



## HOMES AND SENIORS SERVICES

### POLICY & PROCEDURE NUMBER: 5.4

**DEPARTMENT:** *Infection Control*

**SUBJECT:** *Outbreak Management – Roles and Responsibilities*

**APPROVAL DATE:** April 2004

**REVISION DATE:** March 2016; March 2017; Nov 2018

Page 1 of 13

---

#### **PURPOSE:**

1. To control and prevent further spread of the disease
2. To provide guidelines for the investigation of a suspected outbreak, identify factors that contributed to the outbreak
3. To analyze those contributing factors and recommend preventative measures
4. To provide direction to all departments/ disciplines within the Homes regarding outbreak protocol and procedure specific to the role.

#### **PROCEDURE:**

##### **A. OUTBREAK DETECTION, DECLARATION AND MANAGEMENT:**

Even a relatively small outbreak in a long-term care home is disruptive. Early recognition of situations signalling potential outbreaks and swift action are essential for effective management. Timely specimen collection, communication and the implementation of appropriate control measures will make the difference in the impact of the outbreak and ultimately benefit both the residents and the staff. **The Home is responsible for ensuring that the following steps are carried out. Assistance from the Public Health and role/responsibility clarification must be discussed at the initial Outbreak Management Team (OMT)/Infection Control Committee (ICC) Meeting.**

##### **B. DEFINITION of RESPIRATORY OUTBREAK:**

###### **Influenza**

- ◆ One laboratory confirmed case of influenza **OR**
- ◆ Two cases of acute respiratory tract illness occurring within 24 hours in a geographical area (i.e. unit, floor) **OR**
- ◆ More than one unit having a case of acute respiratory illness within 24 hrs

###### **Other Respiratory**

- ◆ Two cases of acute respiratory tract illness occurring within 24 hours in a geographic area (i.e. unit, floor) **OR**
- ◆ More than one unit having a case of acute respiratory illness within 24 hours



## HOMES AND SENIORS SERVICES

### **POLICY & PROCEDURE NUMBER: 5.4**

**DEPARTMENT:** *Infection Control*

**SUBJECT:** *Outbreak Management – Roles and Responsibilities*

**APPROVAL DATE:** April 2004

**REVISION DATE:** March 2016; March 2017; Nov 2018

**Page 2 of 13**

---

#### **C. DEFINITION OF ENTERIC 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.

#### **D. DUTIES OF CHARGE NURSE:**

1. Begin a line listing by collecting data about residents who are ill with case definition outbreak symptoms. Rationale – the line listing provides for rapid assessment of the extent and nature of the suspected outbreak. It may be expanded to include other relevant data beyond what is recommended here as the investigation proceeds.
2. A separate line listing will be kept for each unit affected by the outbreak, as symptoms occur. As well, a separate line listing shall be completed for staff with symptoms (Staff Surveillance)  
\*Note: Staff is asked to provide symptoms of illness when calling in sick at all times including when not in outbreak.
3. Included on the line listing will be documentation of the following information for all residents who meet with the case definition developed:
  - ◆ Name of resident
  - ◆ Age
  - ◆ Location of facility such as unit, room
  - ◆ Date of onset
  - ◆ Symptoms and signs
  - ◆ Treatment given such as antibiotics or antiviral medications
  - ◆ Diagnostic tests such as x – rays
  - ◆ Samples taken including date and results if know (i.e. nasopharyngeal swab)
  - ◆ Immunization history for influenza and pneumococcal vaccine
  - ◆ Hospitalized/deceased date

Line listing will be made available to Manager of Resident Care.



## HOMES AND SENIORS SERVICES

### POLICY & PROCEDURE NUMBER: 5.4

**DEPARTMENT:** *Infection Control*

**SUBJECT:** *Outbreak Management – Roles and Responsibilities*

**APPROVAL DATE:** April 2004

**REVISION DATE:** March 2016; March 2017; Nov 2018

Page 3 of 13

---

➤ **The updated line list will be faxed to Public Health Unit daily fax #519-633-0468**

4. Whenever any outbreak is suspected the Nurse in charge must notify the Manager of Resident Care/Designate as soon as possible.

