



# Outbreak Control Measures for Respiratory Illness in Long-Term Care Homes

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Outbreak prevention, preparation, implementation of control measures and early detection are vital to effective outbreak management. Control measures are to be implemented as soon as an outbreak is suspected.

It is important for Long-Term Care Homes to become familiar with MOHLTC outbreak guidance documents and Public Health Ontario Best Practice documents. These documents provide evidence based advice regarding multiple aspects of infectious disease identification, prevention and control.

## Reference and Guidance documents:

Ministry of Health and Long-Term Care. Public Health Division. (November 2018). *Control of Respiratory Infection Outbreaks in Long-Term Care Homes*. Retrieved from:

[http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/reference/RESP\\_Infectn\\_ctrl\\_guide\\_LTC\\_2018\\_en.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/RESP_Infectn_ctrl_guide_LTC_2018_en.pdf)

Public Health Ontario. Provincial Infectious Diseases Advisory Committee. (April 2018) *Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3<sup>rd</sup> Edition*. Retrieved from:

[https://www.publichealthontario.ca/en/eRepository/Best\\_Practices\\_Environmental\\_Cleaning.pdf](https://www.publichealthontario.ca/en/eRepository/Best_Practices_Environmental_Cleaning.pdf)

Routine Practices & Additional Precautions	
<ul style="list-style-type: none"> <li>• Store clean Personal Protective Equipment (PPE) <u>outside</u> of residents' rooms</li> <li>• Provide containers for disposal of used PPE <u>inside</u> residents' rooms</li> </ul>	
<b>Hand Hygiene</b> See pages 33 - 34 of guide	<ul style="list-style-type: none"> <li>• 70% alcohol based hand rub (ABHR) <u>or</u> soap and water</li> <li>• Remind staff, volunteers &amp; residents about proper hand hygiene</li> </ul>
<b>Gloves</b> See pages 35 - 36 guide	<ul style="list-style-type: none"> <li>• When providing <b>direct care to ill resident</b></li> <li>• Gloves are task specific and single-use for the task</li> <li>• Hand hygiene before putting on and immediately after removal of gloves</li> </ul>
<b>Masks &amp; Eye Protection</b> See pages 36 - 37 of guide	<ul style="list-style-type: none"> <li>• Wear to protect eyes, nose, and mouth during procedures likely to generate splashes or sprays of blood, body fluids, secretions or excretions, or <b>within two meters of a coughing resident</b></li> <li>• Remove when contaminated and before leaving residents' room or dedicated space</li> <li>• Hand hygiene immediately after removing mask and eye protection</li> </ul>
<b>Gowning</b> See page 38 of guide	<ul style="list-style-type: none"> <li>• Wear to protect the skin and clothing during procedures likely to generate splashes or sprays of blood, body fluids, secretions or excretions, or when providing <b>direct care to ill resident</b></li> <li>• Remove when contaminated and before leaving residents' room or dedicated space</li> <li>• Do not re-use gown. Do not go from patient-to-patient wearing the same gown</li> <li>• Hand hygiene immediately after removing gown</li> </ul>

