

RESPIRATORY INFECTION OUTBREAK CHECKLIST
Long Term Care Facilities and Retirement Homes
OUTBREAK PHASE

Date of onset of symptoms: _____

Location(s) of Out break: _____

Outbreak Declaration date: _____

OUTBREAK MANAGEMENT AND CONTROL

- Peel Public Health has been informed regarding increased # of cases of residents (or staff) with similar respiratory symptoms and progression of cases throughout unit(s)/home. A line listing has been faxed to PPH.
- Peel Public Health in conjunction with the home declared a respiratory outbreak and the home/unit is closed.
- A case definition has been established
- Outbreak Management Team (OMT) has convened (including Peel Public Health as a member of the OMT)
 - Minutes are taken of each meeting and distributed
 - Frequency of OMT meetings has been established
 - Progression of outbreak has been evaluated, including but not limited to the following:
 - Specimens collection details
 - # cases – staff and resident – review of line listings
 - Infection control measures
 - Barriers used
 - Restrictions – residents and staff
 - Environmental cleaning
 - Communication
 - Internal (staff, families, volunteers)
 - External (contracted providers, MOHLTC, etc.)
 - Education provided and education required
 - Implementation of home policies (staff influenza procedure, resident influenza procedure, etc)
 - Other
- Criteria for termination of outbreak (declared over) has been established. Decisions regarding outbreak termination are determined by the OMT in collaboration with Peel Public Health/Medical Officer of Health
- Outbreak debriefing meeting has been planned. Debriefing outcome will be forwarded to the Infection Control Committee for review

SURVEILLANCE

Resident Surveillance

- Resident surveillance is done daily (as per the [Daily Report of Infection](#) tool) and close observation for additional respiratory cases continues.

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- Acute respiratory infection (ARI) screening of staff and visitors continues
- [Resident line listing](#) has been initiated. The ICP has assessed that the residents meet case definition
- Each unit has a separate line listing. ALL symptomatic residents are documented on the internal line listing by the ICP
- The ICP communicates # of cases with Peel Public Health and faxes the resident external line listing to Peel Public Health daily.

- Staff Surveillance**
 - Staff sick calls have been reviewed
 - Staff with respiratory symptoms have been identified and ICP is aware of the unit in which staff work to monitor transmission and progression and whether the staff meet case definition
 - A [staff line listing](#) has been initiated and includes the following information:
 - area worked
 - onset date of symptoms
 - last day worked
 - next scheduled date to work
 - respiratory symptoms
 - date symptoms resolved
 - The ICP has communicated the # of cases to Peel Public Health and faxes the staff line listing to Peel Public Health daily (905-565-6178)
 - Staff ill with respiratory symptoms have been sent home (refer to the home policies and procedures)

- PRECAUTIONS**
- For influenza outbreaks:
 - Antiviral (Oseltamavir) prophylaxis has been initiated for residents
 - Influenza immunization has been offered for unimmunized residents, staff)
 - Ill staff, students, or volunteers with any respiratory symptoms are to be excluded from work for 5 days from the onset of symptoms of a respiratory illness or until symptoms have resolved, whichever is shorter *
 - During an influenza outbreak, immunized staff have no restrictions on their ability to work at other facilities, provided the individual changes their uniform between facilities. However, non-immunized staff not receiving

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prophylactic therapy must wait one incubation period (**3 days**) from the last day that they worked at the outbreak home/unit prior to working in a non-outbreak home, to ensure they are not incubating influenza. Staff, students, and volunteers experiencing respiratory symptoms or fever should not work in any health care setting*

