

Outbreak Control Measures: Acute Respiratory Infection including COVID-19 and Influenza

Suspect outbreak

If an outbreak is suspected, notify
Huron Perth
Public Health at
1-888-221-2133 ext 3284
or idteam@hpph.ca

After hours, call
1-800-431-2054

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Facility name _____

Outbreak number (5183-202X-XXXXX) _____

Suspect Respiratory Outbreak Definition

- Two resident/patient cases of acute respiratory infection (ARI) with symptom onset within 48 hours with an epidemiological link (e.g., same unit/floor/service area) suggestive of transmission in the setting AND testing is not available or all negative.

Confirmed Respiratory Outbreak Definition

- Two or more resident/patient cases of test-confirmed ARI with symptom onset within 48 hours and an epidemiological link (e.g., same unit/floor/service area) suggestive of transmission within the setting OR
- Three or more resident/patient cases of ARI with symptom onset within 48 hours and an epidemiological link suggestive of transmission within the setting AND testing is not available or all negative.

Outbreak administration

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- Define the outbreak area of the home (e.g., floor, unit or whole facility).
- Post signage at all entrances that indicates home is in a respiratory illness outbreak.
- Post signage at all entrances of respiratory illness signs and symptoms.
- Consider cohorting of staff and residents.
- Ensure adequate staffing plan is in place. Discuss any staffing concerns with Outbreak Management Team (OMT).
- Consider notifying your pharmacy that respiratory testing is occurring and the possibility of needing antivirals.

Surveillance and testing

Email line listing to
idteam@hpph.ca

Report hospitalizations
and/or deaths related to
outbreak to HPPH
1-888-221-2133 ext 3284

After hours, call
1-800-431-2054

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- Email line listing with updates of residents and/or staff, as required.
- Increase frequency of symptom screening of all residents (minimum twice daily).
- Ensure all staff and visitors screen for symptoms and are not permitted entry if symptomatic.
- Visitors for imminently palliative residents who fail screening are permitted entry; provide personal protective equipment (PPE) based on risk assessment.

Testing

- When testing ill/symptomatic resident, ensure swabs are not expired.
- Use appropriate PPE when collecting swabs.
- Have a plan for transporting specimens on weekdays and weekends.

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Additional Precautions
Droplet and Contact

For more information
go to

www.hpph.ca/ipac

Ensure adequate PPE
supplies and check
expiry dates.

Hand hygiene

- Use soap and water when hands visibly soiled.
- Use alcohol-based hand rub (ABHR) 70-90% when hands are not visibly soiled.
- Post signs and reinforce four moments of hand hygiene.

Masking

- Universal masking for outbreak area for staff, visitors, and all residents as tolerated.
- Use a medical mask or N95 for direct care within two metres of resident, based on point of care risk assessment.

Eye protection

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- For direct care and/or within two metres of resident.

Gloving

- For direct care of resident.

Gowning

- For direct care of resident.

Signage

- Ensure signage regarding point of care risk assessment (PCRA), PPE donning and doffing, and additional precautions is in place.

Residents

Testing includes:

Fluvid: influenza A,
influenza B, respiratory
syncytial virus

Multiplex: seasonal
coronavirus,
enterovirus,
metapneumovirus,
adenovirus,
parainfluenza,
rhinovirus.

Requisition sample and
instructions can be
found on our [website](#),
to ensure samples are
not rejected by lab.

• Ill/symptomatic resident:

- place on additional precautions
- test for Fluvid and Multiplex Respiratory Virus PCR (MRVP).

• Respiratory case:

- place on additional precautions and should be encouraged to stay in their room until 5 days after the onset of acute illness or until symptoms have resolved (whichever is shorter)
- mask while receiving direct care and when outside of their room (if tolerated) until day 10 from symptom onset
- avoid activities involving close contact with unexposed residents where the case cannot maintain masking (e.g., dining) until day 10 from symptom onset
- consider cohorting of exposed residents for group dining

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• Influenza outbreak:

- see section 14 for further guidance

• COVID-19 case:

- place on additional precautions and support to remain in their room for 5 days from symptom onset and until symptoms have been improving for 24 hours (48 hours for GI symptoms), and no fever is present
- if residents are not able to mask, they should remain on additional precautions for 10 days from symptom onset

COVID-19 therapeutics

- assess as soon as possible for COVID-19 therapeutics and to determine eligibility.

