

For Long-Term Care/Retirement Homes

Refer to this checklist to manage your facilities outbreak as per the Ministry of Health protocols and the Windsor-Essex County Health Unit (WECHU). Retain for your records.

Facility Name:			Outbreak #:	Date:				
			2268					
Outb	Outbreak Declaration: ☐ Suspect ☐ Confirmed							
Affec	Affected Area: Entire facility ☐ OR Name of unit(s):							
"Client" refers to resident, patient, child, person supported etc.								
Case	Case definition: determined by the WECHU (Click here or visit wechu.org)							
□Ab	normal temperat	ure 🗆 Von	niting	Diarrhea				
□ Chi	ills	☐ Crar	mps \square	Nausea				
□Ма	alaise/fatigue	□ Hea	dache □	Other:				
			CONTACT					
	Identify the desi	ignated WECHU nurse for	your outbreak:					
	Nurse Nam		Phone #: 519-					
				e Infectious Disease Prevention				
	• •		I20. The WECHU business hours	•				
		-	rs hotline at 519-973-4510 to sp	eak with on-call personnel				
	outside of WECH	HU business hours.						
		IMM	EDIATE PRECAUTIONS					
If a cli	ient is	Immediately self-isolate						
symp	tomatic:	Implement additional precautions (i.e., Contact, Droplet if applicable).						
*More information Provided the			ssary medical assessments.					
available below Test to determine spec		•						
		TESTING	& SPECIMEN COLLECTION					
	Ensure your faci	lity has non-expired speci	men collection kits, stored in a l	ocation that is known and				
			ts can be ordered online, see Ph					
Instructions webpage to request these tests.		_						
Collect lab specimens from clients who most recent			om clients who most recently be	ecame ill within 48 hours of onset				
	Lab Requisitions	of symptoms and who have the most representative symptoms of the suspected illness.						
		Consult with the WECHU as needed.						
		Complete the lab requisition form in its entirety (ensure facility name and address on						
		form). Include the outbreak number and at least two client identifiers on both the						
		sample and the requisition form.						
		Arrango for dolivory to t	ho lab within 72 hours — ansura	you refrigerate the cample in a				
		Arrange for delivery to the lab within 72 hours – ensure you refrigerate the sample in a						
		dedicated specimen fridge.						
	Test all	A total of five stool spec	imens can be collected and sen	t to lab (testing will stop after two				
symptomatic positive results). See PHO's Gastroenteritis – Stool Viruse:								
	individuals	information.						



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LINE LISTS					
wechu.org).	of clients who belong to the outbreak (<u>click here</u> to download the line list or visit ients to line list who meet case definition.				
Update and fax	date and fax line lists <u>daily</u> to WECHU <u>by 10:00 am</u> to fax (519)-977-5097.				
COMMUNICATION					
Post outbreak s	outbreak signage at all entrances of building.				
Notify all staff (including the house physician, facility pharmacist, DOC, etc.), students, volunteers, client families, and visitors of the outbreak. The WECHU will send your facility an Advisory Notice to reflect the current outbreak. An Outbreak Notification will be <u>posted on the WECHU website</u> alerting other health care facilities and agencies of current outbreak in your facility.					
Convene a multidisciplinary Outbreak Management Team (OMT) and meet daily to review the status of the outbreak and support infection control efforts across the various departments (i.e., Nursing, Dietary, Environmental, House Physician etc.).					
	PUBLIC HEALTH INSPECTOR				
PHI Name:	Identify the designated Public Health Inspector (PHI) from WECHU for your facility: PHI Name: Phone #: 519-258-2146 ext. Your Public Health Inspector (PHI) may reach out to conduct a site visit and meet with the IPAC lead/OMT.				
	IPAC MEASURES				
Refer to WECHU IPAC Hub website and the Ministry of Health documents for additional resources related to outbreak control measures: Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings — October 2024 (or as current) Appendix 1: Ontario Public Health Standards, Gastroenteritis Outbreaks in Institutions and Public Hospitals — May 2022 or as current					
Resident Control Measures	Isolate symptomatic clients and cohort cases (i.e., limit movement between clients in outbreak area and non-outbreak areas) were possible.				
	Refer to Section 1.3 of the <i>Outbreak Quick Guide 4.0</i> for more information on isolation and cohorting requirements by outbreak type.				
Additional Precautions	All positive cases should be placed on contact precautions in addition to routine practices. Droplet precautions may be required based on PHO's <u>Risk Assessment Related to Routine Practices and Additional Precautions</u> . Refer to Public Health Ontario for more information on additional precautions.				
	Post additional precautions signage on the door of case rooms.				



