

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 #: 2268		Date:			
Outbreak Declaration:  Suspect  Confirmed							
Affected Area: Entire facility  OR Name of unit(s):							
"Client" refers to a resident, patient or other person being supported within the facility.							
Case definition: determined by the WECHU ( <u>Click here</u> or visit wechu.org)							
□ Abnormal temperature □ Nev		🗆 New/worsen	ing cough	□ Shortness	s of breath		
□ Nasal congestion/runny nose □ Sore		□ Sore throat/h	noarseness	$\Box$ Loss of ta	ste/smell		
□ Malaise/fatigue		🗆 Headache		□ Other:			
CONTACT							
Identify the designated WECHU nurse for your outbreak:							
Nurse Name:					2146 ext		
For any questions or concerns please contact your designated nurse or the Infectious Disease Department (IDP) at <b>519-258-2146 ext. 1420.</b> The WECHU business hours are from 8:30am - 4:30pm Monday to Friday. Contact the After-Hours hotline at <b>519-973-4510</b> to speak with on-call personnel outside of WECHU business hours.							
IMMEDIATE PRECAUTIONS							
If a client is	-	nediately self-isolate the individual.					
symptomatic:	· · ·	plement <b>additional precautions</b> (i.e., contact/droplet).					
*Expanded steps available below	-	vide the necessary medical assessments. for COVID-19 and other respiratory illness.					
TESTING & SPECIMEN COLLECTION							
<ul> <li>Ensure your facility has non-expired nasopharyngeal specimen (NP) collection kits, stored in a location</li> <li>that is known and accessible to staff. Additional specimen kits can be ordered online, see <u>PHO's Kit and</u> <u>Test Ordering Instructions</u> webpage to request these tests.</li> </ul>							
		<b>COVID-19</b> : All clients who test positive for COVID-19 by rapid test should complete parallel testing by MRVP.					
Test all Symptomat individuals	ic per outbre symptoms	<b>Multiplex Respiratory Virus Panel (MRVP):</b> You may collect <b>up to four</b> 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 <u>Respiratory</u> <u>Virus (including influenza)</u> web page for more information.					
		<b>FLUVID:</b> After four MRVP swabs, you may continue testing symptomatic individuals using FLUVID.					
Lab requisitions	lan '		requisition form in its entirety (ensure facility name and address on outbreak number and at least <b>2 client identifiers</b> on <b>both sample and m.</b>				



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Arrange for delivery to the lab within 72 hours – ensure you refrigerate the sample in a dedicated specimen fridge.						
LINE LISTS						
<ul> <li>wechu.org).</li> <li>*Only include c</li> </ul>	*Only include clients to line list who meet case definition					
<ul> <li>Post outbreak signage at all entrances of building.</li> </ul>						
families, and vis	<ul> <li>Notify all staff (including the house physician, facility pharmacist, DOC, etc.), students, volunteers, client families, and visitors of the outbreak.</li> <li>The WECHU will send your facility an Advisory Notice to reflect the current outbreak.</li> <li>An Outbreak Notification will be posted on the WECHU website alerting other health care facilities and agencies of current outbreak in your facility.</li> </ul>					
□ the outbreak ar	Itidisciplinary Outbreak Management Team (OMT) and meet daily to review the status of and support infection control efforts across the various departments (i.e., Nursing, Dietary, , 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, Respiratory Infection Outbreaks in Institutions and Public Hospitals – September 2024 or as current.         Appendix 1: Ontario Public Health Standards, Coronavirus Disease 2019 (COVID-19) – October 2024 or as current.						
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 Precautions	All positive cases should be placed on <b>droplet and/or contact precautions</b> in addition to routine practices. 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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		nd Congregate Living Settings – October 2024 or		
	<ul> <li>For influenza and COVID-19, determine eligibility of antivirals for residents and staff. Refer to Append</li> <li>B: Antivirals/Therapeutics (page 82-92) of the <u>Recommendations for Outbreak Prevention and Contr</u></li> </ul>			
	- · 0	ANTIVIRALS		
	Medical/Other Appointments	If possible, reschedule non-urgent appointmen	ts until the outbreak is over.	
	Admissions/ Readmissions & Transfer	Limit, if possible, when a new outbreak has been declared. For specific guidance on admissions/readmission/transfers, refer to <b>Section 3.4 and 3.5</b> (page 28-30) of the <u>Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – October 2024</u> or as current.		
□ Activities		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.		
		<ul> <li>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.</li> <li>*Visits to facility by outside groups (e.g., entertainers, community groups, etc.) are not permitted during an outbreak.</li> </ul>		
	Dietary	Sick clients should receive meals (tray service) in their room. *Ensure the staff who deliver meals are practicing proper hand hygiene in between rooms and wearing appropriate PPE.		
	Audit	Increase audits of staff practices (e.g. hand hyg	iene, cleaning, use of PPE, etc.).	
		<ul> <li>Wear gowns only if skin or clothing likely to be</li> <li>Provide a container for soiled PPE/linen: <ul> <li>If the container is located <i>inside</i> the climinimum of 6ft or more away from the</li> <li>If not possible, place the container <i>out</i> from any clean linen.</li> </ul> </li> <li>*Ensure alcohol-based hand sanitizer is available</li> </ul>	contaminated during care. ent room, the container must be a e client's bed. side the room a <b>minimum of 6ft</b> away	
		Perform hand hygiene before applying and after *Discard immediately after use and wash hand	-	