#### **E. DUTIES OF MANAGER OF RESIDENT CARE:**

##### ***Step 1 – Notify the local Medical Officer of Health or Designate at the Health Unit of the Suspected or Confirmed Outbreak***

- ◆ The population at risk in the facility should be identified. This could include the total number of residents and the number of all staff, including casual workers and non – patient care staff, employed at the facility. If the outbreak is restricted to a unit, the number of staff at risk should be identified by the OMT.
- ◆ Monitor the progress of the outbreak.
- ◆ Provide the Medical Officer of Health or designate with an updated line listing of residents and staff.
- ◆ Report the initial control measures that have been instituted to all Home staff.
- ◆ Request an **Outbreak Number** to assign to the investigation and to record on all laboratory submission forms. This is an 8 or 9 digit number assigned by the health unit.
- ◆ The Health Unit is responsible for notifying the Public Health Laboratory of the investigation and providing the laboratory with the particulars of the suspected outbreak. The laboratory notification sheet is to be completed and faxed to the laboratory by the Health Unit.
- ◆ Discuss with the Health Unit how specimens will be collected, stored and submitted to the laboratory. Confirm the number of laboratory specimens to be taken during the initial outbreak investigation. Clarify which residents should be tested and establish which residents should not be tested. For Example: nasopharyngeal swabs for respiratory outbreaks should only be taken from residents with acute symptoms (onset within the preceding 24 or 48 hours) and preferably



## HOMES AND SENIORS SERVICES

### **POLICY & PROCEDURE NUMBER: 5.4**

**DEPARTMENT:** *Infection Control*

**SUBJECT:** *Outbreak Management – Roles and Responsibilities*

**APPROVAL DATE:** April 2004

**REVISION DATE:** March 2016; March 2017; Nov 2018

**Page 4 of 13**

---

from a resident with the most classical clinical presentation of the illness suspected. All specimens must include the resident's name, the Home's name and the Outbreak Number. The Public Health Laboratory will not process incompletely labelled specimens.

- ◆ Review and establish a preliminary case definition for the suspected outbreak. Included should be clinical signs and symptoms, time frame for duration of illness, location in the facility.
- ◆ Example of a case definition: A resident on any unit of the facility with any two of the following symptoms of any duration: cough, fever, headache, chills, lethargy and muscle ache.

#### ***Step 2 – Declare an Outbreak***

- ◆ Any further progression of the "potential outbreak" situation (additional cases or laboratory confirmations) will be considered an outbreak.
- ◆ An outbreak can be declared at any time by the Medical Officer of Health or Manager of Resident Care for the LTC facility.
- ◆ Arrange for an Outbreak Management Team (OMT)/ Infection Control Committee (ICC) meeting with designated individuals from the Home and Public Health.

#### ***Step 3 – Notify Appropriate Individuals Associated with the Home of the Outbreak and the Initial Outbreak Management Team Meeting***

In addition to notifying the Local Medical Officer of Health or designate about the outbreak (see step 3), notification may include some or all of the following individuals as appropriate for the facility:

- ◆ Medical Director/Resident Physician
- ◆ Administrator/Director of Homes and Senior Services
- ◆ Chair of the Infection Control Committee
- ◆ Health & Safety Team Representative(s)
- ◆ Nurse (Manager of Resident Care)
- ◆ MOL (Ministry of Labour) via fax on form #IC #5.4.1
- ◆ Pharmacy Provider



## HOMES AND SENIORS SERVICES

### **POLICY & PROCEDURE NUMBER: 5.4**

**DEPARTMENT:** *Infection Control*

**SUBJECT:** *Outbreak Management – Roles and Responsibilities*

**APPROVAL DATE:** April 2004

**REVISION DATE:** March 2016; March 2017; Nov 2018

**Page 5 of 13**

---

- ◆ Provider of Home's laboratory services
- ◆ Contract Dietitian
- ◆ Contract Physiotherapy provider
- ◆ Corporate Facilities Manager
- ◆ Program and Therapy Services Manager/Adult Day Program Coordinator
- ◆ Resident Representative

#### ***Step 4 – Hold an Initial Outbreak Management Team (OMT) Meeting***

The OMT/ICC directs and oversees the management of all aspects of an outbreak. It should include representatives who have decision making authority within the facility as well as a representative from the health unit. The following roles and responsibilities should be assigned to members of the Team:

##### ***Administrator/Designate***

The Manager of Resident Care (MRC) is responsible for co-ordinating the outbreak control meetings, setting the agenda and delegating tasks.

