THE CORPORATION OF HALDIMAND COUNTY			Approved per:
Grandview Lodge			
Department:	IPAC	Subject:	Communicable Disease: *Respiratory* Outbreak Contingency Plan
Effective Date:	Sept 2002	Policy #:	IC – 50.1.6
Revised:	May 2004, Nov 22	Author:	IPAC Coordinator
Reviewed:	May 04, Apr 06, Feb 09, Jul 11, Apr 18, Sept 22	Authority:	Administrator

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BACKGROUND:

Registered staff will identify Resident's with sign and symptoms of respiratory infections and document infections on the "Resident Infection Line Listing for Routine Surveillance" , as per policy. In addition staff are to be familiar with the policy for GAS infections. A potential outbreak, will be declared when there is one lab confirmed case of influenza; facility respiratory outbreak plans will be implemented. A respiratory outbreak, will be identified by 2 cases of respiratory illness with like symptoms or 2 cases above the baseline occurring within 48hrs on the same unit and again the facility respiratory outbreak contingency plan will be implemented.

Case definition of Upper Respiratory Tract Infection (includes the common cold, pharyngitis)
The common cold is communicable for 72 hours from onset.
The resident must have **at least two** of the following symptoms:

- Runny nose or sneezing
- Stuffy nose
- Sore throat or hoarseness or difficulty swallowing
- Dry cough
- Swollen or tender glands in the neck
- Fever or abnormal temperature may or may not be present.

Identification of Symptoms of Influenza-like Illness in Residents

Residents with at **least two** of the following symptoms;

- Abnormal temperature >38 degrees Celsius or <35.5 degrees Celsius
- Cough
- Myalagia
- Malaise
- Sore throat or runny nose
- Loss of appetite
- Headache
- Chills

Identification of Influenza like symptoms in Staff, they should have all of the following:

- Fever >38 degrees
- Cough or sore throat
- Malaise, myalagia or fatigue

Staff can expected to be communicable for 5 days from date of onset and need to be absent from work until symptom free, this could be shorter or longer depending on the cause of respiratory illness.

Identification of Bronchitis and Tracheobronchitis (other LRTI):

- New or increased cough
- New or increased sputum production
- Abnormal temperature >38 or 35.5 degrees Celsius
- Pleuritic chest pain
- New physical findings (rales, rhonchi, wheezes)
- New or increased SOB, respiratory rate > 25/min, worsening functional ability to perform ADL's or change in consciousness

Identification of Phneumonia (LRTI):

- Confirmed by chest x-ray
- or physician confirmed assessment
- Infiltration

(rule out other non-infectious causes such as CHF or underlying disease process)

Severe Respiratory Syndrome (SARS):

- Fever over 38 celcius or abnormal temperature
- Cough or breathing difficulty not otherwise explained
- Severe pneumonia determined by chest xray (likely admitted to hospital for treatment)

Living or traveling to a potential SARS re-emergence within the past 30 days or being in close contact with a symptomatic person that has traveled to a SARS re-emergence area in the last 30 days.

Febrile Respiratory Illness: All Respiratory illnesses can present with fever or abnormal temperature. Screening of all respiratory illnesses is required under MOHLTC guidelines. Implementation of isolation and appropriate barriers will reduce the risk of transmission to others. See attached appendix for the current screening tool to be administered on all new admissions and any residents with new onset of respiratory illness. On admission findings are to be documented along with a copy forwarded to the Infection Control Officer.

PURPOSE:

Residents in a long-term care home are susceptible hosts for respiratory outbreaks for a number of reasons associated with ageing; e.g., declines in natural barriers, immune system changes, debilitated status, organ deficits, multiple chronic diseases, nutritional factors and delays in recognizing infections.

All respiratory outbreaks shall be reported to the Local Health Unit by the IPAC coordinator or Designate.

POLICY:

To provide information on respiratory illness to manage infections within the Lodge.

To provide direction for staff to ensure rapid response to respiratory disease outbreak and to minimize the impact to residents, families, visitors, volunteers and staff.

To provide information to key personnel to assist with prompt infection control activities to reduce the spread of infection, assist with determining the source (s) of infection and to determine the specific pathogen related to an outbreak. To decrease the duration of the outbreak

PROCEDURE:

- The 13 items in the procedure for communicable disease will be carried out. (IC.50) ..\..\Policies & Procedures\Infection Control Manual\IC-50 Communicable Disease.doc
- Initiate respiratory precautions [As follows]

Additional Information:

