BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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Respiratory Outbreak Control Measures
For Long-Term Care Homes and Retirement Homes

Facility: _____ **Outbreak Number:** **2244 - [YYYY] -** _____

Affected Area: _____ **Confirmed Outbreak Declared Date:** _____

Confirmed Outbreak Definition	Two or more patient/resident cases of test-confirmed acute respiratory infections (ARI) with symptom onset within 48 hours and an epidemiological link (e.g. same unit/floor/service area) suggestive of transmission within the setting (this includes acquisition by exposure to infected visitors/staff). **OR** Three or more patient/resident cases of ARI with symptom onset within 48 hours and an epidemiological link suggestive of transmission within the setting (e.g. same unit/floor/service area) AND testing is not available or all negative. (September 2024, OPHS.)	
Suspect Outbreak Definition	Two patient/resident cases of ARI with symptom onset within 48 hours with an epidemiological link (e.g. same unit/floor/service area) suggestive of transmission in the setting AND testing is not available or all negative. (September 2024, OPHS.)	
Respiratory Illness	**Signs and Symptoms**	
Onset of at least 2 new and unexplained respiratory symptoms (not related to allergies, underlying medical conditions, etc.)	• Fever/abnormal temperature >38°C* • Chills • Cough • Shortness of breath • Decrease or loss of taste and/or smell • Fatigue, tiredness, and/or malaise** • Muscle aches (myalgia)**	• Headache • Runny nose (rhinorrhea) • Stuffy nose (nasal congestion) • Sore throat, hoarseness, or difficulty swallowing • Abdominal pain, nausea, vomiting, and/or diarrhea • Decrease or loss of appetite
	*Elderly and immunocompromised individuals may not have a febrile response to a respiratory infection. ** Not related to receiving a COVID-19 or influenza vaccine in the last 48 hours	

SURVEILLANCE

Passive screening of all visitors (general visitors, personal care service providers, and essential visitors) entering the building.

Resident and staff line lists – OMT determines the frequency of receiving the updated line lists as part of the ongoing risk assessment of the outbreak which will influence the level of involvement by the PHU in the management of the outbreak. **FAX (519-663-8241) or secure email (Whisper) daily to MLHU.** Please note that email from an outside organization to MLHU is considered unsecure and cannot be used to send personal health information.

IPAC Audits - IPAC lead/designate should conduct weekly IPAC audits for the duration of the outbreak. The results of these audits should be reviewed by the OMT. Ensure dedicated staff conduct IPAC audits for hand hygiene, PPE usage and cleaning and disinfection and report rates to staff.

Outbreak management team (OMT) meeting – Upon confirmed outbreak declaration, initiate an OMT meeting to:

- Discuss OB and IPAC measures taken/to be taken, restrictions to group/social activities and other events.

- Define the outbreak area of the institution (i.e., floor or unit) and cohort based on illness (i.e., infected or exposed and potentially incubating).
- Assess risk of exposure to residents/staff based on cases' interactions.

SPECIMEN COLLECTION

Testing:

- COVID-19: Test ALL residents with respiratory symptoms to rule out COVID-19
- MRVP test: Continue to request respiratory virus testing for ALL symptomatic residents.
- Ensure "COVID-19 Virus and Respiratory Viruses" is checked off in box 5 of the requisition.

**PHOL requisition form: COVID-19 and Respiratory Virus Test Requisition (publichealthontario.ca).*
For more information on lab testing, visit Public Heath Ontario's Respiratory Viruses Testing Indications - https://www.publichealthontario.ca/en/laboratory-services/test-information-index/virus-respiratory)

Report suspect or confirmed cases of respiratory pathogens promptly to MLHU. See section 27 of the HPPA for more details.

Testing kits:

- **Ensure sufficient supply of non-expired and appropriately stored test kits.** Ensure plans are in place for specimen collection. See Public Health Ontario Laboratory for ordering.
- Complete test requisition appropriately.
- Label the specimen container with the resident's name, date of birth or health card number, and the date of collection. Verify that the information on the specimen container matches the test requisition form.

ROUTINE PRACTICES & ADDITIONAL PRECAUTIONS (PPE)

Routine practices and additional precautions as per PHO's Routine Practices and Additional Precautions in All Health Care Settings (3rd edition).

Hand hygiene – Educate and reinforce resident and staff hand washing.

Point of care risk assessment (PCRA) – Should be completed by all staff before every resident interaction.

Contact precautions – Gloves and gown (if skin or clothing may come into direct contact with the resident or their environment).

Droplet precautions - Facial protection (medical mask and eye protection).

Signage – Signage must be clear indicating each resident on Droplet and Contact precautions.

MOVEMENT OF RESIDENTS

Respiratory cases/symptomatic residents (not including COVID-19) - Isolate to room for 5 days from onset or until symptoms resolve, whichever is sooner; maintain physical separation from roommates. Residents are encouraged to wear a well-fitted mask, if tolerated, when receiving care and when outside of their room until day 10 from symptom onset. The isolation period may be extended at the investigator's discretion.

COVID-19 cases – Isolate to room for a **minimum of 5 days** from symptom onset and until symptoms are resolving for 24 hours. Should mask until day 10 from symptom onset. If unable to mask, remain in isolation until day 10.

Isolate suspect cases (those with one symptom) to room for at least 24 hours of observation using Additional Precautions; extend isolation if symptom persists or worsens. Follow guidance for respiratory cases if resident meets definition of Respiratory Illness as listed on Page 1 (at least 2 new and unexplained respiratory symptoms).

Roommates:

Roommate contacts who cannot be moved to a separate room from the case – on Additional Precautions (Droplet and Contact) for 5 days from case's symptom onset, then masking until day 10 from case's symptom onset.

