



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 5.2

DEPARTMENT: *Infection Control*

SUBJECT: *Resident and Staff Surveillance –
Line Listing*

APPROVAL DATE: April 2004

REVISION DATE: March 2016; March 2017

REVIEW DATE: November 2018

Page 1 of 2

PURPOSE: This record will be initiated by the Manager of Resident Care/Registered Staff. All residents are to be listed as symptoms occur as per specific line list - (Gastroenteric or respiratory). This ensures a current status at all times. A Staff line listing with symptoms are to be kept on a separate line list form.

PROCEDURE:

1. A line listing will be initiated by the Manager of Resident Care/Registered Staff when:

a) Respiratory Outbreak:

- 2 or more of the following (new) symptoms in 24 hours:
 - Fever/abnormal temperature ($\leq 35.5^{\circ}\text{C}$ or $\geq 37.5^{\circ}\text{C}$; elderly may not be present with fever)
 - Chills
 - New or increased cough
 - Myalgia
 - Malaise or loss of appetite
 - New headache or eye pain
 - Sore throat/hoarseness/difficulty swallowing
 - Runny nose or sneezing
 - Stuffy nose (i.e. congestion)
 - New or increased shortness of breath or respiratory rate $\geq 25/\text{min}$
 - Abnormal breathing sounds
 - New or increased sputum production
 - Pleuritic chest pain
 - Worsening mental or functional status: significant deterioration in ability to carry out activities of daily living or in cognitive status



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Page 2 of 2

b) Gastroenteric Outbreak:

- Two or more episodes of vomiting and/or diarrhea in a 24 hour period and no evidence of a non-infectious cause i.e. laxative, change in tube feeds, medication or diet.

OR

- Stool culture positive for a pathogen (e.g. Norovirus, Campylobacter species,) with a compatible clinical symptom.

2. The Infection Control Team/Lead will post a list of signs and symptoms/case definition to observe for on the designated bulletin boards to ensure whole home communication.
3. Staff will be requested to provide a description of his/her symptoms when calling in during a potential or declared outbreak.

Refer to: [IC – Respiratory Outbreak Line Listing Form](#)
[IC-Enteric Outbreak Line Listing Form](#)