



Edmonton and area

Outbreak Prevention, Control and Management in Home Living and Supportive Living Sites

Capital Health Region

2006 - 2007

Guide for Owners/Operators in Home Living and Supportive Living Programs

**Public Health Division
September 2006**

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ACRONYMS

CCLD	Community Care Local Database
CHOICE	Comprehensive Home Option for Integrated Care of the Elderly
DAL	Designated Assisted Living
EI#	Exposure Investigation Number
GI	Gastrointestinal Illness
HL/SL	Home Living/Supportive Living
ILI	Influenza-like Illness
HC	Home Care
HL	Home Living
HCW	Health Care Worker
MOH	Medical Officer of Health
NP	Nasopharyngeal
NACI	National Advisory Committee on Immunization
OHS&W	Occupational Health Safety and Wellness
OT	Occupational Therapy
PHD	Public Health Division
PT	Physiotherapy
S&S	Signs and Symptoms
SL	Supportive Living

INTRODUCTION

Persons living in communal living facilities are at varying stages of the wellness continuum. They may be vulnerable to illness due to their advancing age and pre existing medical conditions.

Early recognition of unusual clusters of illness and swift actions in response to these episodes are essential for the effective management of outbreaks. Within Capital Health, the Public Health Division (PHD) works collaboratively with Home Living and Supportive Living (HL/SL) staff and the owners/operators of the site to facilitate prompt identification, reporting, specimen collection, and implementation of appropriate infection prevention and control measures to help minimize the impact of the outbreak.

The purpose of this document is to provide current best practice/evidence-based guidelines that will assist staff in HL/SL sites to implement prevention, control, and management strategies for respiratory and gastrointestinal infections that arise from the transmission of viruses.

Note: This is not a comprehensive infection prevention and control document. Only the minimum infection control strategies necessary for managing outbreaks of respiratory or gastrointestinal illnesses are outlined here. For further information about infection prevention and control, please consult with the Public Health Division.

The use of trade names and commercial sources within this document is for information purposes only and does not constitute endorsement by Capital Health.

Annual influenza immunization is the primary tool for preventing influenza and its severe complications. The 2006-2007 Canadian National Advisory Committee on Immunization (NACI) statement on influenza vaccination states that "**health care workers and their employers have a duty to actively promote, implement, and comply with influenza immunization recommendations in order to decrease the risk of infection and complications in vulnerable populations for which they provide care.**" (page 16)

GENERAL GUIDELINES FOR OUTBREAK MANAGEMENT

1. THE ROLE OF PUBLIC HEALTH

Public Health Division (PHD) is responsible for setting the standard of practice, educating staff, and directing the management of outbreak investigations:

- PHD will provide information each fall for Home Living and Supportive Living (HL/SL) staff and owners/operators to review outbreak prevention, management, and control strategies for these sites.

During an **Influenza like illness [ILI]/Gastrointestinal [GI] outbreak**, PHD works collaboratively with the HL/SL staff and owners/operators to direct the investigation and facilitate outbreak control strategies as necessary (e.g. admission restrictions):

- obtain an Exposure Investigation number (E.I. #) from the Provincial laboratory and ensure that the EI number accompanies each specimen collected
- facilitate collection of specimens (nasopharyngeal [NP] swabs for ILI and stool for GI)
- direct the implementation of infection prevention and control measures as applicable
- coordinate ongoing monitoring/surveillance during the outbreak
- make recommendations regarding antiviral prophylaxis for residents and staff as indicated when there is a confirmed influenza outbreak
- advise the HL/SL staff when the outbreak is declared over and when outbreak restrictions can be lifted

2. THE ROLE OF HL/SL STAFF (i.e. Home Care staff/DAL staff)

HL/SL staff ensures that residents receive care in a safe environment and assists owners/operators and PHD in facilitating outbreak investigations:

- conduct continuous surveillance to facilitate early recognition of possible outbreaks in HL/SL sites
- notify PHD promptly when an outbreak is suspected, according to the case definitions outlined in this manual (page 8)
- ensure that HL/SL staff and contracted staff are familiar with current information from PHD regarding outbreak prevention, management, and control strategies for these sites, including annual review and distribution of PHD guidelines
- review and update internal protocols for outbreak management as necessary
- promote and provide annual influenza immunization for staff, clients and residents, and encourage regular visitors and volunteers to receive annual influenza immunization
- provide PHD with a current list of HL/SL sites in Capital Health

During an **ILI /GI outbreak**, the HL/SL staff will work collaboratively with PHD to facilitate the investigation and implement appropriate infection control measures immediately; it is not necessary to wait until the etiology is confirmed

- facilitate outbreak control strategies as indicated in this document (according to the type of outbreak)
- coordinate the collection of clinical specimens as appropriate, under the direction of PHD

Home Care (HC) Supervisor/Supportive Living (SL) Supervisor:

- notify PHD of suspect outbreak activity, and maintain liaison with PHD during outbreaks
- provide additional professional support for assessment and monitoring of ill residents
- assign additional professional support as needed
- approve and track all clients requiring additional services
- discuss/approve need for additional hours/shifts with the contractor
- HC Supervisor for HL sites will record outbreak activities (i.e. authorization for additional support services) in the Community Care Local Database (CCLD)
- communicate any suspected/confirmed outbreaks to Comprehensive Home Option for Integrated Care of the Elderly (CHOICE) programs about clients that may be impacted by the outbreak
- monitor and report staff illness and initiate consultation with Occupational Health Safety and Wellness (OHS&W)

Home Care (HC) Case Manager/Supportive Living (SL) Client Coordinator (DAL):

- notify HC Supervisor/SL Supervisor of any suspected outbreak activity.
- increase support services to prevent hospitalization, when possible
- maintain close contact with physicians, contractors and operators
- monitor clients/residents for illness.
- authorize additional support services to assist with symptomatic residents
- authorize additional laundry and bathing support
- authorize assistance with delivering trays to rooms
- authorize additional Health Care Aide support for wiping down client equipment
- assist with specimen collection as required
- compile a list of names, contact and other pertinent information for all HC/DAL clients to be used by PHD for outbreak management

3. THE ROLE OF CONTRACTED AGENCIES IN HL/SL SITES

Contracted agencies support operations and provide care and services for clients/residents during outbreaks:

- promote annual influenza immunization for staff and residents
- conduct monitoring and surveillance for new ILI or GI activity among residents
- report new illness to HC Case Manager, or SL Client Coordinator (DAL)
- obtain authorization from HC Case Manager/SL Client Coordinator (DAL) for additional services as required
- collect specimens as requested
- assist with environmental cleaning/housekeeping as required
- monitor and report staff illness during an outbreak as soon as possible to HC Case Manager/SL Client Coordinator (DAL)
- ensure that recommended exclusion guidelines are followed for staff under their supervision.

4. THE ROLE OF THE HOUSING OWNER/OPERATOR IN HL/SL SITES

Owner/operators are responsible for safe housing and provision of quality care. They assist PHD and HL/SL staff in facilitating outbreak investigations:

- conduct monitoring and surveillance for new ILI or GI activity among residents

- report suspected outbreaks to HC Case Manager/SL Client Coordinator (DAL) during business hours or Community Care Access after hours (pages 9 & 15)
- compile or update each fall, a list of names and contact information for all residents to be used by PHD for outbreak management. A template will be provided by HC/SL staff.
- provide staff to assist PHD and HL/SL staff to identify residents and provide them with information about the outbreak investigation
- promote annual influenza immunization for staff and residents, and encourage regular visitors and volunteers to receive annual influenza immunization
- facilitate the investigation and implement appropriate infection control measures immediately (pages 10 - 11)
- provide cleaning agents necessary for environmental/housekeeping cleaning during an outbreak
- monitor and report staff illness during an outbreak
- ensure that recommended exclusion guidelines are followed for staff under their supervision.

5. HOW TO DEFINE CASES AND IDENTIFY OUTBREAKS (refer to Appendix A)

Early recognition of suspected outbreaks is important. HL/SL agency and site staff should conduct ongoing surveillance and use the following definitions for early identification of unusual clusters of influenza-like or gastrointestinal illness and/or outbreaks.

ILI Case Definition	ILI Outbreak Definition
<p>Acute onset of NEW cough or change in an existing cough PLUS one or more of the following: fever, sore throat, arthralgia (joint pain), myalgia (muscle aches), prostration, (severe exhaustion)</p> <p>NOTE: Older adults have a lower basal body temperature therefore fever may be present when the temperature is greater than 1.5 ° Celsius above baseline.</p>	<p>Two or more cases of ILI within a seven-day period with at least one laboratory confirmed case.</p> <p>NOTE: Even a single case of ILI is reportable to PHD for enhanced monitoring, surveillance and recommendations.</p>

GI Case Definition	GI Outbreak Definition
<p>At least ONE of the following criteria must be met:</p> <ul style="list-style-type: none"> *Two or more episodes of diarrhea (i.e. loose or watery stools) in a 24 hour period, above what is normally expected for that individual and not attributable to another cause (i.e. medication, laxatives, diet or prior medical condition etc) <li style="text-align: center;">OR *Two or more episodes of vomiting in a 24 hour period <li style="text-align: center;">OR *One episode of vomiting and diarrhea in a 24 hour period <li style="text-align: center;">OR *positive stool culture of a known enteric pathogen AND at least one symptom compatible with a GI infection i.e. nausea, vomiting, diarrhea, abdominal pain or tenderness <li style="text-align: center;">OR *one episode of bloody diarrhea 	<p>Two or more cases of gastroenteritis with initial onset within one 48-hour period.</p>

Prompt reporting permits early identification and interventions to interrupt transmission, reducing morbidity and mortality (page 9).

The following table helps to differentiate between signs and symptoms (S&S) of influenza and the common cold (Table 1).