##### ***Outbreak Co-ordinator – Manager of Resident Care (MRC)***

This role is often given to the Manager of Resident Care/Nurse. The co-ordinator ensures that all decisions of the Outbreak Management Team are carried out, and co-ordinator all activities required to investigate and contain the outbreak.

##### ***Secretary/Administration Clerks/MSS***

Sets meeting times, location and notifies committee members of any changes. Records and distributes minutes of meetings. Maintains staff line listing.

##### ***Media Spokespersons (Health Unit and Home)***

The individuals assigned this responsibility as per County Administration and Homes' policy are the only representatives of the OMT who may give information to members of the news media, The media spokesperson can be an authorized representative of the County of Elgin or the Health Unit. (*see Admin 1.22 Communication – Media/News Release*)

*The Outbreak Management Team Meeting should discuss the following:*



## HOMES AND SENIORS SERVICES

### **POLICY & PROCEDURE NUMBER: 5.4**

**DEPARTMENT:** *Infection Control*

**SUBJECT:** *Outbreak Management – Roles and Responsibilities*

**APPROVAL DATE:** April 2004

**REVISION DATE:** March 2016; March 2017; Nov 2018

**Page 6 of 13**

---

1. The line listing information is reviewed to confirm that an outbreak exists and ensure that all members of the Team have a common understanding of the situation.
2. Develop a working case definition for the outbreak. A case definition is the criteria that will be used throughout the outbreak to consider a resident or staff member as outbreak associated case. The case definition developed for residents may be different from that for staff. Residents who meet this case definition will be considered a case regardless of the results of laboratory testing unless another diagnosis is confirmed.
3. Review the control measures necessary to prevent the outbreak from spreading. See Section 4.0 for Respiratory Outbreak Control Measures. Confirm that the Manager of Resident Care/Nurse or designate of the Home is responsible for ensuring that agreed upon control measures are in place and enforced. Control measures may differ for different organisms and may need to be modified on an ongoing basis.
4. Appropriate signs and their placement should be discussed.
5. For influenza outbreaks, discuss the use of anti – viral medications for treatment of cases and/or prophylaxis of well residents and unimmunized staff.
6. For influenza outbreaks, discuss the implementation of a staff exclusion policy.
7. Determine if additional influenza immunization clinics are required for unimmunized staff, and if so, how they will be organized.
8. Confirm the arrangements for the collection and submission of specimens for laboratory analysis.
9. Identify any additional persons/institutions that require notification of the outbreak:
  - Residents' physicians, Medical Director
  - Other health care providers, e.g. physiotherapists, dietitian
  - Acute care hospitals for information on transfers (Manager of Resident Care, admitting, emergency),
  - Families of ill or all residents in the facility,
  - Ministry of Health and Long – Term Care
  - CCAC/other LTCF's



## HOMES AND SENIORS SERVICES

### POLICY & PROCEDURE NUMBER: 5.4

**DEPARTMENT:** *Infection Control*

**SUBJECT:** *Outbreak Management – Roles and Responsibilities*

**APPROVAL DATE:** April 2004

**REVISION DATE:** March 2016; March 2017; Nov 2018

**Page 7 of 13**

---

- Ministry of Labour if staff are /become ill with similar outbreak symptoms

There should be consideration of notifying the following:

- Physicians in the community
- Adjacent Health Units
- Confirm that the Medical Officer of Health might release as much information (including the name of the facility) as is necessary to the media or others in order to decrease the risk of disease transmission to the community and to other facilities within the health unit's jurisdiction. (*refer to Admin 1.22 – Communication – Media/News Release*)