Roommate contacts who can be moved to a separate room from the case – on Additional Precautions (Droplet and Contact) for one incubation period (or 5 days if pathogen is unknown), then masking until day 7 from case's symptom onset.

Cohort residents – Cohort well and unwell residents within the outbreak area. Residents must be cohorted for all non-essential activities including communal dining, organized events, and social gatherings. Different cohorts are not to be mixed, and residents from different cohorts should not visit one another.

Temporary absences – Homes cannot restrict or deny absences for medical, palliative, or compassionate reasons at any time. This includes when a resident is in isolation or when a home is in outbreak.

Residents who are in isolation on additional precautions may not participate in essential, social, or temporary absences. Homes should seek the advice of local public health unit if self-isolation must be broken for these reasons.

When a resident who is self-isolating on additional precautions is required to leave the home for a medical absence, homes should notify the health care facility so that care can be provided to the resident with the appropriate additional precautions in place.

Homes are not required to actively screen, test, or isolate residents upon return from an absence unless the resident is symptomatic.

On unit activities - Consider rescheduling group activities and group outings on affected units until the outbreak is under control.

Admissions and transfers – PHU approval is not required for admissions/transfers, but PHU consultation is recommended when IPAC advice or risk mitigation is needed.

ENVIRONMENTAL CONTROLS

Increased cleaning and disinfection practices – Cleaning and disinfecting should be conducted at least **twice** a day. Ensure staff are educated in cleaning and disinfection procedures and follow cleaning schedules. Refer to 3.12 Enhanced Environmental Cleaning and Disinfection of the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings for more information.

Disinfectant – Low-level disinfection is adequate; concentration and contact times as per manufacturer's directions.

Dedicate care equipment – Otherwise, clean and disinfect between uses as per manufacturer's directions. Take measures to limit movement of equipment and supplies through affected areas.

HCW/STAFF (including volunteers, students, and physicians)

Symptomatic staff/HCWs – Symptomatic staff should self-isolate at home and not go into work; staff should report being ill to their employer (setting administration/management).

For respiratory symptoms:

- HCWs/staff who develop respiratory symptoms at work are recommended to perform respiratory hygiene practices (wear mask, cough into sleeve/elbow) and leave work as soon as possible.
- HCW/staff should immediately leave and be directed to self-isolate at their own home until symptoms have been improving for 24 hours and no fever present.
- Return to Work: For 10 days after the date of specimen collection or symptom onset, whichever is earlier/applicable, HCWs/staff should adhere to workplace measures for reducing risk of transmission (i.e., masking for source control) and avoid caring for clients/patients/residents at highest risk of severe respiratory illness, where possible.

For gastrointestinal symptoms:

- HCWs/staff who develop gastrointestinal symptoms at work are recommended to perform hand hygiene and leave work as soon as possible.
- Return to Work: depending on the policies of their employers, staff may be asked not to return to work until symptom-free for 48 hours. This period could be modified if the causative agent is known. Disease-specific exclusions may apply.

Cohort HCWs/staff – care for asymptomatic residents before symptomatic residents when possible. Consider minimizing movement of HCWs/staff/volunteers/students between units/floors, especially if some units/floors are not affected.

COMMUNICATION

Facility contact – Facility must have designated individuals to liaise with MLHU 7 days a week, including weekends and holidays.

- Notify MLHU if new symptomatic residents are identified such as sending a line list.

Residents/patients, families, and visitors – Outbreak/precautions signage to inform visitors of outbreak; calls to families at facility's discretion.

Confirmed Outbreaks Only: Other resident/patient care facilities and agencies – Added to daily MLHU Outbreak Status Report.

Death – Notify MLHU of all outbreak related deaths. Notify coroner as per legislation.

Media – Facility-designated spokesperson; MLHU & facility to inform each other if contacted.

VISITORS

Visitors – General visitors should postpone all non-essential visits to residents within the outbreak area for the duration of the outbreak.

Caregivers, support workers, or individuals visiting a resident receiving end of life care are allowed when a resident is isolating or resides in a home in outbreak or outbreak area, provided they are able to comply with the PPE recommendations above.

Educate – Provide appropriate education for routine practices and use of PPE, physical distancing, respiratory etiquette, hand hygiene, and other relevant IPAC practices. Essential visitors non-compliant with policies could result in discontinuation of visits.

OUTBREAK RESOLUTION CRITERIA

8 days from the onset of symptoms in the last resident case OR 3 days from last day of work of an ill staff, whichever is longer. Duration of the outbreak may be extended at the investigator's discretion.

CONTACT

	Name	Phone/Email
Public Health Contact	**MLHU Infectious Disease Control Team**	**519-663-5317 idc@mlhu.on.ca**

ADDITIONAL INFORMATION:

- PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition.
- PIDAC Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings October 2024
- PIDAC Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices in All Health Care Settings May 2013.

References:

1. *Ministry of Health, Appendix 1: Case Definitions and Disease-Specific Information, Disease: Respiratory Infection Outbreaks in Institutions and Public Hospitals:* https://www.ontario.ca/files/2024-11/moh-ophs-respiratory-infection-outbreaks-en-2024-11-01.pdf
2. *Ministry of Health, Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings:* https://www.ontario.ca/files/2024-11/moh-recommendations-for-outbreak-prevention-and-control-in-institutions-and-cls-en-2024-11-01.pdf
3. *Public Health Ontario, Routine Practices and Additional Precautions* – In All Health Care Settings, 3rd Edition: https://www.publichealthontario.ca/en/Health-Topics/Infection-Prevention-Control/Routine-Practices-Additional-Precautions