Table 1. Common differences between influenza and common cold symptoms

Symptoms/Description	Influenza	Common Cold
Fever	Usually high	Sometimes
Chills, aches, pain	Frequent	Slight
Loss of appetite	Sometimes	Sometimes
Cough	Usual	Sometimes
Sore throat	Sometimes	Sometimes
Sniffles or Sneezes	Sometimes	Common
Involves whole body	Often	Never
Symptoms appear quickly	Always	More gradual
Extreme Tiredness	Common	Rare
Complications	Pneumonia- can be life threatening	Sinus infection Ear infection

6. HOW TO REPORT A SUSPECTED OUTBREAK (refer to Appendix B)

Any unusual ILI or GI activity must be reported to the HC Case Manager/SL Client Coordinator (DAL) (during business hours) or to the Community Care Access Charge Nurse (after hours or weekends). The HC Case Manager/SL Client Coordinator (DAL) will notify the HC Supervisor/SL Supervisor of any suspected outbreak activity. The HC Supervisor/SL Supervisor reports any suspected outbreaks to PHD.

7. OUTBREAK INVESTIGATION AND MANAGEMENT

In the event of an ILI or GI outbreak in a HL/SL site, PHD outbreak team will work collaboratively with the HL/SL staff/Site staff to investigate, identify and plan the management of the outbreak (including prophylaxis for influenza). PHD will provide information and outbreak management recommendations to the HC Supervisor/SL Supervisor/Community Care Access Charge Nurse and Housing Site Supervisor/Manager, as appropriate. As appropriate, PHD will meet with all partners involved in the outbreak to review roles, facilitate planning for the management of the outbreak and provide support.

8. SPECIMEN COLLECTION AND TRANSPORTATION

For ILI outbreaks:

- PHD will make arrangements for the collection and transportation of nasopharyngeal (NP) swabs

For GI outbreaks:

- PHD will collaborate with HL/SL staff (i.e. Home Care/DAL staff) and request that stool specimens be collected.
- PHD will provide sample requisitions as necessary and review how to complete them.

- Information about transporting specimens will be provided at the time of the investigation.

9. HOW TO COMPLETE A CASE LISTING DURING AN OUTBREAK (refer to Appendix C [ILI] and Appendix D [GI])

PHD outbreak team will discuss with the HC Supervisor/SL Supervisor/Site staff (as appropriate) to identify who will complete and submit by fax the required daily case listings.

- The completed daily case listing report must be faxed to PHD by 1000 hrs each morning during the outbreak.
- A case listing provides details on **newly** symptomatic residents **or** a statement indicating that there are **no new cases** to report. This report also includes any updates regarding related hospitalizations and/or deaths.
- Only the number of ill staff needs to be reported, it is not necessary to include their names and other personal information on the case listing form.
- Case listings should continue to be submitted on a daily basis until the outbreak is declared over by PHD.

10. INITIAL INFECTION PREVENTION AND CONTROL MEASURES TO IMPLEMENT

Implementing infection control measures (based on the type of outbreak) as soon as possible for suspected outbreaks helps to reduce the occurrence of new cases as well as the risk of a larger outbreak. **It is not necessary to wait until the causative agent is identified.** The following initial infection control measures are useful for all ILI/GI outbreak investigations:

Hand Hygiene

Strict hand hygiene is the most important measure in preventing spread of infections.

- Reinforce with staff, the need for frequent and thorough hand hygiene before and after providing care to residents, after touching used resident care equipment, or soiled environmental surfaces.
- Remind staff to wash with soap and water if hands are visibly soiled or feel tacky.
- Waterless antiseptic hand agents (a "dime sized" amount) are as effective as soap and water when hands are not visibly soiled.

Restriction of Symptomatic Residents

- When possible, symptomatic residents should be asked to remain in their rooms with their meals served to them in their room. If this is not practical, ill residents should be asked to remain on their own floor, as much as possible, to avoid contact with other residents in the facility in the common dining room, social areas. etc.

NOTE: Asymptomatic residents are not restricted from normal daily activities.

Staff (including volunteers)

- Cohort or assign staff to care for asymptomatic residents before symptomatic residents.
- Consider minimizing movement of staff, students, or volunteers between floors, especially if some floors are unaffected.

- During investigations for ILI, assign staff who have been immunized for influenza to care for symptomatic residents, if possible.
- Ill staff should be excluded from work during their acute illness, and for a minimum of 48 hours after acute symptoms have resolved. Specific recommendations for staff exclusion/prophylaxis will be provided by PHD at the time of the outbreak.

Group/Social Activities

- When a **GI outbreak** investigation has been initiated, PHD advises that all group activities (e.g. special holiday meal celebrations, birthday parties, entertainment, community presentations) be cancelled/postponed effective immediately on the affected floors/wings or entire facility (as applicable), until the outbreak is declared over by PHD.
- For **ILI outbreak investigations**, PHD will advise when similar restrictions are to be implemented, based upon laboratory confirmation of the causative agent.

