
OUTBREAK PREPAREDNESS AND MANAGEMENT

Approved by: HIPACC**Effective Date:** July 7, 2022**Issued By:** Infection Prevention & Control**Review Date:** NEW**Department(s)** Long-term Care**Version:** 1Archived:

SCOPE:

This policy and procedure applies to all employees of the Lennox & Addington County General Hospital (LACGH) Convalescent Care Unit, as well as professional staff with privileges (i.e., medical and extended class nursing staff), volunteers, students and contractors. These individuals shall be referred to collectively as health care workers (HCW) herein.

POLICY STATEMENT:

Infections have the potential to cause outbreaks in the long-term care setting. Ongoing surveillance detects changes in baseline rates of infection, which may indicate a cluster or an outbreak. The prompt identification and response to a cluster/outbreak is key to reducing transmission by initiation of effective interventions to either prevent or minimize the extent of a potential outbreak.

***Any component of this policy may be superseded by the wide authority that the Medical Officer of Health has under the Health Protection and Promotion Act (1990).

PURPOSE:

To quickly identify and manage an outbreak to prevent further transmission, and protect HCWs, residents, caregivers and visitors from infection.

RESPONSIBILITY:

Health Care Workers will complete surveillance for all residents on each shift, and notify the Infection Prevention and Control Practitioner (ICP) of symptoms suggestive of an infectious illness or confirmed infection in residents that appear to be occurring more often than would normally be expected. HCWs will follow all instructions and orders provided by the Outbreak Management Team and or Medical Officer of Health during all outbreaks. HCWs must also consistently adhere to Routine Practices and Additional precautions, and are to remain off work if they have symptoms of an acute, infectious process.



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Infection Prevention and Control (IPAC) is responsible for investigating any clusters/outbreaks, and making recommendations about appropriate control measures aimed at controlling the outbreak and preventing further transmission. The ICP will be responsible for overall co-ordination of outbreak management activities including liaison with the Public Health Unit and/or Medical Officer of Health. An outbreak summary will be submitted to the Hospital Infection Prevention and Control Committee (HIPCC) for review at the completion of every outbreak.

Employee Health Services should maintain surveillance of health status of health care workers involved in provision of resident care, and provide further direction as required to ensure procedures are being followed. A summary will also be submitted to the HIPCC as well as the Joint Occupational Health & Safety Committee (JOHSC) if staff illnesses were included in the outbreak.

The Unit Coordinator and Departmental Manager will assist with outbreak measure compliance and contact tracing of their staff, should it be required.

Administration will assist with communication and networking as necessary, and will assemble the Outbreak Management Team as required.

DEFINITIONS:

“Case Definition” a list of specific signs and symptoms that may be present in infected patients and HCWs, to assist in determining cases that are part of the outbreak. The case definition for an outbreak will be defined by the ICP in consultation with the Public Health representative.

“Cluster” A grouping of cases of a disease within a specific time frame and geographic location suggesting a possible association between the cases with respect to transmission.

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“**Health Care-associated Infection (HAI)**” an infection that is acquired during the delivery of health care that was not present or incubating at the time of admission. Includes infections acquired while in the facility, but appearing after discharge.

“**Line List**” A table or list of all residents identified as meeting case definition for the cluster/outbreak that includes information such as symptoms, date of onset, location, and end date of symptoms.

“**Outbreak**” A statistically significant increase in the number of health care-associated cases (colonization and/or infection) above the number normally occurring in a particular health care setting over a defined period of time.

PROCEDURE:**1. Surveillance**

1.1. Active surveillance and documentation of resident symptoms is conducted on an on-going basis by HCWs to ensure prompt identification of an increase in number of residents with symptoms that are suggestive of an infectious illness. Line listing is completed each shift for: respiratory, enteric, COVID-19 and other infectious symptoms to monitor any potential trends.

1.2. Routine practices will be followed for all residents, and additional precautions implemented based on the physical assessment, symptoms, and/or laboratory results of the resident.

1.3. Employee Health Services will monitor infectious reasons for absences and clusters of infections in healthcare workers.

1.4. HCWs must notify the ICP of infections or symptoms in residents on the unit that appear to be occurring more often than would normally be expected.

