OUTBREAK

Respiratory Outbreak Control Measures Checklist

Facility:	Date:
	Outbreak #:
Health Unit Contact:	
Infectious Disease Program intake line: 807-62	25-8318
IMMEDIATE CONTRO	DL MEASURES FOR OUTBREAK
☐ Notify staff of potential outbreak.	nent droplet precautions and encourage hand hygiene.
Start Line Listing of symptomatic residence 807-625-4822.	ents and staff and fax separately to secure fax line:
	ns to send to Public Health Lab, ideally within 48 hours
1 ' '	Unit of potential outbreak by calling 807-625-8318 or D on call.
Nasopharyngeal (NP) Specimen Collection:	
☐ Check expiry dates on swabs and ensure re specimen containers.	sidents name, collection date, and date of birth are on all
☐ Collect NP MRVP swabs on up to FOUR syr residents/staff beyond the first four during in	mptomatic residents. FLUVID testing will be performed on stitutional outbreaks.
☐ Complete all sections of requisition – and se section 5.	elect the "COVID-19 Virus AND Respiratory Virus" box in
☐ Include outbreak number provided by PHU o	on requisition.
 Ensure collection swab is capped tightly be outside pocket. 	fore placing into biohazard bag, and place requisition in
☐ Refrigerate sample, and arrange for transpo	rt to PHL within 72hrs of collection.
Control Measures for Residents:	
☐ Isolate symptomatic residents on Droplet / C	Contact Precautions.
☐ Encourage hand hygiene practices and have	e alcohol-based hand rub available.
☐ Do not share equipment between residents	if possible OR thoroughly clean and disinfect between use.
☐ Cohort residents whenever possible.	
Control Measures for Staff and Volunteers:	
 Provide education to staff on routine practice cleaning and disinfection. 	es, additional precautions, environmental
☐ Cohort staffing if possible. Consider assignir	ng staff to a single unit.

☐ Report illness to charge person; list symptoms and onset date.

	Exclude ill staff, students and volunteers from the facility. Staff/volunteers who work in more than one facility should notify the facility NOT in outbreak and follow their policy regarding exclusion.
Cor	ntrol Measures for Visitors:
	Notification of visitors through signage (at entrances and resident rooms).
	» Clean hands before and after visit.
	» Use appropriate PPE for direct care of ill residents.
	» Visit only one resident, clean hands and exit facility.
Enν	vironmental Cleaning:
	Increase frequency of cleaning and disinfection of high touch surfaces.
	Increase cleaning and disinfection of ill resident's immediate environment.
	Promptly clean and disinfect surfaces contaminated by stool and vomit.
	Use appropriate products for cleaning and disinfection as per PHO Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings
Adr	missions, Re-admission, and Transfers:
	Admissions/transfers/return from absence decisions may be made in consultation with TBDHU and the
	OMT. Notify Hospital Infection Control Practitioner if transferring resident to hospital.
Ц	Notiny Prospital infection Control Practitioner if transferring resident to hospital.
Med	dical Appointments:
	Re-schedule non-urgent appointments.
Cor	nmunal Activities:
	Cancel or postpone large gatherings and group outings.
	Small gatherings for well residents only, consult with Health Unit.
	Conduct on-site programs such as physiotherapy for isolated residents in their rooms if possible.
Add	ditional Control Measures for Influenza:
	Offer antiviral prophylaxis to all residents and start within 48hrs of symptom onset for maximum effectiveness.
	Offer influenza immunization to non-immunized residents.
	Staff who refuse influenza vaccination should be given the option of taking antiviral medications in order to continue their duties within the facility.

Please note: treatment decisions are the responsibility of the attending physician.

For antiviral medication information, refer to the "Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018" or most recent document.