Environmental Cleaning

- In the event of any outbreak, routine environmental cleaning/housekeeping should be completed at least once daily (and when visibly soiled) in resident areas and "high touch" areas such as light switches, taps, doorknobs, toilet handles, handrails, elevator buttons, tables, counter tops, shared recreational and resident-care equipment.
- Appropriate barriers should be worn if there is a risk of contamination to staff clothing.
- It should be emphasized that **thoroughness of cleaning is more important in outbreak control than the choice of disinfectant used.**
- For **GI outbreaks**, recommended disinfectants are 0.5% accelerated hydrogen peroxide (e.g. ACCEL/VIROX), or 1,000-ppm hypochlorite solution (i.e. diluted chlorine bleach). If these are not available, use disinfectants that are available.
- **Contact PHD if there are questions regarding cleaning protocols.**

Refer to "*Influenza Outbreak Management Quick Reference Summary*" (Appendix E) once influenza has been **confirmed**.

Refer to "*GI Outbreak Management Quick Reference Summary*" (Appendix F) in the event of a GI outbreak.

11. MESSAGES FOR STAFF/VOLUNTEERS/VISITORS

- Ensure that all staff is aware that an ILI/GI outbreak is being investigated.
- During an **influenza or GI outbreak** notify visitors that there is illness in the facility by posting signs (refer to sample poster Appendix G).
- As much as possible:
 - Visitors/volunteers should be advised of the potential risk of acquiring illness
 - Visitors/volunteers should be advised of personal precautions including proper hand hygiene before and after visiting residents at the facility.
 - Family/friends should be encouraged to delay visiting if possible when they themselves are symptomatic with ILI /GI symptoms
 - Symptomatic (ill) volunteers should be discouraged from volunteering

- Visitors should be advised to visit only one resident and exit the facility immediately after the visit
- As a general rule, volunteers who continue to help during an outbreak would be managed in the same manner as staff (see below for exclusion recommendations)

12. HOW TO MANAGE STAFF WORKING AT THE OUTBREAK SITE

It will be the responsibility of each supervisor/manager to ensure that exclusion/prophylaxis guidelines are followed for all staff under their supervision.

- In order to control an outbreak and to ultimately see the best possible outcome for the residents and staff of the HL/SL site, PHD will make recommendations to the **supervisors/managers** of all symptomatic and/or unimmunized staff providing direct care to residents in the affected facility regarding best practice guidelines for exclusion/prophylaxis of those staff during an outbreak.
- In the event that care staff is directly employed by a Home Living (i.e. Lodge) or Supportive Living (i.e. DAL) owner/operator, PHD will provide staff exclusion guideline to the housing operator.
- When care in a Home Living (i.e. Lodge)/Supportive Living (i.e. DAL) site is provided by a Capital Health contracted agency, the HC Supervisor/SL Supervisor will provide PHD with the name and telephone number of the supervisor of staff from that contracted agency. PHD will provide staff exclusion/prophylaxis guidelines to the supervisor of the contracted agency.
- Care staff employed by Capital Health (i.e. Home Care or SL staff) will be managed by Capital Health Occupational Health Safety and Wellness (OHS&W).

13. HOW TO MANAGE ADMISSIONS (including new tenants) AND TRANSFERS DURING AN OUTBREAK

- GI and confirmed influenza outbreaks will affect admissions to the facility.
- PHD will review restrictions (including new residents moving in) at the time the outbreak is declared.
- The scope of restrictions is dependent on the extent of the outbreak activity within the facility (one floor, one wing, or the entire facility) and severity of the outbreak (e.g. many residents and staff affected, new cases continue to develop in spite of implemented control measures). Restrictions may be facility-wide unless the affected area of the facility is physically separate from other areas of the facility, and staff can be cohorted to the affected area.

Restrictions regarding resident admission/transfers and activities are ONLY modified or lifted in consultation with Public Health Division.

