



LONG-TERM CARE DIVISION POLICY MANUAL

Manual 9 - Infection Control	Policy: 9-6-2
Management of Respiratory Infection Outbreak	
Effective Date: October 28, 2016	
Reviewed Date: September 8, 2023	

POLICY

Lambton County Homes have an established protocol for staff during a confirmed respiratory outbreak that complies with the recommendations of Lambton Public Health (LPH).

OBJECTIVE

The objective of this policy is to mitigate the risk of exposure and transmission of respiratory infection to Elders and workers during a respiratory infection outbreak. This policy complies with Lambton Public Health recommendations and adheres to the IPAC standards required within the *Fixing Long Term Care Act, 2021*.

DEFINITIONS

An outbreak is determined based on information provided by the Infection Prevention and Control (IPAC) Lead and/or designate, Outbreak Management Team (OMT), in consultation with Lambton Public Health (LPH), the Director of Nursing and Personal Care (DONPC), and the Medical Director. Only the local public health unit can declare an outbreak and declare when it is over.

Criteria for a potential outbreak:

- Two or more laboratory confirmed case of COVID-19 within a 7-day period, that have an epidemiological link and where at least one person could have reasonably acquired their infection in the Home **OR**
- One laboratory confirmed case of influenza **OR**
- Two cases of influenza-like illness occurring with 48 hours in a geographic area (i.e., neighbourhood) **OR**
- More than one neighbourhood having a case of acute respiratory illness with 48 hours.

PROCEDURE

Management of Outbreak

- Assemble the Outbreak Management Team members consisting of IPAC Lead, Administrator, DONPC, Medical Director, Public Health Nurse, Public Health Inspector, Pharmacist, and all Departmental Supervisors.
- Initiate the "Outbreak Management" checklists as per Addendum #9-6-2-2.
- DONPC/Administrator will notify MOLTC of Outbreak by submitting a CIS report.
- IPAC Lead will provide daily Outbreak updates to OMT via touchpoint.
- Regular updates regarding the Outbreak will be communicated to Elders, family members and Essential Caregivers via emails, telephone calls, huddles, Residents' and Family Councils and Neighborhood meetings.
- If causative agent of outbreak is COVID-19, complete the weekly COVID-19: Self-Assessment Audit Tool for LTC Homes.
- Dependant on the causative agent, the Medical Director will advise if antivirals are recommended.
- Implement control measures.

1. Signage

- Post signs at appropriate locations throughout the home to communicate the presence of a respiratory outbreak including the front doors and all affected areas. Post appropriate signage for cohorting of staff break rooms if necessary.

2. Point of Care Risk Assessment (PCRA)

- Staff will complete a PCRA before entering any Elders' room and before any interaction with any Elder. Staff must follow the 4 Moments of Hand Hygiene, proper donning and doffing of PPE and N95 mask use (if applicable).

Refer to Policy #9-4-10 Routine Practices and Policy #9-7-1 Additional Precautions

3. Isolation of Symptomatic Cases

- Place Elders with symptoms on contact/droplet precautions (signage on Elder's door and infection tower outside room).
- Restriction of ill Elders while communicable to their rooms as per the direction from LPH.
- An Elder who is isolated due to a roommate being symptomatic but with a negative test, and they themselves tested negative and have no symptoms, may be released from isolation at the direction of LPH.
- An Elder who is isolated due to a roommate with confirmed respiratory infection, but they themselves tested negative and have no symptoms, may be released from isolation at the direction of LPH.

4. Testing for Infectious Agent

- Any time there is a suspected respiratory infection a nasopharyngeal swab should be obtained following the Nasopharyngeal Specimen Collection Procedure.
- It is best to collect nasopharyngeal specimens as early as possible from the most acutely ill Elders and staff, preferably within the first 48 hours of onset of symptoms.
- Staff must correctly label specimens to ensure accurate testing by the Lambton Public Health Lab. This includes the name of the case, date of birth, and the outbreak number on the nasopharyngeal specimen vial and requisition form provided by LPH.
- Nasopharyngeal specimens must be refrigerated after collection until pick up and transport to the lab to ensure optimal results. Ideally it should be received by the lab for testing within 72 hrs of collection time.
- The IPAC Lead or designate at the Home will arrange for either pick up of samples or deliver the samples directly to the Public Health Unit or other agency as designated.