10. Prepare internal communications for resident, family and staff groups. Determine if in-service sessions are required for staff members and who will conduct them.
11. Discuss who will be responsible for the ongoing monitoring of the outbreak in both residents and staff members.
12. Confirm that the Public Health Laboratory will phone or fax results directly to the Home and to the Health Unit. Review the process for discussing laboratory results and control measures with Health Unit staff and the Manager of Resident Care.
13. Confirm how and when daily communications will take place between the Home and the Health Unit. Ensure that contact telephone numbers are available for both the health unit and Home at all times.
14. Confirm Written Notification of Employee Illness during Outbreak Ministry of Labour form is completed and faxed as required. (see IC Form# 5.4)
15. Decide how frequently the OMT will meet and set next meeting.

### **External Agencies**

#### *Role of the Public Health Lab:*

The primary role of the Public Health Lab is to utilize the samples collected by the Registered Nursing Staff to isolate and identify the causative agent and assist in determining the source of infection. The



## HOMES AND SENIORS SERVICES

### POLICY & PROCEDURE NUMBER: 5.4

**DEPARTMENT:** *Infection Control*

**SUBJECT:** *Outbreak Management – Roles and Responsibilities*

**APPROVAL DATE:** April 2004

**REVISION DATE:** March 2016; March 2017; Nov 2018

Public Health Lab must receive properly collected and labelled specimens. Specific instructions for collection and labelling are included with both enteric and nasopharyngeal specimen collection kits.

*Role of the Public Health Unit:*

In the event that the Registered Nursing staff identifies a situation where a potential outbreak exists, the Southwestern Health Unit’s Protection Department will be notified by the MRC/designate. The Health Unit’s Health Protection Department will report the situation to the Medical Officer of Health who must be notified immediately upon outbreak recognition. Any delay in notifying the Health Unit can significantly impact resident care management, appropriate specimen collection and effective laboratory support.

The Health Unit shall work closely with the Homes staff and more specifically will co-ordinate efforts with the Manager of Resident Care to manage the outbreak. The Health Unit shall declare when the outbreak is over and when normal home operation shall resume.

*Reporting to the Ministry of Health and Long Term Care:*

An outbreak of a reportable disease or communicable disease as defined by the Health Protection and Promotion Act is to be reported to the MOHLTC immediately by initiating the CIS form on-line, if the outbreak is identified between the hours of 8am – 5pm Monday to Friday. At all other times, the Ministry’s after hour’s pager is to be called. In both instances, a full report must be completed online within 10 days of the onset of the outbreak as outlined below:

An outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act.	s.107(1)5.	Immediately initiate and submit the on-line CIS form identifying this as a ‘Critical Incident’.	Phone the After Hours Pager # 1-800-268-6060	Immediately; full report within 10 days of becoming aware of the incident*
--------------------------------------------------------------------------------------------------------------------	------------	-------------------------------------------------------------------------------------------------	----------------------------------------------	----------------------------------------------------------------------------

**Regulation, subsection 107(2) – reporting after hours**

Normal business hours of CIATT are 8:30 a.m. - 4:30 p.m. After normal business hours, the immediate report of the above incidents must be made using the Ministry’s after-hours emergency contact (i.e. 1-800-268-6060 Spills Action Centre (SAC) pager). **This pager number is only to be used by LTC Home licensee/staff and only for purposes of after-hours reporting.**

The following information is essential to collect prior to reporting a potential outbreak to the Southwestern Health Unit and/or the MOHLTC:

- Source or event associated with the outbreak
- Date of the first onset





## HOMES AND SENIORS SERVICES

### **POLICY & PROCEDURE NUMBER: 5.4**

**DEPARTMENT:** *Infection Control*

**SUBJECT:** *Outbreak Management – Roles and Responsibilities*

**APPROVAL DATE:** April 2004

**REVISION DATE:** March 2016; March 2017; Nov 2018

**Page 9 of 13**

---

- Names, birthdates, and admission dates of residents who are ill/at risk/hospitalized/ deceased
- Symptoms
- Incubation period if known
- Duration of illness
- Reports of any pathogens isolated by other laboratories related to the symptoms notes
- Suspected mode of transmission
- Suspected meals and intervals between the meal and symptoms
- Travel or other history if pertinent
- Control measures in place

Once the Southwestern Health Unit has begun to work with the Home, all information related to the outbreak must be documented both in the individual resident chart, as well as the Health Unit's line listing documentation that will be provided upon report of suspicion of an outbreak.

