

# Respiratory outbreak control measures checklist

Outbreak number: <b>2241-20</b> _____ – _____	Facility name:	
Date checklist completed:	Date outbreak declared:	Date outbreak declared over:
Contact name:	Case definition:	

## Consult with KFL&A Public Health (KFLAPH)

Obtain outbreak number from KFLAPH – contact covid duty desk 613-549-1232, ext. 4722 or email [covid.IPAC@kflaph.ca](mailto:covid.IPAC@kflaph.ca) who will reach out to your PHI/PHN team if available. On the weekend or after hours, consult with KFLAPH manager on-call.

Fill out the respiratory line list for residents and staff and upload to your Sharepoint account and notify KFLAPH.

Obtain respiratory specimen from symptomatic residents and send to PHOL. Test for COVID-19 AND respiratory virus panel on test requisition.

## Notification

Communication to family and notify of the outbreak.

Notify visitors and post signs on entrance doors to facility indicating there is an outbreak.

Notify MOHLTC via the Critical Incident System.

## Implement additional precautions

Increase hand hygiene. Alcohol-based hand rub containing at least 70% alcohol preferred when hands not visibly soiled.

Reinforce hand hygiene with staff, residents, visitors and volunteers. Assist residents with compliance.

Glove and gown for direct care of a case, discard after use, perform hand hygiene.

N95 and eye protection within two meters of a case; discard after use, perform hand hygiene.

## Environmental controls

Increase cleaning frequency of high touch surfaces.

Dedicate resident care equipment to symptomatic resident; if not dedicated, clean and disinfect between residents.

Follow the manufacturer's instructions for use of disinfectants, especially contact times.

## Outbreak management team (OMT) meeting

Form an OMT with representation from each operational area of the facility; include those with decision-making authority and a representative from KFLAPH.

## Residents

Restrict cases to room for five days after onset of symptoms or until symptoms have resolved, whichever is shorter.

Postpone appointments and elective tests/procedures until after case's symptoms have resolved; if unable to reschedule, notify transfer service and receiving facility regarding details of the outbreak.

Restrict well residents to unit.

Cancel or reschedule communal activities on affected units.

Conduct programs such as physiotherapy for residents in their rooms on affected units.

Cancel or reschedule group outings from affected units.

No interaction between residents on affected units and on-site child-care or day program participants.

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<b>Antiviral medication (Confirmed influenza outbreaks)</b>	
Antiviral treatment of all cases to start within 48 hours of symptom onset; see “Outbreak Management – Quick Reference Guide” page 17 for instruction.	
Antiviral prophylaxis recommended for all well residents on affected unit; continue until outbreak is over; see “Outbreak Management – Quick Reference Guide” page 18 and 19 for instruction.	
Offer immunization to unimmunized residents.	
Encourage immunization and antivirals for unimmunized staff/volunteers.	
<b>Staff and volunteers</b>	
Exclude symptomatic staff/volunteers for five days after onset of symptoms or until symptoms have resolved, whichever is shorter.	
Cohort staff: minimize movement of staff between affected and unaffected units; if moving between units is necessary, visit the outbreak unit last.	
If confirmed influenza, unimmunized staff/volunteers who refuse chemoprophylaxis should not provide resident care at the outbreak facility and should wait three days before working in a non-outbreak facility; see “Outbreak Management – Quick Reference Guide” page 16 for instruction.	
<b>Visitors</b>	
Visitors should not enter facility if they are symptomatic; post signage.	
Limit number of visitors while residents in isolation; provide education on hand hygiene and use of PPE.	
Visiting by outside groups (i.e., entertainers, community groups, etc.) it not permitted. Exceptions to be discussed with KFLAPH.	
<b>Admissions and transfers</b>	
New admissions or transfers into affected units are generally not advised. Consider the status of the outbreak, system capacity, immune status of the new resident, use of antivirals, and preferences of the new resident and referring physician; consult with KFLAPH if necessary.	
Residents who have left the affected unit temporarily can be transferred back in if they were cases; return of non-cases to the affected unit is generally not advised. See considerations above; consult with KFLAPH if necessary.	
Transfer of symptomatic residents to other LTCH is generally not advised; discuss exceptions with KFLAPH.	
Transfer to hospital: advise hospital and ambulance/transfer service.	
<b>Ongoing monitoring</b>	
Conduct ongoing surveillance to identify new cases.	
Monitor status of symptomatic residents and staff; note pneumonia, hospitalization, or death on the line list.	
Update line listing of residents and staff, upload to Sharepoint every weekday.	
Audit for compliance with control measures.	
<b>Declare outbreak over</b>	
As a general rule, the outbreak can be declared over if no new cases have occurred in eight days from the onset of symptoms of the last resident/patient case or three days from the last day of work of a symptomatic staff (whichever is longer). Decision to declare the outbreak over must be done in consultation with KFLAPH.	

Source: [bit.ly/3PzXzlf](https://bit.ly/3PzXzlf)