14. WHAT TO DO IF A RESIDENT REQUIRES TRANSFER TO A HOSPITAL OR TREATMENT CENTER DURING AN OUTBREAK

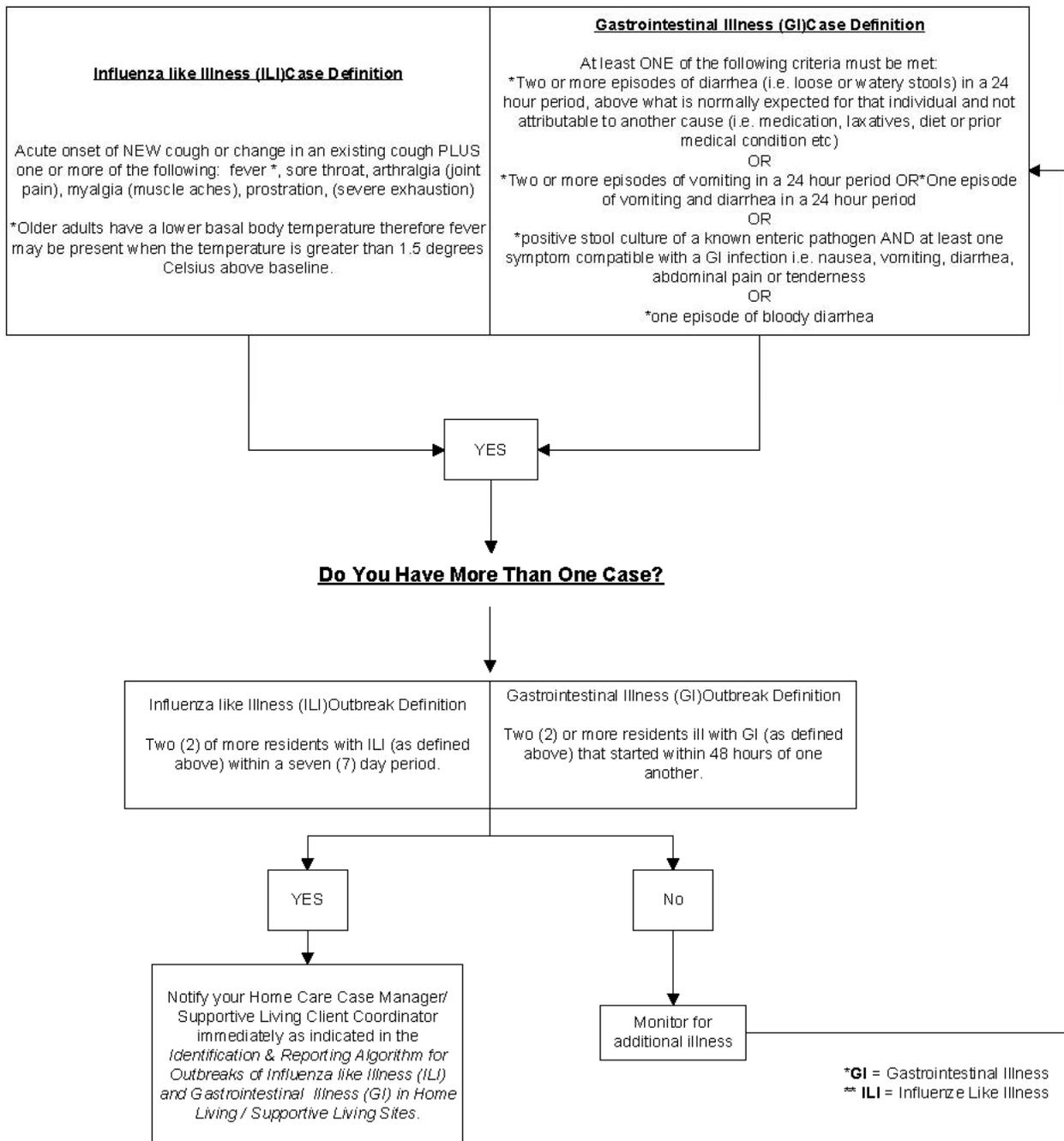
- If a resident/client requires acute medical attention or treatment off site (e.g. dialysis), the staff at the HL/SL site must notify the transport team and the receiving care facility that the resident is being transferred from a site experiencing an influenza or GI outbreak. The facility receiving the resident can then ensure infection prevention and control measures are in place when the resident arrives at the hospital/treatment centre. NOTE: If tolerated, residents who have ILI symptoms should wear a general procedure mask during transfer. No mask is required for residents with GI symptoms.

