



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 5.5

DEPARTMENT: *Infection Control*

SUBJECT: *Respiratory – Outbreak Protocol
(Contingency Plan) – Residents
and Staff*

APPROVAL DATE: April 2004

REVISION DATE: March 2016; March 2017

REVIEW DATE: November 2018

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PURPOSE: It is the policy of Elgin County Homes to prevent further transmission of enteric outbreaks through use of control measures and surveillance. Best practise guidelines and Public Health recommendations will be used in the management of any outbreak.

PROCEDURE:

All Respiratory outbreaks are to be treated in the same manner until the pathogen is identified and specific outbreak control measures are communicated through Public Health.

Handwashing must be emphasized to all staff immediately.

Respiratory Outbreak Case Definition: 2 or more of the following (new) symptoms:

- 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

Resident Home Area

- a) Two or more residents infected with the same organism or showing common symptoms may require to be cared for in their rooms and/or area, depending on the degree of debilitation. Closure of an affected resident home area may be considered with collaboration/direction of Public Health. Facility closure to the public may be considered. Contact precautions of



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gown/glove for direct care, enhanced cleaning and dedicated equipment to be implemented. Any additional precautions would be as a result of lab testing results or upon recommendation of the Manager of Resident Care /designate.

- b) Residents who are isolated should have appointments and activities cancelled, and appropriate signage placed on their rooms directing visitors and all staff. In the event of a facility closure as declared by the Public Health Unit, outbreak notices will be posted at all exterior doors.
- c) The Public Health Unit and the Manager of Resident Care will determine quarantine measures and isolation time frames. Notices will then be posted accordingly. Daily assessment of resident conditions will be evaluated by the Medical Director/ Public Health.
- d) Staffing patterns should remain as consistent as possible in affected areas in order to control staff and resident exposure to the symptoms. The Manager of Resident Care will notify all departments of the suspected outbreak. Each department will follow procedures as outlined in this policy, according to [IC - Enteric Outbreak Control Measures.pdf](#) and recommendations by the Medical Director/Manager of Resident Care.
- e) Initiate specimen collection of stool and/or emesis immediately. Public Health specimen collection bottles to be used. Notify the Public Health Laboratory for pick up. Document on the surveillance sheet.
- f) Keep track on surveillance sheet of all residents and staff affected, inclusive of date, time of onset, room numbers, symptoms exhibited and specimen collection.
- g) Registered staff will provide daily for the Dietary department, a written updated list of all affected residents including any diet changes required for residents in order to allow for the necessary changes to be made for the next meal provided.

Dietary Department

- a) Initiate tray room service, to isolated residents following [Dietary Policy 5.6 for Isolation Trays](#)
- b) Maintain as consistent staffing patterns as possible in service areas.
- c) Follow direction for the Medical Officer of Health/delegate regarding protocols for hygiene, sanitation, food handling, testing of equipment.
- d) In consultation with the RD the MSS will evaluate and make changes to the menu as applicable.



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Housekeeping/Laundry Department

- a) Keep mops and cleaning equipment in the same areas.
- b) Use regular germicidal cleaning agents on floors, sinks, etc. unless otherwise recommended by Public Health.
- c) Maintain consistent staffing patterns in areas.
- d) Cleaning protocols will be initiated paying special attention to high risk areas such as handrails, faucets, bedside tables, call bells, telephones, bedrails, or anything that residents may come in contact with.

Recreation Department

- a) Outbreaks may require the activity programs be rescheduled or cancelled either in particular nursing areas or throughout the facility.
- b) Notification of volunteers may be necessary.
- c) Provides assistance with portering and feeding.

Administration

- a) Postponement of admissions and/or of resident moves with the Home will be made by the Manager of Resident Care in consultation with Public Health.
- b) LINN to be contacted and arranges for families to be notified.

Maintenance Department

- a) Avoid isolated rooms/areas where possible.
- b) Room filters may require cleaning following outbreak to reduce spread of infection.
- c) Maintenance staff will follow outbreak measures including use of PPE's.

Public Health

- a) Surveillance of precautions/practices by staff and visitors.
- b) Arrange training, education and support as required to all employees.
- c) Advise daily regarding status.
- d) Liaison between departments and external Infection Control Lead.



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- e) Staff and visitor health surveillance.
- f) Infection control surveillance.
- g) Evaluation of proceedings after outbreak contained.
- h) Support any required investigation.

Other Considerations

- a) Resident should be strongly encouraged to remain on his/her unit. Residents cannot be stopped from attending outside events or receiving visitors.
- b) Visitors should be strongly encouraged to not visit during an outbreak. Visitors should not visit more than one resident. Visitors will never be denied visitation unless so ordered by the Medical Officer of Health.
- c) All staff should remain off work until symptom free in accordance with the measures established by Public Health.
- d) Retain accurate records on the appropriate Public Health Line Listing Form.

[IC - Respiratory Outbreak Line Listing Form.pdf](#)

- e) Precautions will be determined by Physician/Manager of Resident Care based on the extent and type of precautions required.
- f) The Director of Homes and Seniors Services will communicate with any media personnel, i.e. radio, newspaper as per [Admin Policy #1.22 Communication – Media and News Release](#).
- g) Staffing considerations will be determined by the Department Heads.
- h) Critical Incident will be initiated by the Manager of Resident Care for the Ministry of Health and Long Term Care upon declaration of the outbreak. A report for Public Health will be prepared by the Manager of Resident Care and/or reviewed at the Professional Advisory Committee/Infection Control Meeting(s).
- i) Ensure proper reporting to Ministry of Labour occurs utilising [IC Form# 5.4 - MOL Reporting Form.docx](#)

Referenced Documents:

[Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care.pdf](#)
[IC 5.5 - Respiratory Outbreak - Protocol.dot](#)