RESPIRATORY OUTBREAK CONTROL MEASURES

Facility: _______________________________  Outbreak Number: 2239 - ____ - ____

Case Definition

- Two or more acute respiratory symptoms (e.g. cough, sore throat, fatigue, runny nose, hoarseness, headache, sore muscles, increased shortness of breath, pneumonia, unexplained fever or abnormal temperature (≤ 35.5°C or ≥ 37.5°C)
- Note: Some people have been presenting with diarrhea and/or vomiting. People with these symptoms should be isolated and monitored for progression to more classic respiratory symptoms.

Criteria for a Suspect Respiratory Outbreak:

- Two cases of acute respiratory tract illness within 48 hours on one unit

Criteria for a Confirmed Respiratory Outbreak:

- Three or more cases of acute respiratory tract illness within 48 hours on one unit

SURVEILLANCE

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Stop Date</th>
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</thead>
<tbody>
<tr>
<td>FAX to HCHU daily if new cases</td>
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<tr>
<td>FAX to HCHU daily if new cases</td>
<td></td>
</tr>
<tr>
<td>New resident cases, new staff cases, hospitalization of resident, death of resident, sending of more samples</td>
<td></td>
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</tbody>
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ROUTINE PRACTICES

- **Droplet Precautions + Contact Precautions**

  - **Hand Hygiene**
    - Reinforce hand sanitizing with alcohol based sanitizer and soap and water
    - Post signs
    - Stock supplies

  - **Masking**
    - Surgical mask for direct care within 2 meters of case,
    - Remove immediately after and dispose,
    - Case to wear a surgical mask when out of room
    - Visitors should wear mask and eye protection when within 2 meters of the case

  - **Eye Protection**
    - Direct care, face-to-face contact or based on risk assessment
    - Clean or dispose once removed

  - **Gloving**
    - On direct care
    - Discard immediately after use, wash hands

  - **Gowning**
    - Long-sleeved gown if clothing is likely to be contaminated during patient care

RESTRICTIONS for Residents

- **Restrict cases to room:** 5 days from onset or until symptoms resolve
- **Residents with one symptom:** Observe in room for at least 24 hours (droplet/contact)
- **Restrict residents to unit / cohort where feasible**
- **Restrict admissions / readmissions**
- **Restrict transfers to other facilities**
- **Restrict transfers to hospital:** Facility to advise hospital and ambulance prior to transfer
- **Restrict communal meetings and day programs:** No ill residents to attend or cancel
STAFF/VOLUNTEERS

☐ Advise staff to report symptoms to department head during outbreaks
☐ Exclusion of ill staff/volunteers: 5 days from onset or until symptoms resolve
☐ Cohort staff: if possible have dedicated staff care for ill residents or visit ill residents last
☐ Working at other facilities: consult with health unit on recommended restrictions
☐ Exclusion of non-immunized staff/volunteers: if Influenza, per facility policy

NOTIFICATION

☐ Notify other facilities: (Health Unit to do; if after hours HU will do next business day)
☐ Notify Compliance Officer: facility to do
☐ Notify Coroner: for any death anywhere in the facility during outbreak, contact the Health Unit
☐ Media: facility to assign someone to handle media requests

VISITORS

☐ Notification of visitors/ Visiting conditions
  • Facility to inform residents and families of outbreak
  • Reinforce handwashing
  • Recommend visiting only 1 resident per visit
  • Post signs on all entrances

ENVIRONMENTAL CLEANING

☐ Enhanced environmental cleaning (e.g. washrooms, handrails, table tops)
☐ Cleaning and Disinfection: check concentration and contact time
☐ Dedicate patient care equipment: to ill resident or disinfect between use
☐ Ensure availability: of hand washing supplies, hand sanitizer

Outbreak Resolution Criteria: For Influenza outbreak or the outbreak which the etiology is unknown, the outbreak is over eight days from onset of symptoms in last ill resident OR three days from resolution of symptoms in last ill case, whichever is sooner.

For other outbreaks with confirmed lab etiology other than Influenza, the outbreak is over after duration of the pathogen one period of communicability plus one incubation period, from onset of the symptoms in last resident.

☐ For influenza outbreaks: facility to refer to their antiviral policy

Other relevant information:

__________________________________________________________________________
__________________________________________________________________________
_________________________ __________________________
Investigator’s Signature: Date: 
_________________________ __________________________
Facility Staff Signature: Date: 

<table>
<thead>
<tr>
<th>Health Unit Contact</th>
<th>Name</th>
<th>Phone/Ext.</th>
<th>Pager</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Nurse / Inspector</td>
<td>519-482-3416</td>
<td>ext. _____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After Hours</td>
<td></td>
<td>On call number: (519) 482-7077</td>
<td></td>
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</tr>
</tbody>
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4.10.F3 Respiratory Outbreak Control Measures Check List Revised March 2013