5. IPAC Lead Responsibilities

- IPAC Lead or designate will increase the frequency of IPAC audits, specifically Point of Care Risk Assessment, donning/doffing, hand hygiene, universal and N-95 mask use and eye protection to find gaps in education and provide further training as needed.
- Hold frequent huddles with staff to communicate updates and remedy issues as they arise during the Outbreak.
- Mass emails to share updates of information.
- Submit Elder line list to LPH daily and keep all data regarding the Outbreak on file.
- Liaise with LPH for additional support as needed.
- Ensure adequate stockpile of PPE and other supplies and ordering as needed via the PPE portal and other vendors.
- Ensure PPE and other supplies are readily available at point of use for all staff.

6. Registered Staff Responsibilities

- Apply assessment skills to monitor for signs and symptoms of respiratory illness in Elders and document via Infection Control Assessment in Point Click Care (PCC) and symptom monitoring via electronic documenting system.
- Collect nasopharyngeal specimens as needed.
- Document health status of Elders via the Infection Control module in PCC to ensure continuity of information and therefore care of Elders from shift to shift.
- Immediately notify IPAC Lead, DONPC and Administrator of new cases via email.
- Notify Elder's physician of any health changes.
- Update daily line list for the neighbourhood in which you are working.
- Keep Elder, family, and essential caregivers abreast of all updates and document communication under progress notes in PCC.

7. Cohorting Elders/Staff

- Cohorting is defined as the grouping together of individuals in a specific area to limit the contact between infected cases and non-infected cases, in order to decrease opportunities for transmission of infectious agents.
- In the event of a respiratory outbreak Elders must be cohorted for all non-essential activities including communal dining, organized events, and social gatherings. Different cohorts are not to be mixed, and Elders from different cohorts should not visit one another.
- Every effort will be made to keep Elders who are in isolation and in Outbreak areas engaged and included in the daily activities of the home. This includes but is not limited to allowing two Essential Caregivers to visit Elder in isolation in his/her room, hallway visits, virtual games, providing books, magazines, music, and puzzles etc.
- Doors of the home area should be closed, and Elders are restricted as much as possible from leaving the area. Doors to home areas in outbreak should be closed with posted signage informing of outbreak. Homes cannot restrict or deny absences for medical, palliative, or compassionate reasons at any time. This includes when an Elder is in isolation or when a home is in outbreak. When an Elder who is self-isolating on Additional Precautions is required to leave the home for a medical absence, the home should notify the health care facility so that care can be provided to the Elder with appropriate Additional Precautions in place.
- If possible, exposed staff should remain caring for symptomatic cases for their full shift and avoid transferring to another neighbourhood during the outbreak. If this is not possible, provide care to well Elders before providing care to ill Elders when at all possible. Attempts should be made to minimize movement of staff, students, or volunteers between neighbourhoods especially if some neighbourhoods are unaffected. These measures should not be required during influenza outbreaks where all persons are immunized or on an appropriate antiviral drug.
- Staff from an outbreak area will be cohorted from staff from a non-outbreak area for all meal breaks. This may involve having two or more rooms available for staff to remain cohorted and distanced. Signs on break room doors should inform which neighborhood staff can enter.

8. Enhanced Environmental Cleaning/Sanitizing

- Ensure cleaning and sanitizing of high touch environmental surfaces is completed at least twice per day and when soiled. This should include all Elder care areas/rooms, staff break areas and high touch surfaces in common areas.

9. Exclusion of Symptomatic Staff from Work/Home

- Exclusion of work by staff is dependant on the suspected causative agent. Refer to LPH guidance documents and direction. Individual cases are as per the direction of LPH.
- Staff who meet the case definition of Influenza are excluded from the Home for five days from onset of symptoms or until asymptomatic, whichever comes first; if the causative agent is known, other measures may apply.
- Flu vaccine is offered by individual Homes annually at all three Homes.

- Please refer to Policy 9-4-7 for statement for Influenza Outbreaks, Non-compliance with Influenza vaccination and Immunization protocols.
- Other vaccinations may be offered to staff in all Homes as recommended by LPH.

10. Limited Visiting

Visitor restrictions/limitations may be placed on the Home by LPH. Seek guidance of LPH at the beginning of and as needed during the outbreak.

