

INFECTION CONTROL INSTITUTIONAL CHECKLIST RESPIRATORY OUTBREAK

- Coordinate specimen collection and submission with the Health Unit.
- Begin line listing for all resident and employee cases. Update daily and fax line listing form to the Health Unit liaison.
- Reinforce the importance of hand hygiene with employees and with residents. Evaluate residents' level of cooperation and cognitive abilities and offer help when needed.
- Review basic hygiene principles (e.g. cough etiquette).
- Consider limiting visitors to one resident only. Discourage visits from children < 12 years old.
- Limit or postpone new admissions and transfers; consultation with the Health Unit is required.
- Resident transfer or medical appointment: postpone when possible. If not possible, inform receiving facility/clinic of the respiratory outbreak prior to the transfer.
- Implement cohort nursing; keep staff assigned to one area during the outbreak.
- Isolate symptomatic residents for 5 days or until asymptomatic (whichever is shortest); exclude symptomatic employees for 5 days or until asymptomatic (whichever is shortest). If complete isolation of symptomatic residents is not possible, use precautions such as social distancing (keeping infected residents at least two metres from other residents); consider closing the partition curtain.
- Increase routine disinfecting and cleaning with special attention to commonly touched surfaces such as door handles, handrails, sinks and toilets.
- Ensure proper use of disinfectant solution; respect contact time of product.
- Ensure appropriate signage at all entrances and in strategic locations. Signage should provide visitors with required infection prevention and control recommendations.
- Cancel group activities and outings. Infected residents should not participate in group activities for 5 days or until asymptomatic (whichever is shortest).
- Part-time employees working in another institution must refrain as much as possible from working in the other institution. If not possible, staff should shower and change their clothing prior to working at the second facility.
- Notify pharmacy of the respiratory outbreak.



INFECTION CONTROL INSTITUTIONAL CHECKLIST RESPIRATORY OUTBREAK (CONTINUED)

In addition to routine practices, implement droplet/airborne precautions, depending on pathogen.

Symptomatic resident rooms/isolation precautions:

- Provide tray services for symptomatic residents.
- Use dedicated equipment for each symptomatic resident (if possible).
- Clean and disinfect equipment when removing it from isolation room, or before using it with another resident.
- Equip the isolation room with an in-room container for PPE disposal.
- Handle soiled linen and clothing with care. Provide an in-room dirty linen/clothing hamper.

Influenza Outbreaks

In addition to the above recommendations, the following is required for confirmed influenza outbreaks:

- Only adequately immunized employees or those on an appropriate antiviral may work.
- Offer influenza vaccination to all unvaccinated residents, employees and volunteers. Encourage unvaccinated family members to get vaccinated.
- Offer pneumococcal vaccine to all unvaccinated residents.
- Immunized visitors permitted. Exceptions: encourage visitors to palliative patients to take an antiviral medication to avoid transmitting an infection that could precipitate death.
- Antiviral treatment should be considered; review recommendations with the Health Unit.

Antiviral use:

- **Treatment:** symptomatic residents with date of onset < 48 hrs.
- **Prophylaxis:** asymptomatic residents, regardless of vaccination status, should receive prophylaxis dosage.