

# Outbreak Control Measures: Acute Respiratory Infection including COVID-19 and Influenza

## Suspect outbreak

**If an outbreak is suspected**, notify  
Huron Perth  
Public Health at  
1-888-221-2133 ext 3284  
or [idteam@hpph.ca](mailto:idteam@hpph.ca)

**After hours**, call  
1-800-431-2054

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Facility name \_\_\_\_\_

Outbreak number (5183-202X-XXXXX) \_\_\_\_\_

### **Suspect Respiratory Outbreak Definition**

- Two resident/patient cases of acute respiratory infection (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.

### **Confirmed Respiratory Outbreak Definition**

- Two or more resident/patient cases of test-confirmed ARI with symptom onset within 48 hours and an epidemiological link (e.g., same unit/floor/service area) suggestive of transmission within the setting OR
- Three or more resident/patient cases of ARI with symptom onset within 48 hours and an epidemiological link suggestive of transmission within the setting AND testing is not available or all negative.

## Outbreak administration

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Define the outbreak area of the home (e.g., floor, unit or whole facility).  
Post signage at all entrances that indicates home is in a respiratory illness outbreak.  
Post signage at all entrances of respiratory illness signs and symptoms.  
Consider cohorting of staff and residents.  
Ensure adequate staffing plan is in place. Discuss any staffing concerns with Outbreak Management Team (OMT).  
Consider notifying your pharmacy that respiratory testing is occurring and the possibility of needing antivirals.

### Notification

Report outbreak as per facility's policy and procedure.

## Surveillance

**Email** line listing to  
[idteam@hpph.ca](mailto:idteam@hpph.ca)

**Report** hospitalizations  
and/or deaths to HPPH  
1-888-221-2133 ext 3284

**After hours**, call  
1-800-431-2054

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Email line listing with updates of residents and/or staff, as required.  
Increase frequency of symptom screening of all residents (minimum twice daily).  
Ensure all staff and visitors screen for symptoms and are not permitted entry if symptomatic.  
Visitors for imminently palliative residents who fail screening are permitted entry; provide PPE based on risk assessment.

### Testing

- When testing ill/symptomatic resident:
- Ensure swabs are not expired
  - Use appropriate PPE when collecting swabs
  - Have plan for transporting specimens on weekdays and weekends.

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Routine practices and additional precautions (airborne/droplet/contact)

**Ensure** adequate supplies, and check expiry dates.

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### Hand hygiene

Use soap and water when hands visibly soiled.

Use alcohol-based hand rub (ABHR) 70-90%, when hands are not visibly soiled.

Post signs and reinforce four moments of hand hygiene.

### Masking

Universal masking for outbreak area for staff, visitors, and all residents (as tolerated).

Medical mask or N95 for direct care within two metres of resident, based on point of care risk assessment. Discard at exit of isolation room.

Resident to wear a surgical mask when out of room, and when receiving direct care (if tolerated).

### Eye protection

For direct care within two metres of resident

- based on point of care risk assessment
- clean or discard at exit of isolation room.

### Gloving

For direct care of resident

- based on point of care risk assessment
- discard immediately after use.

### Gowning

Long-sleeved gown during direct resident care

- based on point of care risk assessment
- doff and discard immediately after use.

## Residents

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### Ill/symptomatic resident:

- recommend they remain in their room
- place on additional precautions,
- test for COVID-19 and Multiplex Respiratory Virus PCR (MRVP).

If resident is positive for COVID-19 see "COVID-19 additional measures" below.

If negative for COVID-19, resident should be on additional precautions and should stay in their room for 5 days from symptom onset or until symptoms resolved, whichever is sooner.

- Encourage masking (if tolerated) until day 10 from symptom onset.
- Encourage avoidance of activities that involve unexposed residents where masking cannot be maintained by the case (e.g. dining).
- Residents are able to leave their room for walks with mask (as tolerated) within outbreak area or outside with a staff wearing appropriate PPE.

Asymptomatic roommate(s) to be placed on additional precautions for 5 days including:

- recommend they remain in the outbreak area
- recommend they wear a mask (as tolerated) for 10 days
- recommend they avoid unexposed residents.

Restrict all affected residents to unit/cohort where feasible.

Residents in affected area are recommended to wear a medical mask (as tolerated) when:

- in common areas with other residents (with exception of meals).
- when receiving an essential visitor

