

## OUTBREAK RECOMMENDATIONS FOR LONG-TERM CARE AND RETIREMENT HOMES

The following is a summary of  
*Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings*,  
Ministry of Health, Effective: April 2023

### Outbreak Definitions

#### Suspect Respiratory Infection Outbreak:

- Two cases of acute respiratory infections (ARI) occurring within 48 hours with any common epidemiological link (e.g., unit, floor); **OR**
- One laboratory-confirmed case of influenza

#### Confirmed Respiratory Infection Outbreak:

- Two cases of acute respiratory infections (ARI) within 48 hours with any common epidemiological link (e.g., unit, floor), at least one of which must be lab confirmed; **OR**
- Three cases of acute respiratory infections (laboratory confirmation not necessary) occurring within 48 hours with any common epidemiological link (e.g., unit, floor)

#### Suspect COVID-19 Outbreak:

- One positive PCR OR rapid molecular test (ID NOW) OR rapid antigen test in a resident who has reasonably acquired their infection in the home

#### Confirmed COVID-19 Outbreak:

- Two or more residents with any common epidemiological link (e.g., unit, floor), both with positive results from a PCR OR rapid molecular test (ID NOW) OR rapid antigen test within a 7-day period where both cases have reasonably acquired their infection in the home

#### 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-hour period

To be defined as a case of infectious gastroenteritis, **at least one** of the following must be met:

- Two or more** episodes of diarrhea (i.e. loose/watery bowel movements) within a 24-hour period; **OR**
- Two or more** episodes of vomiting within a 24-hour period; **OR**
- One or more** episodes of diarrhea AND one or more episodes of vomiting within a 24-hour period

**Note:** *Symptoms must not be attributed to another cause (e.g. medication side effects, laxatives, diet or prior medical condition)*

### Reporting to Public Health

Contact Grey Bruce Health Unit when any outbreak is suspected or identified

Grey Bruce Health Unit 519-376-9420 Ext: 6      Fax: 519-376-4152      [infectiousdiseases@publichealthgreybruce.on.ca](mailto:infectiousdiseases@publichealthgreybruce.on.ca)

- Implement infection prevention and control measures immediately
- Fax Line listing of Residents and Staff to 519-376-4152
- Obtain Outbreak Number from Public Health

## Symptomatic Resident Restrictions

- Isolate symptomatic residents in their room:
  - **Respiratory:** until 5 days after the onset of symptoms or when symptoms resolve (whichever is shortest)
  - **COVID-19:** until 10 days after the onset of symptoms and until symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever present.
    - Resident may leave their room if following criteria met:
      - It has been at least 5 days from onset of symptoms **AND**
      - They are asymptomatic or their symptoms are improving for 24 hours and no fever present **AND**
      - They wear a mask independently and consistently at all times outside their room (not join in activities where mask can not be worn such as group dining)
  - **Gastroenteritis:** until 48 hours after symptoms have resolved
- Implement Additional Precautions
- Place signage outside affected resident rooms, on the door, indicating Additional Precautions required
- Receive treatments (physiotherapy, occupation therapy) in their rooms
- May leave their room in ways that minimize spread of infection (one-to-one support, wear PPE, use ABHR, physical distancing, avoid touching surfaces)
- Symptomatic residents are not recommended to participate in in-person group or social activities

## IPAC Measures

- Active screening of HCWs/staff, visitors, essential caregivers and residents
- Reinforce Routine Practices (hand hygiene, PPE, point of care risk assessments)

## Administrative Measures

- Inform HCWs, staff, residents, families and essential caregivers of outbreak
- Notify all relevant partners of outbreak

### Confirmed Outbreaks:

- Initiate OMT meetings
- Signage posted on all entrances to the home advising of outbreak

## Group/Social Activities and Events

- Discontinue group activities in affected units
- OMT to discuss group activities for asymptomatic residents

## Nourishment Areas

- Tray service for symptomatic and those on Additional Precautions

### Confirmed Outbreaks:

- Communal dining conducted to ensure outbreak unit is cohorted from unexposed units
- Close buffet lines and have food plated by staff
- Encourage staggered eating times
- Pre-set tables with utensils
- Single service/disposable utensils (depending on severity of outbreak)
- Limit/close communal food or snacking areas
- Individually wrapping snacks and use of single packet condiments

## Visitors and Essential Caregivers

- General visitors should postpone non-essential visits
- Essential caregivers are not to be restricted from visiting (but limits may be required)
- Essential caregivers/visitors required to comply with masking/PPE requirements during outbreaks or if resident is on Additional Precautions

## HCW/Staff Control Measures

- Symptomatic staff to self-isolate at home, not to return to work until:
  - **Respiratory:** symptoms have been improving for 24 hours and no fever present.  
For 10 days after symptom onset staff should wear a mask and, where possible, avoid caring for residents at highest risk of severe respiratory illness
  - **COVID-19:** symptoms have been improving for 24 hours (48 if gastro symptoms) and no fever present.  
For 10 days after symptom onset staff should wear a mask and, where possible, avoid caring for residents at highest risk of severe respiratory illness
  - **Gastroenteritis:** until 48 hours after symptoms have resolved (disease-specific exclusions may apply)
- Staff to wear PPE as determined by risk assessment
- Cohort HCWs/staff to care for asymptomatic residents before symptomatic residents when possible
- Consider minimizing movement of HCWs/staff between units/floors

