✓ Print on coloured paper.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Collect NP swab as per SWPH direction.</li> <li>✓ The first 4 samples from symptomatic residents/staff will undergo the full MRVP in addition to COVID-19 testing; subsequent samples will undergo FLUID testing.</li> <li>✓ Respiratory outbreak samples requiring MRVP testing should be transported to the London Public Health Lab.</li> <li>✓ Complete <a href="#">general test req.</a></li> <li>✓ Print on coloured paper.</li> </ul>		
<b>Case Management Checklist</b>	<p><b>Unknown Pathogen:</b></p> <ul style="list-style-type: none"> <li>✓ Isolate on <a href="#">droplet &amp; contact precautions</a> until <b>48 hours</b> symptom-free.</li> </ul> <p><b>Norovirus:</b></p> <ul style="list-style-type: none"> <li>✓ Isolate on <a href="#">droplet &amp; contact precautions</a> until <b>72 hours</b> symptom-free.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Isolate on <a href="#">droplet &amp; contact precautions</a> for <b>5 days from symptom onset OR until symptom-free</b>, whichever is shorter, then <b>mask until day 10 from symptom onset</b>.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Isolate on <a href="#">droplet &amp; contact precautions</a> for <b>5 days from symptom onset/test date AND until symptoms improved for 24 hours</b>, then <b>mask for 10 days from symptom onset/test date</b> (remain isolated on droplet &amp; contact precautions if unable to mask).</li> </ul>	

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MANAGE	<u>Enteric</u>	<u>Respiratory</u>	<u>Influenza</u>	<u>COVID-19</u>
<b>Contact Management Checklist</b>	<ul style="list-style-type: none"> <li>✓ Isolation not required.</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Roommates:</b> Isolate on <a href="#">droplet &amp; contact precautions</a> for <b>5 days from when the case became symptomatic</b>. Discontinue isolation and droplet &amp; contact precautions after 5 days. Roommate should wear a mask &amp; maintain distance from others until day 10 from the case's symptom-onset date.</li> <li>✓ <b>Roommates (moved to a different room):</b> Isolate on <a href="#">droplet &amp; contact precautions</a> for <b>3 days (5 days for unknown outbreaks)</b> after last exposure, then mask and distance from others until day 7 from the case's symptom-onset date.</li> <li>✓ <b>Non-roommate close contacts:</b> Isolation not required. Recommend masking and distancing for 7 days from last exposure to case.</li> </ul>		
<b><u>Cohorting</u></b>	<ul style="list-style-type: none"> <li>✓ Minimize movement of staff, students, and volunteers between affected/unaffected floors/units.</li> <li>✓ 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).</li> <li>✓ Where possible, have recovering staff returning to work care for cases.</li> <li>✓ <b>Respiratory, Influenza and COVID outbreaks only:</b> roommates should be placed in a separate room to isolate away from the case. When this is not possible, the use of physical barriers (e.g., curtains or a cleanable barrier) to create separation between the case and the roommate is recommended.</li> </ul>			
<b>Immunization &amp; Antivirals</b>	N/A		<p><b>Immunization:</b> keep a current list of staff who are immunized, to promptly implement control measures such as antiviral prophylaxis, cohorting &amp; exclusion (influenza)</p> <p><b>Antivirals:</b> Be prepared for prompt initiation of antivirals prophylaxis &amp; treatment.</p>	
<b>New Admissions, Readmissions and Transfers</b>	<ul style="list-style-type: none"> <li>✓ <b>New admissions, re-admissions and transfers</b> should be <b>discouraged</b> at the beginning of the outbreak. SWPH approval is not required. Consult with SWPH if IPAC advice is needed.</li> <li>✓ <b>Inter-facility transfers (LTCHs ONLY)</b> 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: <a href="http://www.hospitaltransfers.com/transfer/">www.hospitaltransfers.com/transfer/</a> OR call 1-833-401-5577.</li> </ul>			
<b>Working at Other Facilities</b>	<ul style="list-style-type: none"> <li>✓ Staff who work in multiple facilities should inform the other facility of the outbreak to determine if they should continue working at both.</li> </ul> <p><b>Influenza Outbreaks:</b></p> <ul style="list-style-type: none"> <li>✓ No exclusion needed for well staff that are immunized <b>OR</b> taking antivirals.</li> <li>✓ Unimmunized staff who are not receiving antivirals should not work at another facility for 3 days from date last worked at the affected facility.</li> </ul>			
<b>Return to Work</b>	<ul style="list-style-type: none"> <li>✓ Symptomatic staff should stay off work for <b>48 hours (72 hours for norovirus) after symptoms have resolved</b>.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Symptomatic staff should remain off work until their symptoms have been improving for <b>24 hours</b> and they are afebrile.</li> <li>✓ <b>For 10 days</b> after symptom onset, staff should adhere to workplace measures for reducing risk of transmission (i.e. masking for source control) and avoid caring for those at highest risk of developing severe infection.</li> </ul>		
<b>Visitors</b>	<ul style="list-style-type: none"> <li>✓ Encourage visitors to postpone their visit during outbreaks, when possible.</li> <li>✓ 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.</li> </ul>			
<b>OUTBREAK RESOLUTION</b>	<u>Enteric</u>	<u>Respiratory</u>	<u>Influenza</u>	<u>COVID-19</u>
	<ul style="list-style-type: none"> <li>✓ <b>2 days</b> after symptom resolution in the last case OR <b>4-5 days</b> after the symptom onset in the last case.</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>8 days</b> after symptom-onset in the last resident case <b>OR 3 days</b> after the last staff case worked, <b>whichever is longer</b>.</li> </ul>		
SWPH may extend an outbreak OR resolve an outbreak earlier based on an assessment of outbreak transmission risks.				
<b>ADDITIONAL RESOURCES</b>	<ul style="list-style-type: none"> <li>✓ <a href="#">Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings</a></li> <li>✓ <a href="#">Appendix 1: Gastroenteritis Outbreaks in Institutions and Public Hospitals</a></li> <li>✓ <a href="#">Appendix 1: Respiratory Infection Outbreaks in Institutions and Public Hospitals</a></li> <li>✓ <a href="#">PIDAC Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings</a></li> </ul>			