OUTBREAK STATUS REPORT

Middlesex-London Health Unit

Last Updated: February 20, 2022 7:06 PM

Active

Premise	Type of Outbreak	Date Declared	Affected Area(s)	Date Resolved	Pathogen 1	Pathogen 2	Pathogen 3
Dorchester Terrace	Respiratory	Feb 19, 2022	2nd Floor		COVID-19		
Kensington Village Retirement	Respiratory	Feb 18, 2022	8th Avenue		COVID-19		
LHSC- University Hospital	Respiratory	Feb 17, 2022	A9 - 300		COVID-19		
Westmount Gardens	Respiratory	Feb 15, 2022	Lily Unit		COVID-19		
Maple View Terrace	Respiratory	Feb 12, 2022	3rd & 6th floors		COVID-19		
Sprucedale Care Centre	Respiratory	Feb 3, 2022	Hickory		RSV		
Waverley Mansion	Respiratory	Feb 3, 2022	Facility-wide		COVID-19		
Strathroy Middlesex General Hospital	Respiratory	Feb 2, 2022	1S		COVID-19		
Babcock Community Care Centre	Respiratory	Jan 31, 2022	Facility-wide		COVID-19		
Oneida Long Term Care Home	Respiratory	Jan 28, 2022	Facility-Wide		COVID-19		
LHSC- University Hospital	Respiratory	Jan 25, 2022	U4 Medicine 200/300		COVID-19		
LHSC- University Hospital	Respiratory	Jan 11, 2022	A9 Inpatient - 100 & 200 Corridors		COVID-19		
Extendicare	Respiratory	Dec 24, 2021	1st & 2nd		COVID-19		

Declared Over

Premise	Type of Outbreak	Date Declared	Affected Area(s)	Date Resolved	Pathogen 1	Pathogen 2	Pathogen 3
Henley Place LTC Residence	Respiratory	Dec 29, 2021	Harris Unit	Feb 19, 2022	COVID-19		
Meadow Park Care Centre	Respiratory	Jan 1, 2022	Blue Unit	Feb 17, 2022	COVID-19		
LHSC- University Hospital	Respiratory	Jan 15, 2022	U10 Subacute Medicine and Palliative Care	Feb 15, 2022	COVID-19		
Sprucedale Care Centre	Respiratory	Feb 9, 2022	Cedar Unit	Feb 14, 2022	Coronavirus (not COVID-19)		
Queens Village	Respiratory	Jan 28, 2022	Facility-wide	Feb 14, 2022	COVID-19		
Queens Village	Respiratory	Jan 25, 2022	Lower Level & Second Floor	Feb 14, 2022	COVID-19		

Declared Over

Premise	Type of Outbreak	Date Declared	Affected Area(s)	Date Resolved	Pathogen 1	Pathogen 2	Pathogen 3
Chelsey Park	Respiratory	Jan 18, 2022	4th Floor	Feb 14, 2022	COVID-19		
Village of Glendale Crossing	Respiratory	Dec 25, 2021	Facility-wide	Feb 14, 2022	COVID-19		

This information is to be used as a guide and is intended to help you prevent infections and outbreaks in your facility. The decision regarding who can work at a facility rests with that facility, but should take into account the need for adequate staffing levels and the risk of infection from staff working at multiple facilities. For more information please visit https://www.healthunit.com/outbreak-resources

Enteric Outbreaks
- Staff members/volunteers from facilities in outbreak should not work at your facility until at least 48 hours have elapsed since they last worked at the affected facility. This period can be modified if the causative agent is known.
- Staff members/volunteers who are experiencing gastrointestinal illness should not work at any facility until they have been symptom-free for at least 48 hours. Good hand hygiene should be reinforced with returning staff members/volunteers.
- Staff should change to a clean uniform between facilities and before leaving the affected facility.
  (Source Control of Gastroenteritis Outbreaks in Long-Term Care Homes: A Guide for Long-Term Care Homes and Public Health Unit Staff, 2013). https://www.healthunit.com/outbreak-resources

Clostridium difficile **Outbreaks**
- Provided that all required infection control practices are in place, staff can work at both affected and unaffected facilities without restrictions.

Residents/patients with suspected or confirmed *Clostridium difficile*-associated diarrhea (CDAD) can be transferred within the health care system; however, the receiving facility must be notified and be able to comply with the recommended infection control precautions. *Clostridium difficile* is suspected in a resident/patient who develops diarrhea and has been in a facility experiencing a *Clostridium difficile* outbreak. Initiate Isolation rapidly and stool samples should be collected. (**Source: Annex C: Testing, Surveillance and Management of Clostridium difficile In All Health Care Settings, January 2013).** https://www.healthunit.com/outbreak-resources

Respiratory Outbreaks (non-influenza)
- Staff members/volunteers from facilities in outbreak should not work at your facility until at least 72 hours have elapsed since they last worked at the affected facility. For outbreaks attributable to Respiratory Syncytial Virus (RSV), Parainfluenza virus, Human metapneumovirus, and Adenovirus consider lengthening this time period to 5 days.
  Staff members/volunteers who are experiencing respiratory symptoms should not work at any facility until 5 days from onset of symptoms or until symptoms have resolved. For outbreaks attributable to RSV, lengthen this time period to 8 days. Good hand hygiene should be reinforced with returning staff members/volunteers. (**Source: A Guide to the Control of Respiratory Infection Outbreak in Long-Term Care Homes, Ministry of Health and Long-Term Care, November, 2015).** http://www.health.gov.on.ca/en/pro/programs/publichealth/flu/docs/resp_infectn_ctrl_guide_ltc_2015_en.pdf

Influenza Outbreaks
- The Health Unit recommends that you ask non-immunized staff/volunteers who are from facilities in outbreak, and who are not on an appropriate antiviral drug, to refrain from working at your facility until it has been at least 72 hours since they last worked at the affected facility.
- Staff members/volunteers who are experiencing respiratory/ influenza symptoms should not work at any facility until 5 days from onset of symptoms or until symptoms have resolved, whichever time period is shorter. Good hand hygiene should be reinforced with returning staff members/volunteers.
  (**Source: A Guide to the Control of Respiratory Infection Outbreak in Long-Term Care Homes, Ministry of Health and Long-Term Care, November, 2015).** http://www.health.gov.on.ca/en/pro/programs/publichealth/flu/docs/resp_infectn_ctrl_guide_ltc_2015_en.pdf