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	Staff/ Students/ Volunteers Control Measures	Minimize movement of staff/students/volunteers between affected and unaffected areas as much as possible (i.e., cohorting staff). Exclude ill staff/students/volunteers for at least 48 hours after their last symptom or longer if indicated by your facilities internal policies. NOTE: If a specific causative agent is known, disease-specific exclusions apply. If dietary staff become ill while working, discard all ready-to-eat food they prepared while on shift. Staff working at another facility should notify the facility NOT in outbreak and wait at least 48 hours from last exposure at the outbreak facility and be symptom-free. This period may be modified if the specific illness type is known.	
Dietary Ensure the staff who deliver meals rooms. DO NOT dispose of food samples un Restrict visitors to essential caregive Ensure those who do visit: Practice vigilant hand hygie Visit clients in their rooms Visit only one client; do no Use appropriate PPE espect Ill visitors should be advised not to vended. Provide visitors with the WECHU pa		Sick clients should receive meals (tray service) in their room. Ensure the staff who deliver meals are practicing proper hand hygiene in between rooms. DO NOT dispose of food samples until speaking with your PHI or PHN.	
		 Practice vigilant hand hygiene Visit clients in their rooms and avoid communal areas Visit only one client; do not mingle with other clients Use appropriate PPE especially if providing direct care Ill visitors should be advised not to visit while they are ill and wait until symptoms have 	
	Enhanced Environmental Cleaning	Increase frequency of cleaning and disinfecting of high touched areas and surfaces to entire facility a minimum of twice daily (e.g., washrooms, handrails, tabletops, chair arm rests, doorknobs, etc.). Choose products with proven efficacy against identified germs. Follow the manufacturer's directions on proper concentration and contact times. For more information, refer to PHO's <u>Best Practices for Environmental Cleaning – April 2018</u> or as current. Dedicate use of equipment, when possible, to the ill client or clean and disinfect between use as per manufacturer's directions (e.g., wheelchairs, lifts, scales, blood glucose meters, BP cuffs, thermometers, etc.). Commodes should remain with the client and are to be cleaned and disinfected. If possible, use disposable bedpans. Limit movement of equipment/supplies through affected areas.	



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	Hand Hygiene	Implement the use of alcohol-based hand rubs in areas where sinks are not readily available. Ensure proper PRE (for example, masks (NPS where applicable), gloves, gowns, even		
	PPE	Ensure proper PPE (for example, masks (N95 where applicable), gloves, gowns, eye protection etc.) are available and accessible throughout the facility.		
		Wear proper masks, goggles and/or face shield when providing care within two meters of case/suspect case, if droplet precautions are initiated. *Dispose mask after single use and clean and disinfect goggles.		
		Perform hand hygiene before applying and after removal of gloves. *Discard immediately after use and wash hands.		
		Wear gowns only if skin or clothing likely to be contaminated during care.		
		Provide a container for soiled PPE/linen: If the container is located <i>inside</i> the client room, the container must be a minimum of 6ft or more away from the client's bed. If not possible, place the container <i>outside</i> the room a minimum of 6ft away from any clean linen. *Ensure alcohol-based hand sanitizer is available by the container.		
	Audit	Increase audits of staff practices (e.g. hand hygiene, cleaning, use of PPE, etc.).		
	Activities	Reschedule communal meetings or activities on the affected unit/floor (or entire facility if outbreak is determined to be facility wide). Meetings or activities may proceed in non-affected units/floors. *Visits to facility by outside groups (e.g., entertainers, community groups, etc.) are not permitted during an outbreak.		
		Asymptomatic or well clients on affected units may continue to participate in small group activities (i.e. physiotherapies, occupational therapy etc.) on the unit only; proper precautions should be taken, and the outbreak unit should be visited last.		
	Admissions/ Readmissions & Transfers	Limit, if possible, when a new outbreak has been declared. For specific guidance on admissions/readmission, refer to Section 8.5 and 8.6 (page 73-74) of the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – October 2024 or as current.		
	Medical/Other Appointments	If possible, reschedule non-urgent appointments until the outbreak is over.		
_	ture and nation:		Date:	