15. WHO TO CALL WITH QUESTIONS

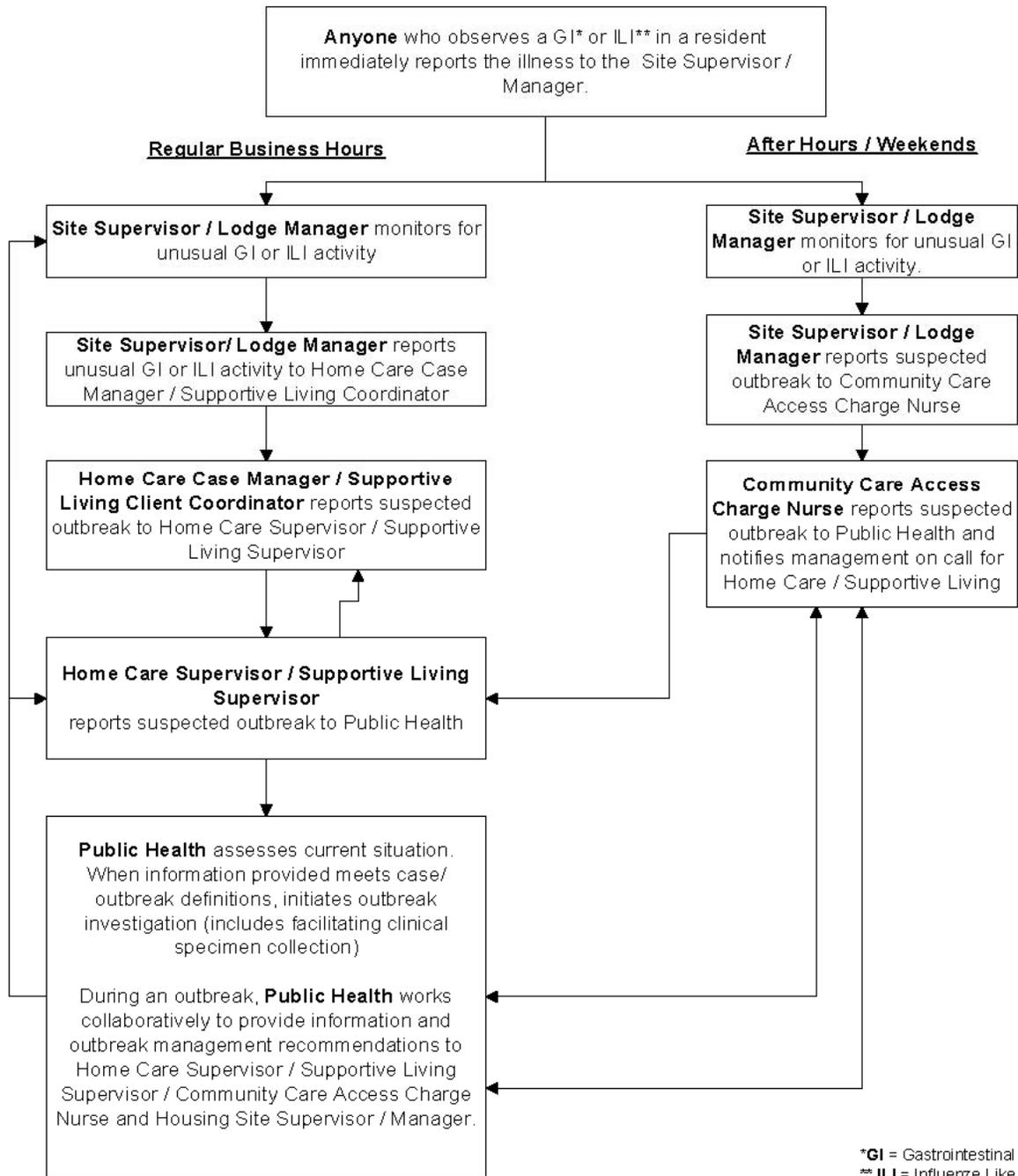
- A coordinated team approach is essential when managing outbreaks in a HL/SL site. PHD staff will be available to work with all partners and assist with the management of the outbreak. Communication and questions should be channeled through HC Case Manager/SL Client Coordinator (DAL) /Community Care Access Charge Nurse (as appropriate).

Defining Cases & Identifying Outbreaks of Influenza like Illness (ILI) and Gastrointestinal Illness (GI) in Home Living / Supportive Living Sites

Is There a New Case of ILI or GI in a Resident of Your Facility?



Identification & Reporting Algorithm for Outbreaks of Influenza like Illness (ILI) and Gastrointestinal Illness (GI) in Home Living / Supportive Living Sites.



*GI = Gastrointestinal Illness
** ILI = Influenza Like Illness

Appendix D

Gastrointestinal Illness Outbreak Case Listing 2006-2007

Fax daily updates to Public Health Division @ (780) 413-7950

Daily Line Listing for the 24-hour period starting at 0700h (yyyy/mm/dd) _____ EI (outbreak) #: _____

PLEASE REPORT NEWLY SYMPTOMATIC CASES OR A STATEMENT THAT THERE HAVE BEEN NO NEW CASES IN THIS TIME PERIOD.

Case definition for Gastroenteritis for staff and/or residents - at least one of the following criteria must be met:

- 2 or more loose or watery stools in a 24 hour period, above what is normally expected for that individual, or
- 2 or more episodes of vomiting in a 24 hour period, or
- one episode of vomiting and diarrhea in a 24 hour period, or
- positive stool culture of a known enteric pathogen AND at least one symptom compatible with a gastrointestinal infection e.g. nausea, vomiting, diarrhea, abdominal pain or tenderness.

Name of Facility: _____ Contact person at facility: _____ Phone # of Facility: _____

Newly symptomatic resident(s) in last 24 hours (Please circle) Yes No

of newly symptomatic of Residents in last 24 hours _____ # of newly symptomatic of Staff in last 24 hours: _____

Cumulative # of symptomatic Residents **since start of outbreak:** _____ **Cumulative** # of symptomatic Staff **since start of outbreak :** _____

Demographic Information							Signs and Symptoms					Lab Work		Outcomes				
Surname, First name Report newly symptomatic resident cases	Personal Health Number	DOB			Gender M/F	Unit /Wing	Onset Date/Time			Diarrhea	Vomiting	Abdominal pain	Other	Date stool specimen collected		Results	Hospitalization (name & date hospitalized)	Deceased (date (mm/dd) & cause of death)
		yyyy	mm	dd			mm	dd	24 hr clock					mm	dd			
Update on hospitalizations/deaths of previously reported ill residents																		

Appendix E

Influenza Outbreak Management Quick Reference Summary

Home Living (HL) and Supportive Living (SL) Sites

NOTE: This is only a summary document.