- Antiviral treatment for influenza resident cases has been initiated.
- Special needs of dialysis population (eg. communication with the renal specialist and/or pharmacist) have been considered
- Ill staff have been assessed and managed appropriately
 - prophylaxis (with antivirals for influenza only) for non-immunized
 - exclusion pending prophylaxis (influenza only) or exclusion until asymptomatic
- Influenza immunization rates and coverage for both residents and staff have been reviewed
 - i.e. $\frac{\# \text{ IMMUNIZED}}{\text{TOTAL \#}} \times 100$
- Hand hygiene
 - An adequate supply of alcohol based hand rub is available and, if possible, has been given to staff as personal issue.
 - Additional hand hygiene stations are available as needed (e.g. entrance to unit, dining rooms, resident rooms, etc.)
 - Process to monitor and maintain liquid soap and alcohol-based hand rub holders to ensure adequate supply is in place
 - Liquid soap and alcohol-based hand rub holders have single-use only internal containers and containers are not refillable
 - Importance of proper hand hygiene technique has been reinforced with all staff (e.g. at team conference)
 - Importance of proper hand hygiene technique has been reinforced with all persons entering building (volunteers, visitors, external service providers)
 - Residents are regularly reminded and/or assisted to perform hand hygiene prior to group activities, meals or snacks, after toileting and other activities, etc.
 - Hand hygiene compliance is monitored and audited during outbreak
- Additional Precautions
 - Symptomatic residents have been restricted to their rooms. Room-mates of symptomatic residents are also restricted to their rooms wherever possible.

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- Non-symptomatic residents have been restricted to their unit
- Personal Protective Equipment (PPE) is stocked outside symptomatic resident's room
- Additional precautions are initiated or in place for any symptomatic resident:
 - Non-direct care** (when within 1 -2 metres/3 - 6 feet of symptomatic resident (droplet precautions)
 - Surgical mask (fluid resistant)
 - Eye protection (goggles) (or face protection – shield)
 - Direct care** (droplet + contact)
 - Surgical mask (fluid resistant)
 - Eye protection (goggles) (or face protection – shield)
 - Gowns
 - Gloves
- All registered staff have been authorized to initiate additional precautions.
- The ICP remains the only staff member who is authorized to discontinue additional precautions
- Droplet and/or contact signage has been posted on the door of symptomatic residents
- All residents are spaced 1 -2 metres/3 - 6 feet apart from each other. (e.g. wheelchairs spaced 1 -2 metres/3 - 6 feet apart, furniture placed 1 -2 metres/3 - 6 feet apart, group activities are in a room large enough to space all residents 1 -2 metres/3 - 6 feet apart)
- Residents who are unable to be restricted in movement outside their room have been identified and management of this population has been considered. e.g. their paths have been established and known to staff, and/or modified work staff have been assigned to monitor and assist resident often with hand hygiene
- Importance of reporting respiratory symptoms have been emphasized. Additional precautions are initiated in any residents who have more than 1 respiratory symptom
- Activity restrictions (as applicable) have been initiated for residents/units who are symptomatic including:
 - Hairdresser/barber
 - Physiotherapy
 - Chaplaincy
 - Pet

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- Day care/senior care
- Large group activities and small group activities are decided by the Outbreak Management team on a daily basis
- Mail delivery process has been determined by the Outbreak Management Team
- External appointments for symptomatic residents have been postponed (if possible) and reviewed on a case-by-case basis. Notification of the external appointment location is planned.

- Restrictions
 - New admissions/transfers have been stopped to unit/home as determined by the OMT in collaboration with Peel Public Health
 - The Outbreak Management Team (OMT) will make decisions regarding return of residents on leave (case-by-case basis) or other unusual circumstances
 - External service providers (eg. Chiropody, optometry, Oxygen supply, medical laboratory, radiology etc.) who are providing service on site have been informed regarding outbreak and need to use additional precautions for any symptomatic resident. It is recommended to provide service to symptomatic residents last (after well residents) or consider postponing. Discussion with ICP and/or DOC is done regarding service needs for individual residents on a case-by-case basis
 - Staff have been cohorted to care for symptomatic residents or non-symptomatic residents only (wherever possible). e.g. assigned to specific unit/floor/wing/building only and staff assignments to symptomatic residents or non-symptomatic residents only
 - Areas for staff breaks, smoking, travel throughout building, elevator use, staff entrances etc have been determined and communicated by the OMT
 - Staff who work at other facilities have been informed to change their uniform prior to changing work locations
 - Staffing patterns have been evaluated and determined by OMT to meet adequate coverage (daily basis)
 - A member of the OMT has been assigned to be available after business hours and on weekends and holidays
 - Visitor restrictions have been determined by the OMT
 - Volunteer restrictions/student restrictions/etc have been determined by the OMT