- Annually and during orientation staff are given education on infections illnesses and on the influenza policies of the Lodge.
- In the fall of each year staff will receive information regarding the Flu vaccine developed for the upcoming flu season.
- In the fall of each year, staff will be reminded of the facility policies regarding influenza, influenza prophylaxis medication, reporting of vaccination status and encouraged to receive flu vaccination.
- New employees will be inserviced during orientation regarding the reporting of symptoms of illness when calling in ill.
- The Infection Control Officer will keep records of vaccinated staff and unvaccinated staff and share it with appropriate supervisors to ensure that influenza-staffing guidelines are implemented in the event of an outbreak.
- Each fall, the Infection Control Officer will ensure that the supplies are on hand to administer flu vaccine.
- Registered Nurses will assist with the staff vaccination program as per policy.
- Each year the Infection Control Officer will contact Public Health and order enough flu vaccine to vaccinate 100% of Residents and staff.
- Throughout the year signage will be posted at the Main Entrance reminding visitors and staff not to visit or work when they are ill. Signage will encourage hand hygiene.
- Each fall Registered staff will audit the charts of each Resident to determine if they have had a creatinine level done in the past 12 months, and have the physician order where needed. Staff will also identify Residents with renal disease that may require more frequent testing. Registered staff will arrange to have the needed creatinine levels done by the lab as per facility lab routines.
- All information necessary for the pharmacist to calculate the Tamiflu dosages for Residents will be forwarded to the pharmacy. Registered Staff are to ensure that Tamiflu dosage spread sheets with dosage calculations are received by the facility and placed in designated binders.
- All new admissions to the facility during the flu season will need to have a creatinine level done unless completed just prior to admission. The physician will evaluate for those with the frequency of testing necessary.
- Registered staff/unit clerk are to ensure that consents for flu vaccine & Tamiflu protocol have been signed and lists have been kept up to date.

Nursing Department:

1. The Registered Nurse in the affected area will follow the Outbreak Checklist (IC 50.1.2)..\..\Policies & Procedures\Infection Control Manual\IC-50.1.2 Outbreak checklist.doc
2. Implement isolation precautions, gowns, masks, eye protection, gloves (isolate linen)
3. Post signage outside the unit and on the main entrance indicating presence of respiratory outbreak and area (s) affected. Post signage on affected Residents' rooms. Encourage room isolation of ill Residents (refer to communicable illnesses-isolation barriers).
4. Maintain cohorting of Residents and staff in the affected area (s).
5. Requisition extra fluids from dietary for sick trays and for nourishment carts. Refer to III-60 ..\Dietary Manual\III-60 Diabetic Full & Clear Fluid diet 2018.doc
6. Registered staff in the affected areas will assess Residents for symptoms and document any new case every shift on the outbreak surveillance line listing and in the Resident's multidisciplinary notes. Assessments should include assessment of temperature & Vitals, any medical treatment received notification of family/SDM and an assessment of vital signs prn. It is recommended that a chest assessment be done on any Resident suspected of developing a lower respiratory infection.
7. Monitor Residents in other areas of the Home for onset of similar symptoms, and possible outbreak spread. Implement contingency plan to include other areas if cases identified.
8. Ensure staff and Resident's utilize hand-washing techniques.
9. Acquire extra supplies (hand sanitizing gel, masks, gowns, gloves). Isolation carts should be located outside all isolate residents doors unless the unit requires reverse isolation. If so, the supplies will be located outside the unit.
10. Place pharmacy on standby that a respiratory outbreak has occurred and Amantadine/Tamiflu may be required for unit (s).
11. Collect Nasopharyngeal swabs as per policy. Not more than 5 on a unit and not more than 10 facility wide.
12. The Infection Control Officer or designate is to notify staff of confirmed influenza virus detection as causative pathogen.
13. In the event of confirmed Influenza outbreak, Registered Staff are to administer Amantadine/Tamiflu as per facility policy where consent has been received upon the order of the Medical Director/or designate physician.
14. The DON/designate is to inform the LHIN of the outbreak area and suspend admissions to that area until the outbreak is declared over by the Medical Officer of Health or designate.
15. Transfer of Residents to other facilities from the affected unit will be suspended until the outbreak is declared over.
16. Transfer to hospital of ill Residents: Registered staff are to notify the hospital of the respiratory outbreak and pathogen if known and alert the hospital whether he Resident is symptomatic or asymptomatic. **All transfers are required to have a PTAC completed and FRI/SRI.**
17. All respiratory precautions are to remain in place until the outbreak is declared over.
18. Ambulance staff are to be notified if an outbreak occurs, the area(s) affected, precautions taken and whenever called if a Resident is symptomatic or not.

Activation Department

1. Outings, special events and programs may need to be cancelled. (Decision to be made by the Program Supervisor and Infection Control Officer/designate)
2. Residents in isolation may need to receive visits or receive room activities once they begin to improve but are still communicable.

Dietary Department

1. Explicit instruction and specific training in personal hygiene and sanitary food handling will be given to staff (see Nutritional Department Manual).
2. If staff are symptomatic, they are to follow the procedure for employee health (IC- 40.1) and see their doctor. ..\..\Policies & Procedures\Infection Control Manual\IC-40.1 Employee Health Program Procedure.doc
3. Disposable dishes will only be initiated upon the request of the Dietary supervisor/delegate.
4. Insure adequate supply of gingerale and other clear fluids are on hand. Refer to III-60 ..\Dietary Manual\III-60 Diabetic Full & Clear Fluid diet 2018.doc
5. Insure to follow routine and additional precautions when completing daily tasks.(i.e., hand hygiene, donning and doffing etc.)