Residents

- as directed by Public Health Division (PHD), residents with influenza or influenza like illness:
 - should remain in their rooms, and
 - have meal trays brought to them,
until 5 days from the onset of acute illness OR until they are over the acute illness and have not had a fever for 48 hours
- new admissions to the site (including new tenants moving in, if possible) may be restricted by PHD for eight (8) days following the onset of symptoms in the last case. These restrictions are only modified or lifted in consultation with Public Health Division.
- asymptomatic residents should not be restricted from normal daily activities.
- the decision to implement antiviral medications for management of influenza outbreaks in a HL/SL site is made by the Medical Officer of Health in Capital Health. Public Health will arrange for resident's family physicians to be contacted to order the antiviral medication.
- residents leaving a facility that is under restrictions should be advised to continue to take the prescribed antiviral medication. They should consult their physician if they experience any side effects from the medication or develop symptoms of influenza.
- if a resident requires transfer for acute medical attention or treatment off site (e.g. dialysis), the staff at the HL/SL site must notify the transport staff and the receiving facility that the person being transferred is from a HL/SL site experiencing an influenza outbreak.
- residents hospitalized prior to the outbreak should not readmitted back to the site, if possible, until the outbreak is declared over (consult with Public Health). If the admission must occur during an outbreak, the resident should have information on risks associated with the outbreak, consent to the transfer, be immunized, and advised to take the recommended antiviral medication.
- if a resident develops influenza/ILI during the outbreak at their site and requires hospital admission for management of symptoms, that resident may return to their HL/SL site immediately following hospitalization.
- if a resident was hospitalized during the outbreak for an unrelated condition (e.g. fracture) the resident may return to the HL/SL site if he/she is on recommended antiviral medication.
- cancel/postpone social and special events/activities at the affected HL/SL site for the duration of the outbreak, in consultation with Public Health Division
- residents who normally attend day programs/CHOICE programs should contact their program and notify them that there is an outbreak in their HL/SL site. Generally, residents may attend the day/CHOICE program if they are asymptomatic and continue to take the recommended antiviral prophylaxis. Symptomatic residents that are day/CHOICE program participants should remain at home for the recommended length of time. CHOICE program coordinators or home care staff may also need to arrange for additional support for symptomatic CHOICE program participants who remain at home due to illness.

Visitors/Volunteers

- notify visitors of the outbreak by posting signs at the entrances to the HL/SL site
- information to visitors should include:
 - ill visitors should be discouraged from visiting
 - visitors should be advised of the potential risk of acquiring illness
 - visitors should be advised to use good hand hygiene upon entering and leaving the facility
 - visitors should only visit one resident and they should leave the facility immediately after the visit
- regular volunteers, who continue to assist during on outbreak, are managed in the same way as staff

Staff

- use frequent and thorough hand hygiene before and after providing care to residents
- wear a mask when providing direct care to a resident who is ill with respiratory symptoms, if possible (not necessary when delivering meal trays)
- minimize movement of staff, students and volunteers between different areas of the HL/SL site, especially if some areas are unaffected
- cohort or assign staff to care for asymptomatic residents before symptomatic residents
- as directed by Public Health Division, staff with influenza or influenza like illness should be excluded from work at their facility and any alternate site/facility while acutely ill and until they have not had a fever for 48 hours
- **other staff exclusions/restrictions will be addressed by Public Health Division if influenza is confirmed**
- it is the responsibility of staff that work at more than one site/facility, to inform the administration at the alternate site/facility that an influenza outbreak is in progress at the index facility and negotiate with the alternate facility whether or not they will be permitted to work in the alternate site/facility

Cleaning Protocols

- increase routine cleaning of resident areas to at least once daily or when visibly soiled
- clean and disinfect "high touch" surfaces such as doorknobs, light switches, elevator buttons, handrails, tables and counter tops) in resident rooms and common areas such as dining areas and lounges at least once daily and when visibly soiled
- use a "wipe twice" procedure to clean and disinfect surfaces i.e. wipe surfaces thoroughly to clean surfaces of visibly soiled material, then turn cloth over and wipe again to disinfect
- care equipment used with one resident should be cleaned before it is used in the care of another resident
- staff handling soiled laundry should wear appropriate barriers (e.g. gowns, gloves, plastic aprons) if there is a risk of contamination of employee clothing from body fluids or secretions
- conduct a final cleaning in all affected areas at the end of the outbreak
- contact PHD with questions regarding cleaning protocols

Note:

- As part of the outbreak investigation, Public Health Division will arrange for collection of nasopharyngeal (NP) swabs from **3-5 newly symptomatic residents**, preferably within 24-48 hours of onset of symptoms, and make arrangements for these specimens to be transported to the Provincial Laboratory
- Home Care/Supportive Living Staff or HL/SL site designate (as determined at the time of the outbreak) must fax a daily case listing to PHD at (780) 413-7950 by 1000h

Appendix F

Gastrointestinal Illness (GI) Outbreak Management Quick Reference Summary Home Living (HL) and Supportive Living (SL) Sites

NOTE: This is only a summary document.