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SPECIMENS

- [N/P swabs](#) have been collected within 48 hrs of symptom onset on “sickest” residents. This has been done in collaboration with Peel Public Health
- An outbreak number has been assigned in collaboration with Peel Public Health in order to process an outbreak specimen by Central Public Health Laboratory (CPHL). Outbreak # for specimens: _____
- The N/P swab(s) has been labelled correctly
- The [requisition](#) has been completed correctly
- N/P specimen(s) has been stored in a specimen refrigerator (separate from other laboratory specimens) until transport
- N/P specimen(s) has been transported in a specimen bag with ice pack to CPHL (as per discussion with Peel Public Health)
- N/P specimen supply has been restocked

EDUCATION

- Staff education regarding droplet and contact precautions and correct use of PPE (based on type of resident interaction)
 - When not providing direct care, and within 1 -2 metres/3 - 6 feet of symptomatic resident, wear mask and eye protection
 - When providing direct care, and within 1 -2 metres/3 - 6 feet of symptomatic resident, wear mask and eye protection and gown and gloves
 - When further than 1 -2 metres/3 - 6 feet from symptomatic residents, no precautions required
 - Hand hygiene (essential) after removing PPE, leaving room and as per routine practices
- Staff education for registered and non-registered staff (all departments – dietary, housekeeping, activation, laundry, maintenance, PSW, volunteer, etc.) has been reinforced regarding:
 - Assessment of respiratory symptoms
 - Initiation of additional precautions as soon as residents manifest respiratory symptoms
 - Restriction of symptomatic residents to their rooms
 - Enhanced cleaning and disinfection
 - Importance of educating visitors, and others regarding the outbreak, use of PPE, etc.
- Visitors and others have received education regarding the outbreak,

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respiratory signs and symptoms, restrictions, not visiting when unwell, use of PPE, hand hygiene, etc

- Housekeeping staff have received a review of outbreak cleaning

- COMMUNICATION**
- External signage (entrances) have been posted to indicate home/unit(s) in respiratory outbreak
- Compliance ministry has been notified regarding outbreak (see standard form)
- External service providers have been notified regarding outbreak (and restriction if they have not had influenza immunization)
- Ambulance notification transfer form (and process) has been completed for every transfer
- Consistent key messaging to staff about the outbreak has been developed for communication during business hours, after business hours and daily
- Families have been notified regarding outbreak and they are being kept up to date as changes occur
- Staff have been reminded to provide consistent key messages to visitors and others
- Responsibility for communication externally (media, other authorities, etc.) has been assigned by the OMT

- ENVIRONMENTAL**
- Cleaning of all equipment and environment continues to be done on a regular basis and has been specifically assigned (e.g. scales, commodes, wheelchairs, laundry carts, other carts, etc)
- Increased frequency of cleaning of “high-touch surfaces”(e.g table-tops, door handles) has been initiated on affected unit; routine cleaning (e.g. floors) has been re-evaluated/considered
- Type of disinfectant has been evaluated for level of disinfection
- Contact time for the disinfectant is followed
- Cleaning processes have been evaluated by the OMT and recommendations and changes made
- All multi-use Resident-Care equipment (on units and in all areas such as physiotherapy, activation, volunteer programs, etc) has been cleaned and disinfected after each use

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- Equipment has been dedicated to symptomatic residents (confined to their rooms) and not shared with asymptomatic residents (e.g. thermometers, BP cuffs.)
- All equipment is cleaned, then disinfected between use on residents (e.g. stethoscope, thermometer, etc.)
- Terminal cleaning is done when residents are no longer symptomatic
- Discharge cleaning is done as a routine
- Checklists and audits of housekeeping are being done