2. Outbreak/Cluster Notification and Investigation

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- 2.1. When an outbreak is suspected, the Charge Nurse will immediately contact the ICP (or delegate in the off hours).
- 2.2. The ICP will then investigate any new cases, and compare with usual activity for the unit based on previous surveillance data.
- 2.3. A line list of all cluster/outbreak cases will be maintained by the unit's charge nurse in collaboration with the ICP. Line lists are available on the PPM.
- 2.4. If HCWs are affected, Employee Health Services will follow up with individual HCWs and obtain any specimens if necessary.
- 2.5. After determining the existence of an outbreak, the ICP will notify:
 - o The Outbreak Management Team and Chief of Staff.
 - o KFLA Public Health representative and/or Medical Officer of Health

Respiratory infection outbreaks are a designated disease of public health significance (O. Reg. 135/18) and thus are reportable under the Health Protection and Promotion Act. The Local Public Health Unit should be contacted immediately to report a suspected or confirmed respiratory outbreak to the local Medical Officer of Health by calling:

During business hours: Infection Control (or delegate) will notify KFL&A Public Health Hospital representative.

After hours and holidays: KFL&A Public Health should be contacted. The manager can be reached at 613-507-3100, or alternatively at 613-549-1232 and by following the prompts for the manager on call, or Physician on call (for physician use).

*** Please note that enteric (gastrointestinal) outbreaks can be reported the next working day. Please notify Infection Control so the electronic report submission can be completed.**



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If an outbreak is declared, obtain an outbreak investigation number from Public Health which will be recorded on the daily line listing during outbreak management, as well as the requisitions for COVID-19 testing associated with the outbreak as indicated.

It is important to have this outbreak number on all lab requisitions to both expedite results and help with clustering and contact tracing.

3. Outbreak Management

OUTBREAK MANAGEMENT TEAM

Required members or delegate:

- Infection Control Practitioner
- Chief Nursing Officer/Director of Care
- Unit Manager
- Unit Coordinator
- Employee Health Services
- Director of Quality, Support Services
- KFL&A Public Health Unit representative
- Administrative Support for minutes

Ad-hoc members:

- Team Leader Laboratory
- Maintenance and Operations Supervisor
- Pharmacist
- HIPCC physician delegate
- Medical Director/Nurse Practitioner

3.1 During the initial meeting the Outbreak Management Team shall:

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Review available information (e.g. symptoms, number of cases, geographic location, and HCWs involvement).

o Initial impression as to type of outbreak (e.g. bacterial or viral).

o Create a case definition

o Institute measures to break the method of spread

o Review the Roles and responsibilities of the team members

3.2 During a confirmed outbreak, the Outbreak Management Team will meet on a daily basis and determine an action plan that includes the need for and extent of necessary measures such as restrictions of visitors/caregivers, admissions, staff/resident cohorting, exclusion of HCWs from the unit and review the need for a media release.

3.3 Minutes including division of tasks will be recorded and sent out after every meeting.

4. Team Member Roles and Responsibilities

4.1. Infection Control will:

- Attend and chair daily outbreak management team meetings
- Review the line-list on a daily basis with the charge nurse or delegate and investigate any new cases.
- Liaison with Public Health Unit and report outbreak status daily. A copy of the Outbreak Line listing will be sent to the Public Health Unit.
- Coordinate and implement control and management activities, including cohorting of residents and specific infection control precautions as necessary.
- Reinforce routine practices and additional precautions

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- Develop and provide education to HCWs about the type of outbreak, and appropriate measures to help prevent transmission
- Provide an outbreak summary to the HIPCC after the outbreak has been declared over.

4.2. Chief Nursing Officer/Director of Care or Unit manager will:

- Arrange extra staff as required.
- Ensure HCWs have the supplies and equipment needed
- Facilitate transportation and relocation of patients.
- Maintain communication with the department.
- Attend meetings.