Housekeeping, Laundry & Maintenance Departments

See PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections https://www.publichealthontario.ca/-/media/Documents/B/2018/bp-environmental-cleaning.pdf?rev=4b78a8dee04a439384bf4e95697f5ab2&sc_lang=en

1. Ensure that specific responsibilities are understood (department manual)
2. Additional cleaning on the affected unit will need to be implemented
3. Increase cleaning of high-touch surfaces such as but not limited to; keypads, doorknobs, handrails, tables, bathroom faucets and grab bars in the bathroom.
4. Isolation of linen will occur where deemed necessary by nursing staff, follow policy regarding handling of isolation linen and garbage in ill Resident rooms.
5. If reverse isolation is necessary the isolation cart outside of the unit will contain necessary isolation supplies, gowns, gloves, eye protection and masks.
6. Keep units supplied with disinfecting products, and other supplies.
7. Laundry should mask when sorting contaminated linens and donning of protective eyewear is recommended.

DON Administrative Assistant, Unit Clerks

1. Resident appointments that are non-urgent are to be rescheduled. (affected unit (s) only)
2. Implement cohort nursing; follow staffing guidelines policy if Influenza is determined to be the cause of the outbreak.

Infection Control Committee Members During an Enteric Outbreak:

1. Attend meeting at the first reporting of a suspected outbreak as well as any meetings that are further requested by the IPAC Coordinator.
    a. Refer to the IC-180 policy for more details ..\..\Policies & Procedures\Infection Control Manual\IC-180 Outbreak Management Team.docx

Infection Control Officer/designate

1. Monitor outbreak, assist in identifying new cases, identify any further spread of infections, assess effectiveness of precautions and implement ongoing management of outbreak.
2. Review the results of specimens tested.
3. Determine when the outbreak can be declared over.
4. Report concerns

5. Conduct audits more frequently during outbreaks. COVID-19 Self-Assessment Audit Tool Kit to be completed weekly during outbreak.

Administrator/Designate

1. Reviews progress reports from the committee/designate and report to the General Manager and Council.
2. Acts as spokesperson to the media, visitors, family, Auxiliary, volunteers.

Director of Nursing/Designate

1. Receives information from the nursing staff regarding outbreak
2. Communicates progress and decisions to the Administrator, Committee, Nursing team, Residents and other departments.
3. Notifies the Ministry of Health and completes outbreak notification (or designate).
4. Notifies LHIN & Hospital of Outbreak
5. Update Infection Control message on voicemail system.
6. Liaises PHD during outbreak period in absence of Infection Control Officer.

IPAC Measures:

1. Receives information from Nursing Staff regarding outbreak
2. Reinforce implementation of Droplet, Contact, or Droplet/Contact Precautions as soon as possible for all residents at onset of respiratory symptoms.
3. Dedicate equipment to residents with Respiratory Symptoms
4. Routine cleaning. Clean resident care equipment, high-touch items at nursing stations, carts (medication, isolation) and other areas touched by health care providers daily and before discontinuing precautions of a client/patient/resident with a confirmed viral respiratory infection.
5. Remove and launder all curtains (privacy, shower) when visibly soiled and on discharge/transfer cleaning
6. Audit compliance with IPAC Self-Assessment Tool on a weekly basis, and regularly with hand hygiene, routine practices, additional precautions and environmental cleaning.

Public Health Inspector

1. Visits the Home as required during an outbreak and participates in the Infection control meetings.
2. Collects and analyses data.
3. Collects Public Health specimens
4. Notifies the Infection control committee if deemed necessary to close the facility to visitors.
5. Supplies specimen collection containers.
6. Provides information to the facility regarding specimen results.
7. Monitors the effectiveness of the antiviral if given in an Influenza Outbreak.
8. Assist with monitoring for resurgence

Visitors:

1. Visitors may visit if they are free of Influenza-like symptoms.
2. Visitors will be discouraged from visiting other Residents while visiting their loved ones.
3. No restrictions on compassionate visiting.

4. Visitation should be encouraged in Resident rooms instead of common areas. Visitors are encouraged to apply protective barriers when entering an isolation Resident room.
5. Visitors that provide significant aide in the nursing care of their loved ones will not have visitation restricted.
6. Visiting may be prohibited on the order of the Medical Officer of Health or Administrator, DON.

Patient Transfer:

1. Limit transport unless required for diagnostic or therapeutic procedures
2. Recommend resident to wear a mask during transport. Transport staff wear gloves and gown for direct contact with the client/patient/resident during transport. Clean and disinfect equipment used for transport after use.
3. Prior to transport, Transportation Services, the receiving unit/ department or facility and Infection Prevention and Control must be notified that a patient/ resident with respiratory infection is being transferred.

New Admissions

Take into consideration the burden of the respiratory outbreak on the unit and the ability to cohort residents

REFERENCES:

PIDAC: Routine Practices and Additional Precautions in All Health Care Settings | November, 2012

PIDAC: Best Practices for Environmental Cleaning for Prevention and Control of Infections | April 2018

PIDAC: Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings| February 2020

PIDAC: Annex B: Best Practices for Prevention of Transmission of Acute Respiratory Infection | March 2013

PIDAC: Guide to IPAC Management of Suspected or Confirmed VHF in Acute Care | July 2019