OUTBREAK STATUS REPORT

Middlesex-London Health Unit

Last Updated: May 29, 2022 7:19 PM

Active

Premise	Type of Outbreak	Date Declared	Affected Area(s)	Date Resolved	Pathogen 1	Pathogen 2	Pathogen 3
Henley Place LTC Residence	Respiratory	May 29, 2022	Springbank Unit		COVID-19		
LHSC- University Hospital	Respiratory	May 25, 2022	U6 CVT (Cardiac Surgery)		COVID-19		
LHSC- University Hospital	Respiratory	May 25, 2022	5IP Cardiology 100/300 wings		COVID-19		
Westmount Gardens	Respiratory	May 24, 2022	Lily, Daisy and Yellow Rose unit		COVID-19		
Windermere On The Mount	Respiratory	May 22, 2022	Facility-Wide		COVID-19		
Strathmere Lodge	Respiratory	May 22, 2022	Parkview Place		COVID-19		
Parkwood Institute Main Building	Respiratory	May 22, 2022	H3		COVID-19		
McCormick Home	Respiratory	May 21, 2022	Oak Avenue & Memory Lane		COVID-19		
Village of Glendale Crossing	Respiratory	May 21, 2022	Lambeth		COVID-19		
Chartwell Riverside Retirement Residence	Respiratory	May 19, 2022	Facility-Wide		COVID-19		
LHSC- University Hospital	Respiratory	May 17, 2022	7th floor		COVID-19		
Kensington Village	Respiratory	May 16, 2022	8th Avenue (Thames Unit)		COVID-19		
LHSC- Victoria Hospital	Enteric	May 11, 2022	C7-200		C. difficile		
Fox Hollow Retirement Residence	Respiratory	Apr 27, 2022	Assisted Living (1st)		COVID-19		
McGarrell Place	Respiratory	Apr 24, 2022	Harris House, Windermere Way, Kingsmill		COVID-19		

Declared Over

Premise	Type of Outbreak	Date Declared	Affected Area(s)	Date Resolved	Pathogen 1	Pathogen 2	Pathogen 3
Parkwood Institute Main Building	Respiratory	May 9, 2022	H2	May 28, 2022	COVID-19		
Country Terrace	Respiratory	May 12, 2022	east and west units	May 23, 2022	COVID-19		
Westmount Gardens	Respiratory	Apr 29, 2022	Iris Unit	May 23, 2022	COVID-19		

Declared Over

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