



## CHECKLIST FOR THE CONTROL OF RESPIRATORY OUTBREAKS

- Notify* the appropriate personnel about the outbreak (ex. Algoma Public Health, the hospital where residents are being transferred, all staff at the facility, Ministry of Health and Long-Term Care [MOHLTC], family members etc.).
- Begin a separate line list for ill residents and ill staff. Develop a preliminary case definition. Fax to APH at **705-541-7346** or email [ehclerical@algomapublichealth.com](mailto:ehclerical@algomapublichealth.com) *each morning* until the outbreak is declared over.
- Discuss *nasopharyngeal swab specimen collection*, labeling and testing procedures with APH. Request an Outbreak Number for the investigation.
- 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 restrictions.
- 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).
- Place *appropriate precaution signs* on doors of ill resident's rooms that advise all visitors to check at the nursing station before entering the room.
- Post *signs* at entrances of the facility and/or the affected unit/area and leave an automated phone message discouraging visitors during the outbreak.
- Provide appropriate *personal protective equipment* (PPE) to staff and visitors (ex. PPE carts at entrance to ill residents rooms).
- Require anyone providing direct care to ill residents to wear the necessary PPE (gloves, gown mask and eye protection for droplet-contact precautions).

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- 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 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, hand rails, 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 for at least *5 days* after their onset of illness, or until after symptoms have resolved (whichever is shorter). If a causative agent is known, this may be altered.
- *Enhance visitor monitoring* and restrict visitor hours:
  - 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.
- *Restrict resident movement to and from the facility*. Residents who were hospitalized due to infection from the outbreak may return once they are well, however residents who were not line-listed should not return to the home during the outbreak, if possible. Stop new admissions if possible.