

RESPIRATORY / GASTROENTERITIS OUTBREAK CHECKLIST



Peel Public Health 905-791-7800 ext. 2400 Fax: 905-565-6178 After Hours: 905-799-7700

Type: <input type="checkbox"/> Respiratory <input type="checkbox"/> Gastroenteritis	Status: <input type="checkbox"/> Suspect <input type="checkbox"/> Confirmed
Area Affected: <input type="checkbox"/> Unit(s) specific _____ <input type="checkbox"/> Floor(s) specific _____ <input type="checkbox"/> Whole Facility Affected	
Symptoms: <input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Nasal congestion/Runny Nose <input type="checkbox"/> Sore Throat <input type="checkbox"/> Headache <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Chills <input type="checkbox"/> Fatigue <input type="checkbox"/> Sore Muscle <input type="checkbox"/> No Appetite <input type="checkbox"/> Other _____	
Case Definition: _____	

1. Reporting to Public Health
<input type="checkbox"/> Contact Peel Health to obtain outbreak number for suspect or confirmed outbreak once definition has been met. <input type="checkbox"/> Suspect Respiratory Infection Outbreak: <ul style="list-style-type: none"> • Two cases of ARI occurring within 48 hours in a geographic area or • More than one unit having a case of ARI within 48 hours <input type="checkbox"/> Suspect Influenza Outbreak: <ul style="list-style-type: none"> • One laboratory-confirmed case of influenza or • Two cases of ARI occurring within 48 hours in a geographic area or • More than one unit having a case of ARI within 48 hours <input type="checkbox"/> Confirmed Respiratory Outbreak: <ul style="list-style-type: none"> • Two cases of ARI within 48 hours, at least one of which must be laboratory-confirmed or • Three cases of ARI (lab confirmed not necessary) occurring within 48 hours in a geographic area or • More than two units having a case of ARI within 48 hours <input type="checkbox"/> Suspect Gastroenteritis Outbreak: Two cases of infectious gastroenteritis in a specific area within 48 hours <input type="checkbox"/> Confirmed Gastroenteritis Outbreak: Two or more cases meeting the case definition with a common epidemiological link (e.g. specific unit or floor, same caregiver) with initial onset within a 48 hours period

2. Specimen Collection
<input type="checkbox"/> Obtain specimen kits directly from public health lab *Check expiry date <input type="checkbox"/> Label the specimen, <u>at a minimum</u> with the following: <input type="checkbox"/> resident's name date of collection: _____ <input type="checkbox"/> Complete all fields of the requisition. Ensure the following are included: <input type="checkbox"/> outbreak number <input type="checkbox"/> resident's name <input type="checkbox"/> date of collection <input type="checkbox"/> Refrigerate the specimens until they are ready to be transported <input type="checkbox"/> Pack specimens in appropriate specimen bag <input type="checkbox"/> Send specimens to Public Health Ontario Lab Shipping and receiving dock, 661 University Ave., Toronto, ON M5G 1M1 OR via the Peel Health Fairview Clinic, 325 Central Parkway West, Mississauga, L5B 3X9 (Drop off hours-M-F 8:30-11:00-(Samples will not be accepted after 11:00 am).

4. Public Health Line List
<input type="checkbox"/> Use a separate Line List for each unit to report resident cases <input type="checkbox"/> Put all staff cases on one Line List <input type="checkbox"/> Update Public Health Line List only when new cases are identified and fax to 905-565-6178 before noon

6. Control Measures for Residents
<input type="checkbox"/> Promote frequent hand hygiene for residents: <input type="checkbox"/> Select the appropriate Additional Precautions for the outbreak: symptomatic residents in their room for: <ul style="list-style-type: none"> o <u>Respiratory Outbreaks</u>: five days after the onset of symptoms or when symptoms resolve (whichever is shortest); OR o <u>Gastroenteritis Outbreaks</u>: 48 hours after symptoms have resolved <input type="checkbox"/> Cancel all facility-wide events and activities <input type="checkbox"/> Reschedule non-urgent appointments <input type="checkbox"/> Consider IPAC measures when planning for admission <input type="checkbox"/> Liaise with hospital for repatriation of residents <input type="checkbox"/> Consult PPH if unable to reach mutually agreeable plans for repatriations and / or admissions

8. Environmental Cleaning
<input type="checkbox"/> Select appropriate hospital grade disinfectant: _____ <input type="checkbox"/> Enhance environmental cleaning of high touch surfaces and equipment: <input type="checkbox"/> Complete terminal cleaning of resident rooms once Additional Precautions have been discontinued

10. Declaring Outbreak Over
<input type="checkbox"/> To declare outbreak over, consult with Peel Public Health <input type="checkbox"/> Tentative re-opening date: _____ <input type="checkbox"/> Notify internal and external stakeholders once outbreak declared over <input type="checkbox"/> Conduct debrief meeting with Outbreak Management Team

3. Surveillance
<input type="checkbox"/> Advise staff to monitor residents daily for symptoms/new cases and track on internal line list <input type="checkbox"/> Advise staff to monitor themselves for symptoms and report to workplace <input type="checkbox"/> Advise residents to report symptoms to staff <input type="checkbox"/> Add residents and/or staff that meet the case definition to the Public Health Line List

5. Communication
<input type="checkbox"/> Post outbreak signage at all entrances and all affected areas <input type="checkbox"/> Communicate outbreak status and control measures to appropriate stakeholders. <input type="checkbox"/> Provide necessary IPAC education to staff, residents, visitors <input type="checkbox"/> Ensure additional precautions are easily identified by staff <input type="checkbox"/> Conduct regular Outbreak Management Team meetings <input type="checkbox"/> Complete initial case count form within 8 days of outbreak and final report at the end of outbreak <input type="checkbox"/> Review the Outbreak Summary Report received at the end of the outbreak and discuss with PPH as needed *Visitors may enter the facility during an outbreak but visiting multiple residents is not permitted. Visitors must perform hand hygiene when entering and exiting the home and when leaving the resident's room.

7. Control Measures for Staff
<input type="checkbox"/> Promote frequent hand hygiene for staff <input type="checkbox"/> Cohort staff to affected areas and to ill resident cases if possible <input type="checkbox"/> Exclude symptomatic staff <input type="checkbox"/> Assess excluded staff prior to returning to work <input type="checkbox"/> Conduct audits: <input type="checkbox"/> Hand hygiene <input type="checkbox"/> PPE <input type="checkbox"/> Environmental cleaning

9. Antivirals (Influenza Outbreaks only)
Residents: <input type="checkbox"/> Implement antiviral prophylaxis and treatment as per antiviral medical directives, orders, and MOHLTC guidelines Staff: <input type="checkbox"/> Recommend antivirals as per facility policy <input type="checkbox"/> Implement staff exclusion as per facility policy Counts: <input type="checkbox"/> Record counts of antiviral prophylaxis and treatment: # residents on prophylaxis: _____ # residents on treatment: _____ # staff on prophylaxis: _____ # staff on treatment: _____ <input type="checkbox"/> Know resident and staff influenza vaccination status: # residents immunized: _____ # staff immunized: _____

For more information, please visit us at: www.peelregion.ca/cleanhands

Adapted from:
 A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes, Ministry of Health and Long-Term Care, Mar. 2018.
 A Guide to the Control of Gastroenteritis Outbreaks in Long-Term Care Homes, Ministry of Health and Long-Term Care, Mar. 2018.