Residents

- as directed by Public Health Division (PHD), residents with gastrointestinal illness (GI):
 - should remain in their rooms, and
 - have meal trays brought to themuntil asymptomatic for 48 hours
- new admissions to the facility (including new tenants moving in, if possible) may be restricted by PHD for 48 hours following initial onset of gastrointestinal illness in the last case identified. These restrictions are only modified or lifted in consultation with PHD
- asymptomatic residents should not be restricted from normal daily activities
- it is recommended that symptomatic residents leave only for special reasons e.g. urgent medical attention.
- if a resident requires transfer for acute medical attention or treatment off site (e.g. dialysis), the staff at the HL/SL site should notify transport staff and the receiving facility that the transferring HL/SL site is experiencing a GI outbreak
- residents hospitalized prior to the outbreak or during the outbreak for an unrelated (i.e. non GI) illness, should not be readmitted back to the HL/SL site, if possible, until the outbreak is declared over (consult with Public Health). If the admission must occur during an outbreak, the resident should have information on risks associated with the outbreak and consent to the transfer.
- if a resident develops gastrointestinal illness during the GI outbreak at their site and requires hospital admission for management of these symptoms, he/she may return to the HL/SL site immediately following hospitalization
- cancel/postpone social and special events/activities at the affected HL/SL site for the duration of the outbreak, in consultation with Public Health
- “relapse” cases should be isolated again until 48 hours free of vomiting and diarrhea, but should not be counted as a new case.
- residents who normally attend day programs/CHOICE programs should contact their program and notify them that there is an outbreak in their facility. Generally, residents may attend the day/CHOICE program if they are asymptomatic. Symptomatic residents that are day/CHOICE program participants should remain at home for the recommended length of time. CHOICE program coordinators or home care staff may also need to arrange for additional support for symptomatic CHOICE program participants who remain at home due to illness

Visitors/Volunteers

- notify visitors of the outbreak by posting signs at the entrances to the HL/SL site.
- information to visitors should include:
 - ill visitors should be discouraged from visiting
 - visitors should be advised of the potential risk of acquiring illness
 - visitors should be advised to use good hand hygiene upon entering and leaving the facility
 - visitors should only visit one resident and they should leave the facility immediately after the visit
- regular volunteers, who continue to assist during on outbreak, are managed in the same way as staff

Staff

- use frequent and thorough hand hygiene before and after providing care to residents
- waterless hand wash agents are an acceptable method of hand hygiene
- gloves should be worn when providing direct care to symptomatic residents and when cleaning an area contaminated with feces or vomitus
- gowns or plastic aprons may be necessary to protect against possible contamination of health care worker clothing (including housekeeping)
- cohort staff if practical; otherwise staff should provide care to asymptomatic residents before symptomatic residents
- minimize movement of staff, students and volunteers between different areas of the HL/SL site, especially if some areas are unaffected
- as directed by Public Health Division, staff who are symptomatic with GI (ie., who fit the case definition) should be excluded from work at other sites/facilities until 48 hours following last episode of vomiting and/or diarrhea
- staff that have no gastrointestinal illness during the outbreak, or are free of vomiting and diarrhea for at least 48 hours, may continue to work at other sites/facilities even if they are employed at a facility with an ongoing GI outbreak

Cleaning Protocols

- clean areas contaminated with either feces or vomitus immediately
- increase routine cleaning of resident areas to at least once daily or when visibly soiled
- persons cleaning an area contaminated with feces or vomitus should wear appropriate protective barriers (e.g. gowns, gloves)
- clean and disinfect “high-touch” surfaces (i.e. taps, doorknobs, toilet handles, taps, light switches, handrails, table and counter tops) in resident rooms and common areas such as dining areas and lounges ,at least once daily or when visibly soiled
- use a “wipe twice” procedure to clean and disinfect surfaces i.e. wipe surfaces thoroughly to clean surfaces of visibly soiled material, then turn cloth over and wipe again to disinfect
- shared resident care equipment (e.g. commodes) should be cleaned and disinfected prior to use by a different resident
- recommended disinfectants are 0.5% accelerated hydrogen peroxide (e.g. ACCEL/VIROX), or 1,000-ppm hypochlorite solution (i.e. diluted chlorine bleach). If these are not available, use disinfectants that are available. Contact PHD if there are questions regarding disinfectants.
- conduct a final cleaning in all affected areas at the end of the outbreak
- contact PHD with questions regarding cleaning protocols

Soiled Linen

- staff handling soiled laundry should wear appropriate barriers (e.g. gowns, gloves, plastic aprons) if there is a risk of contamination of employee clothing from body fluids or secretions

Note

- Under the direction of Public Health, Home Care staff will collect one stool specimen from up to 5 residents symptomatic with GI. Public Health will assist with transport of specimens to the Provincial Laboratory.
- Home Care/Supportive Living staff or HL/SL site designate (as determined at the time of the outbreak) must fax a daily case listing by 1000 hours to PHD at (780) 413-7950.

APPENDIX G



WE HAVE NEW ILLNESS IN OUR FACILITY

PLEASE:

- Speak to a staff member before visiting the residents
- Do not visit if you are ill with a cold (fever and cough) or stomach symptoms (diarrhea with or without vomiting)
- Speak to a staff member before taking residents out of their rooms or off the unit
- **WASH YOUR HANDS** before and after you visit your family member or friend

THANK YOU