- The home will strive to balance the health and safety needs of Elders, staff and visitors while supporting the mental and emotional well-being of Elders by reducing any potential negative impacts related to social isolation.
- Essential visitors are the only type of visitors allowed when there is an outbreak in the home, or neighbourhood or when an Elder has failed screening, is symptomatic or in isolation.
- Signs should be posted in the Home indicating that there is an outbreak and visitors should be warned that they may be at risk of acquiring infection within the Home. Home may staff reception area with volunteers to limit visitors and provide visitors and family's updates.
- During an outbreak, visitors should visit only their own friend/relative, in their own room (not in a common area) and should perform hand hygiene before and after the visit at hand hygiene stations in the Home and adhere to any additional IPAC precautions in place.
- Caregivers may support up to two symptomatic Elders, provided the home obtains consent from all involved Elders (or their substitute decision makers).
- Lambton Public Health does not recommend closing the Home to visitors/volunteers; only in the case of extremely virulent disease would the Medical Officer of Health order the Home to be closed to the public.

11. Suspension of Social Activities and dining routine

- Communal dining may be suspended upon direction of LPH.
- As much as possible, all social activities should be restricted to each respective neighbourhood and follow the guidance of LPH. The Outbreak Management Team must find a balance between restricting activities to control the spread of infection and providing therapeutic opportunities from social activities.
- Onsite adult and childcare programs may continue provided there is no interaction between Elders and participants of the program, or they may be canceled at the direction of LPH or if staff are needed to assist the LTC Home(s.)
- Physiotherapy Services will be restricted to each neighbourhood.

12. Restrict New Move Ins, Return to Home and Transfers

- New move ins, return to Home and transfers between health care facilities are based on the direction of the LPH.
- IPAC Lead will consult with DONPC and Administrator to determine logistics of new move ins during an Outbreak.

13. Advise Hospital Infection Control Staff of Outbreak Prior to Transferring an Elder

- Prior to transfer of Elders to hospital, designated staff at the outbreak Home should contact the Infection Control Professional/Emergency Department directly by phone to inform them that the Elder is coming from an outbreak situation.
- Inform them of the outbreak, the pathogen if known and if the Elder is symptomatic or not.

14. Working at Other Homes

- LPH will provide guidance for staff working at multiple Health Care Facilities (i.e. a single employer may be implemented).

Declaring the Outbreak Over

Lambton Public Health will determine when the outbreak can be declared over.

Complete the Outbreak Investigation File

- Complete “Outbreak Management” checklists as per Addendum # 9-6-2-2.
- Lambton Public Health will provide a Final Report to the Homes.

Copies of all documents related to the outbreak are to be kept on file by the IPAC Lead at the Home.

Review the Outbreak

- The OMT and interdisciplinary IPAC team will conduct a debrief session to assess IPAC practices that were effective and ineffective in the management of the Outbreak. A summary of the findings shall be created that makes recommendations to the home for improvements to Outbreak management practices. The summary will be kept on file by the IPAC Lead as well as a copy to be kept by the Home administration.
- Arrange a meeting with Lambton Public Health Liaison to review the course and management of the outbreak.

Addendums

Addendum 9-6-2-2 Outbreak Management Checklists

References/resources:

County Of Lambton Long-Term Care Division Pandemic Plan

Infectious Diseases Protocol Appendix B: Provincial Case Definitions for Reportable Diseases

MOLTC Public Health Division Long-Term Care Homes Branch. *A Guide to the Control of Respiratory Outbreaks in Long-Term Care Homes*. November 2018

Public Health Ontario: Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in all Health Care Settings:

<https://www.publichealthontario.ca/-/media/documents/B/2020/bp-novel-respiratory-infections.pdf?la=en>

Infection prevention and control for COVID-19: Interim guidance for long term care homes”

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html#a14>

Fixing Long Term Care Act, Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes

PIDAC: Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition
April 2018

<https://www.publichealthontario.ca/-/media/documents/b/2018/bp-environmental-cleaning.pdf>

9-6-2-1 High Touch Surface Cleaning

MOH's Appendix 1:

Case Definitions and Disease Specific Information

https://health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_case_definition.pdf

Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018

https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/resp_infectn_ctrl_guide_ltc_2018_en.pdf