## Specimen Collection

- Ensure correct collection and labelling of specimens and lab requisition forms
  - Label specimen at minimum with resident's name, date of birth and date of collection
  - Complete all fields on lab requisition, ensure information on requisition and specimen label are the same
  - Ensure outbreak number is on lab requisition
- <https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index>

## Enhanced Environmental Cleaning and Disinfection

- Clean and disinfect:
  - Twice daily (minimum): High touch surfaces, HCW/staff equipment, treatment areas, dining areas, lounge areas
  - Once daily: low touch surfaces (e.g. shelving, windowsills)
  - Immediately for any visibly dirty surfaces
- Dedicate non-critical equipment (e.g. stethoscope, blood pressure cuffs) or clean and disinfect between residents
- Adhere to manufacturer's instructions for use (preparation, storage and contact time) of cleaners and disinfectants

## Respiratory

- Universal masking in the outbreak area
- Roommate Close Contacts:
  - Ideally placed in a separate room to isolate. Otherwise use physical barriers (e.g., curtains or a cleanable barrier, commode if shared bathroom) to create separation between case and roommate
  - Wear a mask, if tolerated, when receiving care and outside their room and physically distance from others for 10 days from first day of symptoms of the case
- Other Close Contacts:
  - Strongly encouraged to wear well-fitting mask, if tolerated, and physically distance from others for 7 days from last exposure
  - Encouraged to wear well-fitted mask, if tolerated, when receiving care
- Specimen collection: test symptomatic residents for COVID-19 and other respiratory pathogens as soon as possible
- Use measures such as physical distancing, masking, hand hygiene and enhanced surveillance for low-risk group activities
- Physical distancing in communal areas/dining areas where possible

## COVID-19

- Universal masking in the outbreak area
- Positive resident cases: determine if therapeutics are within goals of care and eligibility
- PPE when providing direct care or interacting with suspect or confirmed case of COVID-19: eye protection, gown, gloves, well-fitted medical mask or N-95 respirator
- Roommate Close Contacts:
  - Placed on Additional Precautions for 5 days from when the case become symptomatic
  - Wear a mask, if tolerated, when receiving care and outside their room and physically distance from others until day 7 from last exposure
  - Ideally placed in a separate room to isolate. Otherwise use physical barriers (e.g., curtains or a cleanable barrier, commode if shared bathroom) to create separation between case and roommate.
- Other Close Contacts:
  - Cohorted from non-exposed residents
- Specimen collection: test symptomatic residents for COVID-19 and other respiratory pathogens as soon as possible

- Enhanced symptom assessment of all residents in outbreak area (minimum once daily)
- Group activities for cohorts may resume at the discretion of the health unit/OMT
- Weekly IPAC audits (hand hygiene, PPE usage and cleaning and disinfection) conducted and reviewed by OMT

### Influenza

- Universal masking in the outbreak area
- Antiviral prophylaxis should be offered and initiated to asymptomatic residents as soon as influenza outbreak is declared and continued until outbreak is declared over
- Antiviral treatment to be considered if symptoms develop in resident
- Unimmunized staff (or those vaccinated less than 2 weeks) may resume work as soon as taking antiviral prophylaxis
- Asymptomatic staff protected by immunization or antivirals have no restrictions to work at other homes
- Specimen collection: test symptomatic residents for COVID-19 and other respiratory pathogens as soon as possible

### Gastrointestinal

- New admissions generally not advised
- Institution to institution transfers not recommended but to be evaluated by OMT and homes on a case-by-case basis
- Follow proper hand hygiene before after feeding assistance
- Residents have opportunity to perform hand hygiene before and after meals
- Use hard surface disinfectant with proper efficacy and reasonable contact time
- If the laundry machine has been used to clean soiled (vomit, diarrhea) laundry, a bleach cycle of the laundry machine is recommended to be run (without laundry) before washing the next load
- Specimen collection: appropriate samples may be collected from symptomatic residents

### Duration of Outbreak

Criteria for declaring an outbreak over is determined in consultation with OMT and Public Health  
It is Public Health's role to declare an outbreak over

#### Respiratory and Influenza

- No new cases have occurred in 8 days from the onset of symptoms of the last resident case or 3 days from the last day of work of an ill HCW/staff, whichever is longer

#### COVID-19

- No new cases, which were reasonably acquired in the home, have occurred for 7 days, and there is no evidence of ongoing transmission

#### Gastrointestinal

- 48 hours from symptom resolution in last case or
- No new cases after one infectious period plus one incubation period (e.g. Norovirus can be over 5 days after last case onset)

For more information please visit us at:

<https://www.publichealthgreybruce.on.ca/Your-Health/Infectious-Diseases/Professional-Resources/Outbreak-Management>

Ontario. Ministry of Health. Recommendations for outbreak prevention and control in institutions and congregate living settings. Toronto, ON: King's Printer for Ontario; 2024.

<https://www.ontario.ca/files/2024-04/moh-recommendations-for-outbreak-prevention-and-control-in-institutions-and-clc-en-2024-04-09.pdf>