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Admissions and transfers/absences	6 • Avoid admissions to outbreak area. • If admission is required, consider the following: ◦ resident (or substitute decision-maker) consents to the admission or transfer ◦ resident is admitted or transferred to a private room ◦ attending physician to be consulted ◦ resident (or substitute decision-maker) informed of and offered vaccination(s) and antivirals as applicable. • Avoid transfers to other facilities (e.g., another home). • If transfer to hospital is required, advise hospital staff and paramedics of outbreak situation prior to transfer. • Medically necessary appointments and activities (including palliative or compassionate reasons) can continue, and it is recommended to wear a medical mask (if tolerated). Notify receiving facility of the outbreak prior to resident's arrival. • Residents who live in an unaffected area of the home and are asymptomatic and not on additional precautions may leave the home.
Group activities and gatherings	7 • Group activities during outbreak can continue. Consider changing or postponing activities based on severity and spread (e.g., smaller group size). • One to one activity for residents on additional precautions related to outbreak can continue on the outbreak floor/unit. • Dining ◦ continue; may consider alternatives based on illness severity, spread and type ◦ may consider cohorting for dining as able. • Tray service for ill/symptomatic residents.

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Staff and volunteers	8	Cohort staff • Have dedicated staff care for ill residents, OR provide care to ill residents last, as feasible. Working at other facilities • Staff to consult with non-outbreak facility. Return to work after illness • Staff are to be off work until they are fever-free, and symptoms have been improving/resolving for 24 hours (48 hours for gastrointestinal symptoms) • Mask while at work for 10 days after symptom onset and physically distance from others when removing mask (e.g. break room).
Visitors		• Ensure symptom screening for visitors is in place (signage, sign-in log). • Visitors should only interact with resident they are visiting. • Provide and encourage use of appropriate PPE. • Advise individuals to be considerate about necessity of visit.
Environmental cleaning		• Increase cleaning and disinfection to a minimum of two times per day for high touch surfaces (e.g. handrails, doorknobs, phones, keyboards) and common areas (e.g. activity rooms, lobby, nurses stations). • Ensure once daily cleaning and disinfection of low touch surfaces (e.g., shelving and windowsills) in common areas. • Ensure disinfecting product is effective against respiratory pathogens, and product is not expired. • Ensure disinfectant contact times are adhered to. • Increase frequency of environmental cleaning audits. • Dedicate patient care equipment to ill resident or ensure disinfected between use. • Follow facility policy on cleaning rooms for residents on additional precautions.
Ventilation	11	• HVAC maintenance inspections up to date, as per MIFU (Manufacturer's Instructions for Use).
		• HEPA filters/air scrubber maintenance inspections and filters up to date, as per MIFU. • Encourage natural ventilation sources (e.g., open window) and use of exhaust fans.
Audits	12	Increase frequency of audits: ◦ hand hygiene ◦ PPE ◦ environmental cleaning.

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Declaring outbreak over

HPPH will determine when to declare the outbreak over

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Respiratory outbreak resolution criteria

- Viral respiratory outbreaks in general can be declared over if no new cases have occurred in 8 days from the onset of symptoms of the last resident case, or 3 days from last day of work of an ill staff, whichever is longer.
- Declaring over before 8 days is possible under certain conditions; consult with health unit.

Confirmed influenza additional measures

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- Offer influenza vaccination to all unvaccinated residents, staff and visitors for whom the vaccine is not contraindicated.
- Follow facility antiviral policy:
 - start antiviral treatment as soon as possible, ideally within 48 hours of symptom onset
 - start antiviral prophylaxis when directed to by health unit for all well residents regardless of immunization status. Continue until outbreak is over. If a resident taking a prophylactic dose of antiviral becomes symptomatic, the resident should be switched to the treatment dose of antiviral.
- Symptomatic residents treated with an antiviral should be encouraged to stay in their rooms for the duration of treatment. Once symptoms have improved, the resident may leave their room with appropriate precautions after 5 days or once symptoms have resolved, whichever occurs sooner.
- Duration of the treatment dose of antiviral medication is 5 days. If negative for influenza, switch back to prophylactic dose for duration of outbreak after treatment dose is complete.
- Immunized well staff may continue to work at the outbreak facility or other facilities without restriction.
- Unimmunized/newly vaccinated (within 2 weeks) staff taking antiviral prophylaxis for the duration of the outbreak or until 2 weeks post vaccine which ever is sooner, may continue to work. Antiviral medications do not interfere with the immune response to the vaccine.
- Unimmunized staff not taking an antiviral follow facility staff exclusion policy.

IPAC Hub

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- The IPAC Hub can assist the facility IPAC Lead with IPAC measures, staff education sessions, resource sharing and complete an IPAC outbreak audit /walk through of facility.
- The first outbreak of the season an onsite IPAC audit may be completed.
- In-person, virtual meeting or email consultation available

Email ipachub@hp-ph.ca.

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Notes

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Reviewed control
measures

☐ Reviewed with outbreak management team

Position at HPPH ☐ PHN ☐ PHI

17 PHN/PHI, sign and date here (Required)

X

Date (yyyy/mm/dd) _____