Algoma
PUBLIC HEALTH
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CHECKLIST FOR THE CONTROL OF RESPIRATORY OUTBREAKS

- ☐ Contact Algoma Public Health (APH) when there is an increase in ill residents at the facility. Discuss if the outbreak definition is met and receive outbreak number from your assigned public health inspector (PHI).

- ☐ Notify appropriate personnel about the outbreak (ex. the hospital when residents are being transferred, all staff at the facility, Ministry of Long-Term Care, Retirement Home Regulatory Authority, family members etc.).

- ☐ Develop a preliminary case definition in consultation with APH.

- ☐ Begin separate line lists for ill residents and ill staff. Complete and submit the line list daily via email to your aligned PHI. If you are unable to reach your PHI, it can be emailed to ehclerical@algomapublichealth.com or faxed to 705-541-7346.

- ☐ Discuss nasopharyngeal swab specimen collection, labeling and testing procedures with APH. Ensure that outbreak number is on all requisition forms. For information on specimen collection please review the Public Health Ontario website.

- ☐ Call an outbreak management team meeting. For confirmed influenza outbreaks, discuss the use of antiviral medications for treatment of cases and/or prophylaxis of well residents and non-immunized staff, and discuss the facilities exclusion policy. Antiviral prophylaxis should be initiated as soon as an influenza outbreak is confirmed. Refer to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes (MOHLTC, 2018) for specific details on antivirals and outbreak control measures.

- ☐ Encourage ill residents to stay in their rooms until 5 days after the onset of their illness or until symptoms have resolved (whichever is shorter). If COVID-19 is identified as the causative agent, residents with COVID-19 must be put on contact and droplet precautions for 10 days. After 5 days they can come out of their room if they can tolerate a mask to participate in activities. They cannot remove their mask in common spaces for a 10 day period. They cannot come to the dining room during their isolation period.

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- ☐ Place appropriate precaution signs on doors of ill resident's rooms. This signage is available on the APH website.

- ☐ Post signage at entrances of the facility and/or the affected unit/area.

- ☐ Provide appropriate personal protective equipment (PPE) to staff and visitors (ex. PPE carts at entrance to ill resident's rooms).

- ☐ Require anyone providing direct care to ill residents to wear the necessary PPE (gloves, gown mask and eye protection for droplet-contact precautions). Post signage at/in each isolation room depicting proper donning and doffing procedures.

- ☐ Ensure staff adhere to routine practices and additional precautions where required. Hand hygiene and environmental cleaning audits are recommended.

- ☐ Cohort staff/volunteers by assigning some staff to look after ill residents and others to look after well residents only or assign staff to dedicated units/floors.

- ☐ Enhance environmental cleaning/disinfection:
    - Ensure the disinfectant chosen is appropriate for the suspected outbreak agent (ex. Broad-spectrum virucide). Ensure it is used according to manufacturer's instructions (ex. dilution and contact time).
    - Increase routine cleaning and disinfection of all high-touch surfaces (ex. door handles, handrails, light switches etc.).
    - Increase cleaning and disinfection of all surfaces in the ill resident's immediate environment.
    - Disinfect shared resident equipment after each use and discard disposable equipment before leaving the room.
    - If possible, dedicate reusable equipment to ill residents.

- ☐ Staff/volunteers with symptoms should not enter the facility and should remain off work until their symptoms are improving for at least 24 hours and they are afebrile. If a causative agent is known, this may be altered.

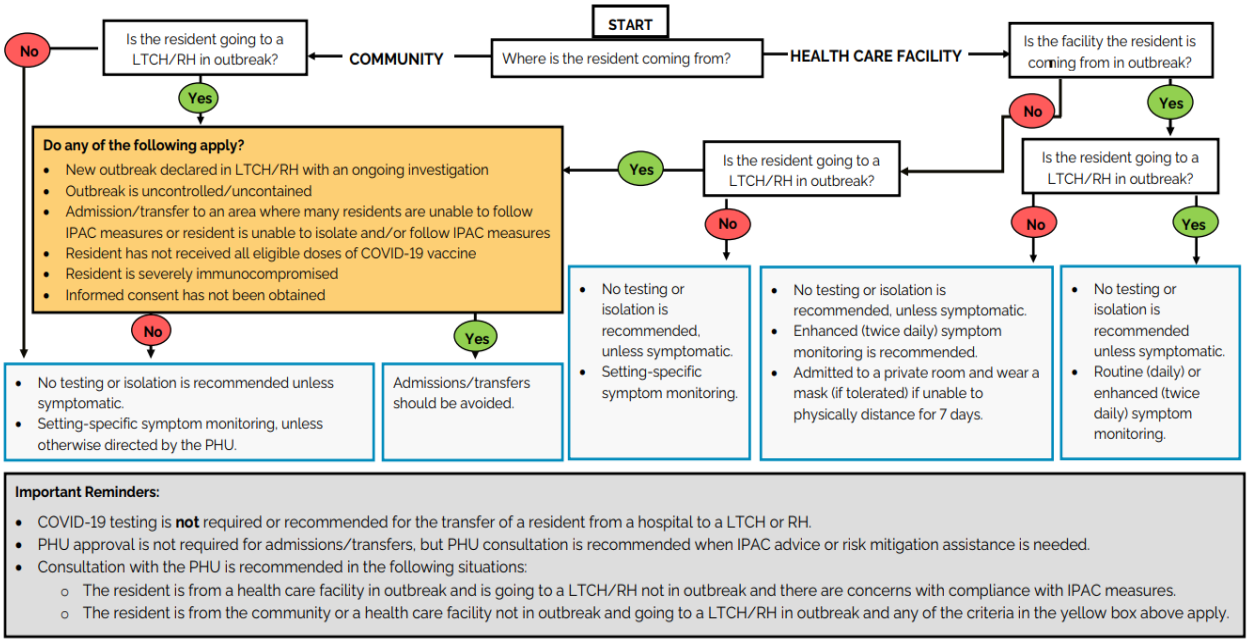
- ☐ Enhance visitor monitoring:
    - Ensure they are aware of their risk of infection.
    - Educate visitors on performing hand hygiene appropriately.
    - Recommend that while visiting, they avoid communal areas and visit only one resident at a time and wear PPE as needed.
    - Visitors must not enter the facility if they have gastrointestinal symptoms, respiratory symptoms, or another communicable disease.

- ☐ Reschedule meetings and discontinue group outings on the affected unit/floor, or the entire home if the outbreak spreads to two or more floors/units. Do not permit visits

by outside groups (ex. entertainers). Conduct on-site programs (ex. physiotherapy, foot care) in resident rooms.

☐ Admissions are not recommended but can be discussed on a case-by-case basis with APH. Use the following algorithm for transfers of residents between home and hospital during outbreak.

Appendix E: Algorithm for New Admissions and Transfers for LTCHs and RHs



☐ Once numbers of ill residents start to decrease, declaring the outbreak over can be discussed between the facility and APH. The outbreak can only be declared over by APH. The timeframe used for declaring an outbreak over is dependant on the causative agent identified.