<b>Control Measures for <u>Residents</u></b>	
<b>Isolation</b> See pages 42 and 46 of guide	<ul style="list-style-type: none"> <li>• Ill residents restricted to their room/bed space, and be on droplet and contact precautions, <b>until 5 days after the onset of acute illness OR until symptoms have completely resolved (whichever is shorter)</b></li> <li>• Privacy curtains to be drawn for ill residents in multi-bed rooms</li> <li>• If cases are confined to one unit, all residents and staff from that unit should avoid contact with residents and staff in the remainder of the home</li> <li>• If isolation is not possible, consider residents' use of surgical mask and compliance with hand hygiene, and increase frequency of cleaning and disinfecting</li> <li>• Notices shall be placed on the door of the rooms regarding visitor restrictions:</li> <li>• Ill residents should be visited in their room only</li> </ul>
<b>Admissions</b> See pages 40-41 of guide	<ul style="list-style-type: none"> <li>• Admission of new residents and return of residents who have not been line listed is not advised</li> <li>• Outbreak Management Team and Public Health Unit to discuss situation and consider all relevant factors</li> <li>• Refer to <i>Transfer and Return Algorithm for use during Outbreaks – Appendix 10, page 76 - 77</i></li> <li>• Refer to <i>Language for Returning to a Long-Term Care Home During an Outbreak – Appendix 11, page 78</i></li> </ul>
<b>Medical Appointments</b> See page 43 of guide	<ul style="list-style-type: none"> <li>• At the discretion of and after consultation with the treating physician, non-urgent appointments may be rescheduled, with consent of the resident / substitute decision maker</li> </ul>
<b>Transfers</b> See page 44 of guide	<ul style="list-style-type: none"> <li>• Symptomatic resident transfers to another LTCH are <b>not</b> recommended</li> <li>• Notify the ICP of the receiving hospital/facility and the PTAC</li> </ul>
<b>Control Measures for <u>Staff and Volunteers</u></b>	
<b>Ill Staff</b> See page 44 of guide	<ul style="list-style-type: none"> <li>• Report to employee health nurse or Infection Control Practitioner (ICP)</li> <li>• Not return to work <b>until 5 days from the onset of symptoms OR until symptoms have resolved (whichever is shorter)</b></li> <li>• <b>Staff, students, and volunteers experiencing respiratory symptoms or fever should not work/provide services at any other facility</b></li> </ul>
<b>Well Staff</b> See page 45 of guide	<ul style="list-style-type: none"> <li>• Consider cohorting staff to minimize movement (e.g. assign staff to ill residents, specific units, etc.)</li> </ul>
<b>Working at Other Facilities</b> See page 44 of guide	<ul style="list-style-type: none"> <li>• During non-influenza outbreaks, well staff, volunteers, and students may be able to work/provide services at other facilities based on the OMT and local decision making.</li> <li>• Refer to facility policy and procedures</li> <li>• During influenza outbreak refer to <i>page 44</i></li> </ul>
<b>Control Measures for <u>Visitors and During Communal Activities</u></b>	
<ul style="list-style-type: none"> <li>• Limit visiting hours (see <i>page 39</i> of guide)</li> <li>• Visitors / private pay caregivers shall be advised of potential risk of acquiring illness within the home, and the re-introduction of illness into the home, and of the potential visiting restrictions.</li> </ul>	

<b>Notification of Visitors</b> See page 45 of guide	<ul style="list-style-type: none"> <li>• Post outbreak notification signs at all entrances</li> <li>• Family members of ill residents shall be contacted</li> <li>• Inform frequent visitors of outbreak, if possible</li> </ul>
<b>Ill visitors</b> See page 45 of guide	<ul style="list-style-type: none"> <li>• Ill visitors shall not be permitted in the home, unless under extenuating circumstances.</li> </ul>
<b>Well visitors</b> See page 45 - 46 of guide	<ul style="list-style-type: none"> <li>• Perform hand hygiene</li> <li>• Visit residents only in their rooms. Avoid communal areas.</li> <li>• Visit only one resident and leave immediately afterwards. If visiting multiple residents in the home, visit the healthy resident first.</li> <li>• Do not mingle with other residents</li> <li>• Personal protective equipment (PPE) when providing direct care</li> </ul>
<b>Communal &amp; Other Activities</b> See pages 42 - 43 of guide	<ul style="list-style-type: none"> <li>• Reschedule activities (programs, group outings, entertainers etc.) on affected floor/unit</li> <li>• Discontinue group outings for the affected unit/floor</li> <li>• Conduct on-site programs (e.g. physiotherapy, foot care) for resident's in their room (proper precautions taken for ill residents)</li> <li>• Activities may proceed in non-affected floor/units</li> <li>• If outbreak is throughout facility restrict all meetings and activities</li> <li>• Ensure there is no interaction between the affected unit/floor and participants in on-site child-care or other day programs.</li> </ul>
<b>Closure of facility</b> See page 46 of guide	<ul style="list-style-type: none"> <li>• Complete closure of a LTCH to visitation is not permitted unless there is an order issued by the Medical Officer of Health or designate as it may cause residents and visitors emotional hardship.</li> </ul>
<b>Enhanced Cleaning</b>	
<b>Environmental Cleaning</b> See page 46-47 of guide	<ul style="list-style-type: none"> <li>• LTCHs should become familiar with PIDAC's <a href="#"><i>Best Practice for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April 2018</i></a> <ul style="list-style-type: none"> <li>○ <a href="#"><i>Appendix 2: Cleaning Disinfection Decision Chart for Noncritical Equipment</i></a></li> <li>○ <a href="#"><i>Appendix 21: Risk Stratification Matrix to Determine Frequency of Cleaning</i></a></li> </ul> </li> <li>• Frequently touched surfaces should be cleaned daily and more often when soiled</li> <li>• Review disinfection concentration and contact time</li> <li>• Consider using high level disinfection</li> <li>• Environmental Services departments should allow for surge capacity (e.g. - additional staff, supervision, supplies, and equipment) during outbreaks as determined by the Outbreak Management Committee.</li> </ul>
<b>Resident Care Equipment</b>	<ul style="list-style-type: none"> <li>• Dedicated equipment used whenever possible</li> <li>• Disposable equipment should be used whenever possible</li> <li>• Shared equipment, cleaned and disinfected prior to use and between residents</li> </ul>