

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

Facility Name:		Outbreak #: 2268 -		Date:		
Outbreak Declaration:   Suspect Confirmed						
Affected Area: Entire	Affected Area: Entire facility   OR Name of unit(s):					
"Client" refers to resid	lent, patient, child, person supp	ported etc.				
Case definition: deter	mined by the WECHU (Click he	ere or visit wechu.org	<u>;</u> )			
☐ Abnormal temperature ☐ New/worse		ning cough $\Box$	Shortnes	ss of breath		
☐ Nasal congestion/runny nose ☐ Sore throat,		/hoarseness □	Loss of t	aste/smell		
☐ Malaise/fatigue ☐ Headache			☐ Other:			
	CON	ITACT				
Identify the designated WECHU nurse for your outbreak:  Nurse Name: Phone #: 519-258-2146 ext						
Department (IDP)	or concerns please contact you at <b>519-258-2146 Ext 1420.</b> The . Contact the After-Hours hotling J business hours.	e WECHU business ho	ours are f	from 8:30am - 4:30pm		
IMMEDIATE PRECAUTIONS						
if a althoughts	Immediately self-isolate the individual					
If a client is symptomatic:	Implement Additional Precautions (i.e., Contact/Droplet)					
*Expanded steps available	Provide the necessary medical assessments					
below	Test for COVID-19 or other respiratory pathogens					
TESTING & SPECIMEN COLLECTION						
Ensure your facility has non-expired nasopharyngeal specimen (NP) collection kits, stored in a location that is known and accessible to staff. Additional specimen kits can be ordered online, see <a href="PHO's Kit">PHO's Kit</a> and Test Ordering Instructions webpage to request these tests.						



	Test all symptomatic individuals	<b>COVID-19</b> : All clients who test positive for COVID-19 by rapid test, are recommended to complete parallel testing by PCR test.	
		Multiplex Respiratory Virus Panel (MRVP): You may collect up to four MRVP swabs per outbreak. For MRVP, obtain specimens from clients with the most representative symptoms of the suspected illness prior to starting antibiotics. See PHO's Respiratory Virus (including influenza) web page for more information.	
		<b>FLUVID:</b> After four MRVP swabs, you may continue testing symptomatic individuals using FLUVID.	
	Lab requisitions	Complete lab requisition form in its entirety (ensure facility name and address on form).	
		Include outbreak number and at least 2 client identifiers on both sample and requisition form.	
		Arrange for delivery to the lab within 72 hours – ensure you refrigerate the sample in a dedicated specimen fridge.	
		LINE LISTS	
	Create a line list of clients who belong to the outbreak (click here to download the line list or visit wechu.org).		
	*Only include clie	nts to line list who meet case definition	
	Update and fax line lists daily to WECHU by 10:00 am to fax #519-977-5097.		
		COMMUNICATION	
	Post 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 <b>Advisory Notice</b> to reflect the current outbreak.		
	An <b>Outbreak Notification</b> 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	
	Identify the desig	nated 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.

lead/OMT.			
IPAC MEASURES			
	PAC Hub website and the Ministry of Health documents for additional resources ak control measures:		
Recommendation  - April 2024	s for Outbreak Prevention and Control in Institutions and Congregate Living Settings		
Appendix 1: Onta Public Hospitals –	rio Public Health Standards, Respiratory Infection Outbreaks in Institutions and September 2023		
Client 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	All positive cases should be placed on <b>Droplet and/or Contact Precautions</b> in addition to routine practices.		
Precautions	Post additional precautions (droplet-contact) signage on the door of case rooms.		
Staff/Student/ Volunteers Control Measures	Minimize movement of staff/students/volunteers between affected and unaffected areas as much as possible (i.e., cohort staff).		
	Exclude ill staff/students/volunteers until 24hr symptom-free and no fever present or longer if indicated by your facilities internal policies.		
	Upon return to work, staff should mask and avoid caring for highest risk residents for <b>10 days</b> from symptom onset or specimen collection date (whichever is earlier).		
	Refer to your institutional policy regarding <b>unvaccinated</b> staff/students/volunteers during influenza outbreaks. <b>Exclusion is strongly recommended</b> if unvaccinated and not on antiviral prophylaxis. Offer vaccination.		
Visitor Control Measures	Restrict visitors to essential caregivers on affected units.		
	<ul> <li>Ensure those who do visit:</li> <li>Are screened for signs and symptoms of illness</li> <li>Practice vigilant hand hygiene</li> <li>Visit clients in their rooms and avoid communal areas</li> <li>Visit only one client; do not mingle with other clients</li> <li>Use appropriate PPE especially if providing direct care</li> </ul>		



		Ill visitors should be advised not to visit while they are ill and wait until symptoms have ended.
		Provide visitors with the WECHU pamphlet <u>"What Visitors Need to Know" during an outbreak.</u>
	Enhanced Environmental Cleaning	Increase frequency of cleaning and disinfecting of high touched areas and surfaces to entire facility <b>a minimum of twice daily</b> (e.g., washrooms, handrails, tabletops, chair arm rests, doorknobs, etc.).
		Choose products with proven efficacy against identified pathogens. 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.).
		Limit movement of equipment/supplies through affected areas.
	Hand Hygiene	Ensure proper handwashing is maintained by clients and staff by providing ample supply of soap and 70-90% alcohol-based hand sanitizers.
		Implement the use of alcohol-based hand rubs in areas where sinks are not readily available.
	PPE	Ensure proper PPE, for example, masks (N95 where applicable), gloves, gowns, eye protection 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.
		*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 <b>gowns</b> only if skin or clothing likely to be contaminated during care.
		<ul> <li>Provide a container for soiled PPE/linen:</li> <li>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.</li> <li>If not possible, place the container <i>outside</i> the room a minimum of 6ft away from any clean linen.</li> </ul>



		*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.).		
		Sick clients should receive meals (tray service) in their room.		
	Dietary	*Ensure the staff who deliver meals are practicing proper hand hygiene in between rooms and wearing appropriate PPE.		
	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, OT) on the unit only; proper precautions should be taken, and the outbreak unit should be visited last.		
	Institution Admissions/	Limit, if possible, when a new outbreak has been declared. For specific guidance on admissions/readmission/transfers, refer to <b>Section 3.5 and 3.6</b> (page 29-31) of the		
	Readmissions & Transfer	Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – April 2024		
	Medical/Other Appointments	If possible, reschedule non-urgent appointments until outbreak is over.		
ANTIVIRALS				
For influenza and COVID-19, determine eligibility of antivirals for residents and staff. Refer to <b>Appendix B: Antivirals/Therapeutics</b> (page 84-89) of the <u>Recommendations for Outbreak Prevention</u> and Control in Institutions and Congregate Living Settings – April 2024				
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