### **Internal Responsibilities**

The MRC in conjunction with the Southwestern Health Unit are responsible for declaring and terminating an outbreak.

Once an outbreak has been determined, the following shall apply:

- The fire doors to the area of the outbreak are closed and a sign is installed on the doors indicating an Outbreak Alert in that Unit.
- Signage will be posted at the front door indicating the area in which the outbreak is located.
- In the event of an influenza outbreak, department heads or designate will notify department staff of the Exclusion Policy (Infection Control, Policy 2.5 (3.4), Immunization – Staff Influenza). Departmental tracking of vaccination is to be reviewed by each department head or their delegate.
- All Department Managers are responsible for attending the initial meeting with the Public Health Unit, and daily meetings thereafter, as required, until the isolation precautions are terminated by the Health Unit.
- Department managers should meet on a regular basis to discuss the outbreak status. Following the meetings, each department manager will update their staff.



## HOMES AND SENIORS SERVICES

### **POLICY & PROCEDURE NUMBER: 5.4**

**DEPARTMENT:** *Infection Control*

**SUBJECT:** *Outbreak Management – Roles and Responsibilities*

**APPROVAL DATE:** April 2004

**REVISION DATE:** March 2016; March 2017; Nov 2018

**Page 10 of 13**

---

**NOTE:** All staff can go in and out of an area which is in outbreak, but must use extreme caution (ex. Sanitizing hands frequently, as per the 4 moments for hand hygiene, do not come within 2 metres of an infected resident and/or infected room, use gowns, masks, and gloves when necessary)

### **Nursing**

1. Nursing staff in the area which has been declared in outbreak shall remain in this area for their scheduled shifts. Where cohorting of staff is not feasible, the OMT will closely monitor staff line listing status.
2. Nursing staff will use the proper procedure (gown, gloves, and mask) when entering and infected resident room.
3. The Administrative Assistant will try to adjust the schedule as best as possible so the same staff will work in the outbreak area. (This may not be realized all the time as staffing issues arise.)
4. Provide resident care.
5. Maintain ongoing surveillance and reporting.
6. Provide ongoing education to staff, residents, and visitors
7. Reinforce and maintain appropriate additional precautions.
8. Liaise with physician/families/Manager of Resident Care related to resident illness.
9. Liaise with Public Health Unit
10. Maintain line listing for staff illness in the absences of the clerical staff.
11. Other duties as assigned

### **Pharmacist**

1. In the event of influenza, provide antiviral medication as prescribed, based on predetermined dosage calculations.
2. Other duties as assigned

### **Administration**

1. The administrative Assistant will not enter any area in outbreak.
2. Maintain line listing for all ill staff in all departments
3. Post signage as designated



## HOMES AND SENIORS SERVICES

### **POLICY & PROCEDURE NUMBER: 5.4**

**DEPARTMENT:** *Infection Control*

**SUBJECT:** *Outbreak Management – Roles and Responsibilities*

**APPROVAL DATE:** April 2004

**REVISION DATE:** March 2016; March 2017; Nov 2018

**Page 11 of 13**

---

4. Direct staff known to work in multiple facilities with respect to outbreak protocol related to attendance
5. Cohort part-time nursing staff as able for the duration of the outbreak
6. Rearrange resident appointments as necessary
7. Notify dialysis unit as appropriate
8. Cancel Adult Day Program, Hairdressing, and Tuck Shop as directed