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Admissions and transfers/absences	<div>6</div> <p>Avoid admissions to outbreak area.</p> <p>If admission is required, consider the following:</p> <ul style="list-style-type: none"> <li>◦ Resident (or substitute decision-maker) consents to the admission or transfer.</li> <li>◦ Resident is admitted or transferred to a private room.</li> <li>◦ Attending physician to be consulted.</li> <li>◦ Resident (or substitute decision-maker) informed of and offered vaccination(s) if applicable.</li> </ul> <p>Avoid transfers to other facilities (e.g., another home).</p> <p>If transfer to hospital is required, advise hospital staff and paramedics of outbreak situation prior to transfer.</p> <p>Medically necessary appointments and activities (including palliative or compassionate reasons) can continue, and it is recommended to wear a medical mask (if tolerated). Notify receiving facility of the outbreak prior to resident's arrival.</p> <p>Residents who live in an unaffected area of the home and are asymptomatic and not on additional precautions may leave the home.</p>
Group activities and gatherings	<div>7</div> <p>Group activities during outbreak can continue. Consider changing or postponing activities based on severity and spread (e.g., smaller group size).</p> <p>One to one activity for residents on additional precautions can continue on the outbreak floor/unit.</p> <p>Dining:</p> <ul style="list-style-type: none"> <li>◦ Continue; may consider alternatives based on illness severity, spread and type.</li> <li>◦ Tray service for ill/symptomatic resident on additional precautions.</li> </ul>
Staff and volunteers	<div>8</div> <p>Cohort staff</p> <p>Have dedicated staff care for ill residents, OR provide care to ill residents last, as feasible.</p> <hr/> <p>Working at other facilities</p> <p>Staff to consult with non-outbreak facility.</p> <p>Exclusion of non-immunized staff/volunteers, as per facility policy and procedure.</p> <hr/> <p>Return to work after illness</p> <p>Staff are to be off work until they are fever-free, and symptoms have been improving/resolving for 24 hours (48 hours for gastrointestinal symptoms)</p> <p>Mask while at work for 10 days after symptom onset and physically distance from others when removing mask. Where possible, avoid caring for residents at highest risk of severe illness.</p>
Visitors	<div>9</div> <p>Essential visitors are allowed in an outbreak area.</p> <p>Limit the number of residents visitors interact with and reinforce visitors to not participate in unnecessary social interactions.</p> <p>Provide and encourage use of appropriate PPE.</p> <p>General visitors should postpone all nonessential visits.</p>

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Environmental cleaning	10	<p>Increase cleaning and disinfection to a minimum of two times per day for high touch surfaces and common areas.</p> <p>Ensure once daily cleaning and disinfection of low touch surfaces (e.g., shelving and windowsills) in common areas.</p> <p>Ensure disinfecting product is effective against respiratory pathogens, and product is not expired.</p> <p>Ensure disinfectant contact times are adhered to.</p> <p>Increase frequency of environmental cleaning audits.</p> <p>Dedicate patient care equipment to ill resident or ensure disinfected between use.</p>
Ventilation	11	<p>HVAC maintenance inspections up to date</p> <p>HEPA filters/air scrubber maintenance inspections and filters up to date</p> <p>Encourage natural ventilation sources (e.g., open window) and use of exhaust fans.</p>
Audits	12	<p>Increase frequency of audits:</p> <ul style="list-style-type: none"> <li>◦ Hand hygiene</li> <li>◦ PPE</li> <li>◦ Environmental cleaning</li> </ul> <p>Discuss concerns with IPAC Hub</p> <ul style="list-style-type: none"> <li>◦ <a href="mailto:ipachub@hpph.ca">ipachub@hpph.ca</a></li> </ul>
Declaring outbreak over  <b>HPPH will determine</b> when to declare the outbreak over	13	<p><b>Respiratory outbreak resolution criteria</b></p> <p>Viral respiratory outbreaks in general can be declared over if no new cases have occurred in 8 days from the onset of symptoms of the last resident case, or 3 days from last day of work of an ill staff, whichever is longer.</p> <p>Declaring over before 8 days is possible under certain conditions; consult with health unit.</p>
COVID-19 additional measures	14	<p>Cases</p> <p>On additional precautions and should stay in their room for 5 days from symptom onset and until symptoms have been improving for 24 hours (48 hours if GI symptoms) and no fever present.</p> <p>After 5 days of additional precautions</p> <ul style="list-style-type: none"> <li>◦ Able to mask: Can participate in activities while wearing a mask at all times until day 10 from symptom onset. Avoid any activities that involve unexposed residents where masking cannot be maintained by the case (e.g. dining).</li> <li>◦ Unable to mask: Remain on additional precautions until day 10 from symptom onset.</li> </ul> <p>Residents are able to leave their room for walks with mask (as tolerated) within outbreak area or outside with a staff wearing appropriate PPE.</p> <hr/> <p>COVID-19 therapeutics</p> <p>Assessed as soon as possible for COVID-19 therapeutics and to determine eligibility.</p>

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Confirmed  
Influenza additional  
measures

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Offer influenza vaccination to all unvaccinated residents, staff and visitors for whom the vaccine is not contraindicated.

Follow facility antiviral policy; start antiviral prophylaxis for all well residents regardless of vaccination status as soon as possible. Continue until outbreak is over.

Start antiviral treatment as soon as possible, ideally within 48 hours of symptom onset. Symptomatic residents treated with an antiviral should be encouraged to stay in their rooms for the duration of treatment.

Duration of the treatment dose of antiviral medication is 5 days. Non lab-confirmed ill residents who start on the treatment dose of antiviral (5 days) will be placed on a prophylaxis dose of antiviral for the duration of the outbreak.

Immunized well staff may continue to work at the outbreak facility or other facilities without restriction.

Unimmunized/newly vaccinated (within 2 weeks) well staff taking antiviral prophylaxis for the duration of the outbreak may continue to work.

Unimmunized well staff not taking an antiviral follow facility staff exclusion policy.

Notes

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Reviewed control  
measures

Required

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Reviewed with:

Name \_\_\_\_\_ Position \_\_\_\_\_

**PHN/PHI, sign and date here (Required)**



Position at HPPH    PHN    PHI

Date (yyyy/mm/dd) \_\_\_\_\_