4.3. Unit Charge Nurse or delegate will:

- Review all patients on a daily basis
- Maintain line-list and review with ICP
- Notify ICP or on-call Administrator of possible outbreak
- Review staff assignments and cohort where possible
- Ensure Outbreak Signage is posted at all entrances of the unit
- Communicate with patients and families about the outbreak

4.4. Health Care Workers will:

- Adhere to routine practices and additional precautions

Assess all patients and document any signs or symptoms of illness



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- Obtain lab specimens in the appropriate containers from patients exhibiting case definition signs and symptoms or as ordered by the physician

4.5. **Director or Supervisor – Support Services** will:

- Arrange extra staff as required
- Make provisions for increased environmental cleaning, including cleaning of high-touch surfaces and twice-daily cleaning
- Make provisions for adequate extra linen and PPE.
- Reinforce & audit appropriate cleaning of rooms and washrooms
- Attend meetings

4.6. **Team Leader laboratory** will:

- Maintain supplies of specimen kits
- Facilitate receipt, processing and forwarding of specimens, and ensure that all specimens are labelled with the outbreak number
- Communicate results to ICP

4.7. **Public Health representative** will:

- Provide written instructions and/or orders regarding Outbreak Management
- Liaise with ICP to review cases and determine the status of the outbreak
- Provide the Outbreak number
- Attend Outbreak Management meetings in-person or via tele-conference

4.7. **Employee Health Services** will:



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· Review all absences from HCWs and report any confirmed cases related to the outbreak to WSIB.

· Submit an outbreak summary to HIPACC and the JOHSC if staff illnesses were included in the outbreak.

5. Outbreak Staffing

5.1. During an outbreak, every attempt will be made to cohort staff from the time the outbreak is declared until the outbreak is declared over.

5.2. Symptomatic HCWs must remain off work until symptoms have resolved and the period of communicability has passed as assessed by Employee Health Services.

5.3. During an Influenza outbreak, HCWs who are unimmunized are not be permitted to work in the affected area unless receiving Tamiflu. Refer to the Influenza – Staff Vaccination and Management policy on PPM for more details.

5.4. A HCW who works at another health care facility where an outbreak has been declared must call Employee Health Services prior to reporting for their next shift.

6. Accommodation and Testing:

6.1 Symptomatic residents in private rooms will be isolated immediately within their room, with appropriate signage and PPE available at entry to the room.

6.2 Symptomatic residents in shared accommodations will be moved to one of the two dedicated infection control isolation rooms that are available on the unit.

6.3 In the case of a surge of symptomatic residents that outweighs availability of isolation rooms, the resident(s) will be isolated within their bed space in their shared accommodation.

6.4 Testing will be arranged based on symptomology (respiratory virus panel vs. stool testing).

7. Admissions, Re-Admissions and Transfers During an Outbreak:

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7.1 A decision will be made by KFL&A Public Health/Medical Officer of Health in conjunction with the Outbreak Management Team, on a case by case basis.

7.2 If a transfer to Hospital is required, it is the responsibility of the Charge Nurse or delegate to communicate to all involved parties (transfer service, EMS, receiving facility) about the illness/outbreak status to ensure that appropriate precautions are in place upon arrival.

8. Visitors/Caregivers During an Outbreak

8.1 Visitor/caregiver access to the facility will be determined at the time of the outbreak.

8.2 Visiting restrictions if required will be announced internally and externally.

8.3 Every effort will be made to provide alternatives to combat the social isolation, and support the mental health of residents through alternative means if necessary, such as virtual visitation.

9. Conclusion and Follow-up

9.1. Data will continue to be collected until it has been decided that no new cases are occurring and the activity has returned to normal.

9.2 The Medical Officer of Health or designate, in combination with the Outbreak Management Team shall determine when to declare an outbreak over. An outbreak will be considered over when it is coming under control, as determined by a decline in the number of new cases and sustained adherence to infection control outbreak measures including use of PPE, hand hygiene, environmental and equipment cleaning audit results as outlined on the outbreak control measures checklist.

9.3 A summary report will be developed by the ICP and provided to the HIPCC and JOHSC. If staff are involved in the outbreak, Employee Health Services will provide a report on this.

9.4. Any recommendations resulting from the outbreak will be reviewed by the HIPCC and JOHSC as applicable. These will then be incorporated into ongoing education and policies.



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