

INFECTION CONTROL INSTITUTIONAL CHECKLIST RESPIRATORY OUTBREAK

Communication

- **Long Term Care (LTC) team:** 1-800-267-7120 ext. 1574 or LTC@eohu.ca
- **Notify all residents, staff, and family of outbreak.**
- **Fax or upload **LINE LISTING** to EOHU **EVERY MORNING:****
Fax: 613-933-7930 **SharePoint:** Link provided at the beginning of the outbreak

Outbreak measures

- Begin line listing for all resident and employee cases. Update daily and send line listing form to the LTC team.
- Isolate symptomatic residents on contact and droplet precautions, see isolation section for details.
- 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](#)).
- Coordinate specimen collection and submission with the Health Unit.
- Postpone all non-essential visits from general visitors to clients/patients/residents within the outbreak area for the duration of the outbreak.
- 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. Using a disinfectant with a DIN and a short contact time (1-3 minutes) is recommended.
- Ensure aerosol or trigger spray bottles are not used to apply cleaner/disinfectant.
- Ensure appropriate signage at all entrances and in strategic locations. Signage should provide visitors with required infection prevention and control recommendations.
- Implement universal masking in outbreak areas.**
- Suspend high risk activities (large group activities, bus outings).
- Public health unit approval is not required for admissions/transfers, but Health Unit consultation is recommended when IPAC advice or risk mitigation is needed.
- Additionally, for admissions or transfers from an acute care facility, the discharging physician should agree to the admission or transfer to an institution in outbreak.

Testing

- Test all symptomatic residents according to current guidelines and advice from the Health Unit.
- Coordinate specimen collection and submission with the Health Unit.
- Specimens can be dropped off at the Health Unit **ONLY** [during the following days and time](#) (the same times as well water bottle drop off).

Requisitions

- Complete the **General Test requisition** form.
- Ordering Clinician:** Indicate facility physician.



- Patient Information:** Enter all the fields and ensure to indicate correct spelling of resident's name as it appears on the health card.
- Outbreak Number:** Indicate number provided by your liaison.
- Testing Requested:** Indicate **Covid-19 and Respiratory Virus** as test requested.
- Specimen Type:** Indicate **collection date**. Choose NPS for Nasopharyngeal swabs or Throat and nasal for the self swab kits.
- Location:** Select institution and indicate facility name.
- Covid Vaccination:** Fill in if known.
- Clinical Information:** Enter resident's symptoms. Specimens will be canceled if no symptoms are selected or if resident is asymptomatic
- VIALS:** Please indicate resident full name (same as on the requisition), date of birth and collection date.

Isolation

- Place isolation carts and signage outside isolating residents' rooms. Masks, gowns, gloves, eye protection, hand sanitizer and wipes should be included in these carts.
- Strongly encourage any non-isolated residents to wear masks when circulating in the facility.
- Provide tray services for symptomatic and isolating residents.

Case management

- Cases (ill residents) should be encouraged to stay in their room and should be on Droplet and Contact Precautions until 5 days after the onset of acute illness or until symptoms have resolved (whichever is shorter).
- Residents can leave their room for walks in the immediate area or outdoors with staff wearing appropriate PPE, to support overall physical and mental well-being.
- As part of outbreak control measures, and to prevent risk of transmission from those with a longer period of communicability, clients/patients/residents are encouraged to wear a well-fitted mask, if tolerated, when receiving care and when outside of their room until day 10 from symptom onset.

Contact management:

- Roommate close contacts who remain in the same room should be placed on additional Precautions for 5 days from the case's symptom onset given their close and ongoing exposure. Following this period, the roommate close contact should wear a well-fitting mask, if tolerated, when receiving care and when outside of their room until day 10 from the case's symptom onset.
 - o This may include avoiding attending group dining and group activities that involve unexposed residents where masking cannot be maintained.
 - o Roommate close contacts should be monitored once daily for symptoms.

Influenza Outbreaks

- In addition to the above recommendations, the following is required for confirmed influenza outbreaks:
 - o Only adequately immunized employees or those on an appropriate antiviral may work.
 - o Offer influenza vaccination to all unvaccinated residents, employees and volunteers. Encourage unvaccinated family members to get vaccinated.
 - o Offer pneumococcal, RSV and Covid-19 vaccines to all unvaccinated residents.
 - o Antiviral treatment should be considered; review recommendations with the Health Unit.

Antiviral Use (Influenza and Covid-19 Outbreaks):

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

Resource Links

- [Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, February 2025](#)
- [Donning and Doffing PPE Signage](#)
- [Performing a Risk Assessment Related to Routine Practices and Additional Precautions](#)
- [Outbreak signage](#)
- [Hand washing poster](#)
- [Hand sanitizing poster](#)