### **Housekeeping/Laundry**

1. Housekeeping staff in the area which has been declared in outbreak shall remain in this area for their entire shift. Staff must ensure they properly sanitize hands thoroughly when leaving and when entering the outbreak area. Staff will use proper PPE's as per health unit/designate direction.
2. Housekeeping staff in all areas (areas in outbreak and areas not in outbreak) will do enhanced cleaning of high touch areas including but not limited to, handrails, door knobs, faucets, half walls, telephones, chair arms, ledges, table tops, and/or anything else the hands may touch using hospital grade disinfectant.
3. Staff may be required to wear gloves, masks, gowns, etc. when working in an outbreak area.
4. Enhanced cleaning efforts on affected unit(s) using hospital grade disinfectant including daily cleaning of outbreak rooms (use PPEs as determined by Public Health/designate), .
5. Terminal disinfection of rooms after outbreak is over as per Public Health recommendations.
6. Other duties as assigned.

### **Dietary**

1. Dietary staff will receive direction from the Manager of Support Services/designate regarding any changes to their usual routine.
2. Staff may be required to wear gloves, masks, plastic aprons, etc. as recommended by Public Health / designate.
3. Dining times and order of dining rooms being served or cleared may fluctuate.
4. Tray carts are to be kept in affected area and not moved from area to area. All surfaces of carts are to be washed with a sanitizing solution between each use. Separate clearing carts will be used for each affected area if deemed necessary. Cleaning solution pails will be washed between areas.
5. During an outbreak enhanced cleaning may take place using food safe disinfecting solution to sterilize surfaces – door handles, phones, coffee urns, and carts between each use.



## HOMES AND SENIORS SERVICES

### POLICY & PROCEDURE NUMBER: 5.4

DEPARTMENT: *Infection Control*

SUBJECT: *Outbreak Management – Roles and Responsibilities*

APPROVAL DATE: April 2004

REVISION DATE: March 2016; March 2017; Nov 2018

Page 12 of 13

---

6. Isolation trays shall be set up using disposable dishes, glasses, cutlery, and tagged with the resident's name, room number, and diet.
7. Isolation trays are delivered and taken to the resident in his/her room by nursing.
8. Isolation room dishes are to be disposed of by nursing and not taken back to the kitchen.
9. After clear fluids a transition diet will be followed as per RN/RPN direction in consultation with the Dietitian.

*\*Refer to Dietary Policy Manual Section 4*

### Maintenance

1. Maintenance staff can complete all their duties and work orders throughout the entire Home except they should not enter any infected resident room unless it is an emergency. If an emergency, staff will use the proper PPE procedure (gloves, mask, etc.)
2. The Corporate Facilities Manager is responsible for contacting, and where required, cancelling outside contractors.

### Recreation

3. Recreation staff in the area which has been declared in outbreak shall remain in this area for his/her entire shift. Staff must ensure proper hand washing is used when leaving and when entering the area. Staff will use proper PPE as directed by public health/designate.
4. All entertainment programs coming into the Home will be cancelled during an outbreak (Music, Coffee Club, etc.) the Auxiliary (Tuck Shop members) to be notified of the cancellation by Recreation staff.
5. Programs for areas in outbreak will be as directed by Public Health/designate.
6. Recreation staff to complete one-on-one visits/small group programs for residents on the individual resident home area(s) in outbreak. **Do not** enter any infected resident room.
7. Newspaper delivery will continue to be done by the Recreation staff each morning.
8. All Recreation staff will assist with serving and feeding residents during meal times as required.

### Hair Salon

1. Hair salon staff will provide service to residents who resident on unaffected wings only. Dependent upon direction from Public Health, staff may provide service to resident from the



## HOMES AND SENIORS SERVICES

**POLICY & PROCEDURE NUMBER: 5.4**

**DEPARTMENT:** *Infection Control*

**SUBJECT:** *Outbreak Management – Roles and Responsibilities*

**APPROVAL DATE:** April 2004

**REVISION DATE:** March 2016; March 2017; Nov 2018

**Page 13 of 13**

---

affected Home Area at the end of the day, ensuring complete sanitization of the hair salon after completion.