

INFECTION CONTROL MANUAL

POLICY: ICO002

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OUTBREAK MANAGEMENT – RESPIRATORY ILLNESS

RESPIRATORY, INFLUENZA LIKE ILLNESS (ILI), AND ACUTE RESPIRATORY ILLNESS (ARI) PRECAUTIONS,
including COVID-19

POLICY:

Vigilance will be practised in surveillance for respiratory disease, ILI and possible ARI cases. Facility will be following guidelines and direction from the Ministry of Health and Public Health in regards to any respiratory outbreaks, including pandemic situations.

The following procedures will be implemented for residents with respiratory symptoms and additional procedures will be put in place following Ministry of Health and Public Health guidelines.

PURPOSE:

To do the least harm to the residents.

To protect the health of residents and staff.

PROCEDURE

1. For any resident with respiratory symptoms or fever suggestive of an infectious disease, staff are directed to use droplet/contact precautions, which includes masks, gloves, eye protection, and gowns when providing any care.
Masks cannot be reused when used to care for people who have respiratory illnesses due to concerns that contamination of the user could be a result.
Gowns are to not to be reused again due to the possibility of contaminating the health care provider when putting on the gown again.
Gloves are single use and must be removed and disposed of after each contact and hands must be washed after removing.
Eye protection can be cleaned using disinfectant and wipes provided on isolation cart. Eye protection can be used multiple times.

SUSPECT CASE DEFINITION	
Clinical	Exposure History
Fever AND	Travel history outside of Canada
Respiratory symptoms – cough, shortness of breath, difficulty breathing	Close contact with a confirmed or suspect case of respiratory illness

2. If a resident has symptoms, they are to be immediately isolated and NP swab obtained to identify pathogen. Residents sharing basic accommodation rooms with suspect case will require isolation as well. Testing will be completed on other resident as well to rule out possible transmission.
3. Staff are required to wear appropriate droplet precaution PPE when providing care for residents in isolation with suspected or confirmed acute respiratory illness and are to remove their personal protective equipment and wash their hands before caring for other residents.
4. Ongoing surveillance to identify new cases will be done at least daily, if not twice per day following MOH/Public Health guidelines.
5. A line listing will be initiated and will be updated by the ICP or her designate with new information and communicated to the health unit contact person on a daily basis. The updated information may require changes to the outbreak management routines in place. Some control measures may be lifted, some additional measures may be put in place.
6. A staff line listing form will also be initiated including all appropriate information. The line listing will be updated by the ICP or designate with new information and communicated to the health unit contact person on a daily basis. Facility will follow guidelines as per Ministry of Health/Public Health in regards to screening of staff.
7. If a cluster of symptomatic cases (2+ residents within 48 hours in a unit) are identified with respiratory symptoms a respiratory outbreak will be declared. In the event of COVID-19, only 1 case (either staff, visitor, or resident) is required to declare facility in outbreak.

8. ICO (Infection Control Officer) will notify Ministry of Long Term Care via Critical Incident Reporting system of outbreak and will amend CI once outbreak is declared over.
9. General outbreak management routines will be implemented which may consist of the following:
 - closing to admissions initially and then reassessing admissions as the outbreak comes under control
 - posting notification signs at all entrances to the facility informing others of the outbreak situation within the facility. During a pandemic, all visitor access will be restricted to essential visitors only (those whose loved ones are deemed end of life).
 - restricting ill residents to their rooms
 - restricting resident interaction between affected and unaffected units
 - reinforcing the need for good hand washing/hand disinfection before and after providing care, sanitizing when entering/exiting resident rooms as well.
 - enhanced environmental cleaning (twice daily or more often) of objects that are in high traffic areas including all washrooms, handrails, tables, doorknobs etc. The chemical concentration of the sanitizers must be appropriate and the solution is to be changed frequently.
 - Additional measures as deemed appropriate by the Public Health and Ministry of Health.
 - Should a staff member contract the respiratory disease that facility is currently in outbreak with (must experience physiological changes), a Section 5 for the Ministry of Labour must be completed and faxed to them within 48 hours [see Section 5 on share file], WSIB Form 7 will also be completed and submitted.
 - Should an outbreak be declared, a representative from Unifor & ONA will be notified of outbreak
 - JH&SC will be notified of outbreak as per OH&S Act. Please refer to OH&S Act for details of what is to be included in report to JH&SC and trade unions.
 - If an employee works at 2 facilities and there is a respiratory outbreak, the employee may continue to work at both facilities provided they shower and change uniforms before entering each home. **In the event of COVID-19 pandemic, employees are not permitted to work in more than one health care facility/setting.**
 - If an employee works at another facility and there is an Influenza outbreak at either facility, the employee must wait 72 hours before entering affected home unless they have had the Influenza vaccination or have been on Tamiflu treatment for 48 hours.
 - If an employee works at 2 facilities and there is an outbreak of COVID-19 then the employee will be informed to choose which home they would prefer to remain at and will not be permitted to work at both facilities for the duration of the outbreak.
 - If an employee becomes ill with respiratory symptoms, they must remain off work until symptom free for 48 hours. **In the event of COVID-19 outbreak, employees must remain off until 24 hours after last symptom, following their 14 days isolation period.**
 - During a pandemic, all staff and essential visitors will be screened when they arrive for their shift/visit and when they leave at the end of their shift/visit with temperature taken as well.
 - Visitors will be screened and expected to follow current interventions/procedures in place to deal with current outbreak.
 - Visitors will be permitted to continue with visits on unaffected home areas. Essential caregivers (1) will be permitted to visit with those on affected units, but general visits will cease until outbreak is declared over.

The outbreak will be declared over as per direction from Public Health. Strathmere Lodge ICO will communicate this decision to the unit charge nurse and management.

ARI screening is incorporated into the nursing admission history of all new admissions. This is to include history of exposure to affected areas and facilities as well as signs and symptoms of ARI.

EVALUATION

Policy and procedure will be reviewed annually by Nursing Administration and updated with new information when available from the Public Health and the Ministry of Health.

This policy also appears in the Emergency Plans Manual