



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: Dec 2019; Dec 2020; Mar. 2021; Nov. 2022

REVIEW DATE: November 2018

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PURPOSE: It is the policy of Elgin County Homes to prevent further transmission of respiratory 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. If there is a novel respiratory infection (e.g. COVID-19) a respiratory



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outbreak may be reduced to only one resident case as per MLTC guideline outbreak definition. Facility closure to the public may be considered. Droplet/Contact precautions of protective eyewear, mask, 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 (non-essential) and activities cancelled, and appropriate signage placed on their rooms directing visitors and all staff.
- c) Outbreak (suspect or confirmed) notices will be posted at the entrance to the identified resident area, and, at the front desk..
- d) In the event of a facility closure as declared by Public Health, outbreak notices will be posted at all exterior doors.
- e) The Public Health and the IPAC Program Manager/Manager of Resident Care will determine quarantine/isolation measures and isolation time frames. Notices will then be posted accordingly. Daily assessment of resident conditions will be evaluated by the Medical Director/IPAC Program Manager/Public Health.
- f) Staffing patterns should remain as consistent as possible (cohorting of staff) in affected areas in order to control staff and resident exposure to the symptoms. The IPAC Program Manager/Manager of Resident Care will notify all departments of the suspected outbreak. Each department will follow procedures as outlined in this policy, and, according to public health outbreak control measures and recommendations by the Medical Director/ IPAC Program Manager/Manager of Resident Care.
- g) Initiate nasopharyngeal swab specimen collection as directed by public health. Public Health will supply nasopharyngeal swabs and will arrange for pick up the nasopharyngeal swab(s) for testing by public health laboratory. Document swab collection on the surveillance sheet.
- h) Keep track on surveillance sheet of all residents and staff affected, inclusive of date, time of onset, room numbers, symptoms exhibited and specimen collection.
- i) 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 2.7 Tray Service](#)
- b) Maintain as consistent staffing patterns as possible in-service areas.



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- 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 Registered Dietitian (RD), the Manager of Support Services (MSS) will evaluate and make changes to the menu as applicable.

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) Enhanced 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 recreation programs be rescheduled or cancelled either in particular nursing areas or throughout the facility.
- b) Recreation staff will be assigned to specific resident area so that allowed on unit activities can occur if permitted as per the outbreak control measures from Public Health or MOHLTC directives.
- c) Notification of volunteers may be necessary.
- d) Provide assistance with portering and feeding.

Administration

- a) Postponement of admissions and/or of resident moves with the Home will be made by the IPAC Program Manager/Manager of Resident Care in consultation with Public Health.
- b) HCCSS to be contacted and arrange for families to be notified.
- c) See sample transfer and return algorithm for use during outbreaks, sample outbreak transfer notification form, and, sample language for returning to a Long-Term Care Home during an outbreak as outlined in MLTC current directives.



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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.
- d) Will assess overall indoor air quality of the current HVAC system to determine if meeting current standards, or if additional ventilation / filtration is required. Enhancements to the HVAC can be done through ventilation adjustments, mechanical filtration (portable HEPA filters) and adjusting air flow (e.g. room AC units and fans)
- e) Review portable HEPA filters, AC units and fans to ensure they are directing the air upwards, exhausting room air out of an open window as compared to directing the air flow at the resident(s) head levels.

Public Health

- a) Surveillance of precautions/practises 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.
- 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 receiving visitors although public health will provide recommendations for visitors.
- b) Visitors should be strongly encouraged to not visit during an outbreak. Visitors should not visit more than one resident. Visitors will not be denied visitation unless so ordered by the Medical Officer of Health/Ministry of Long-Term Care directives.
- 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.



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- 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 IPAC Program Manager/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 IPAC Program Manager/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 #5.4.1 (if staff are affected)

References:

[Control of Respiratory Infection Outbreaks in Long Term Care Homes, November 2018](#)

[COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007](#)

PHO Heating, Ventilation and Air Conditioning (HVAC) in Buildings and COVID-19