

Specific Infection Control Measures

Module 4



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Learner Outcomes

By the end of this module you will be able to:

- State the goal of specific control measures.
- List the types of controls that are required.
- List the various groups for whom control measures are required.
- Identify two key sources for additional information on controls.



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Specific Control Measures

- During an outbreak, specific control measures are put in place with the goal of bringing the outbreak under control more quickly.
- These measures may vary depending on the type of outbreak (e.g. respiratory, gastroenteritis) as well as whether or not an infectious agent has been identified (e.g. influenza, norovirus).



General Resident Controls – Admissions and Transfers



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New Admissions and Return of Non-Cases

- New admissions and re-admission of non-cases are generally NOT advised.
- The Outbreak Management Team (OMT) and the TBDHU will discuss the situation and carefully consider all relevant factors before making a decision.
- If the outbreak is laboratory-confirmed influenza, returning residents should be placed on antiviral prophylaxis medication in line with other residents.



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Returning Cases

- Re-admission of cases from a hospital is permitted with appropriate accommodation and care.
- The working assumption is that the resident has been exposed to the causative organism and is now immune.



Transfers – Acute Care

- The facility must notify the receiving healthcare facility and the Provincial Transfer Authorization Centre (PTAC) that the home is experiencing an outbreak.
- If a Medical Transfer (MT) is approved, an authorization number will be issued immediately.



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Transfers – Acute Care

- The goal is to protect sending and receiving facilities, paramedic and private transfer companies and the public by ensuring appropriate personal protective measures are taken to contain any risk of spreading.
- This does not apply to life threatening emergencies which DO NOT require authorization to transfer.



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Transfers – Long-Term Care Home (LTCH)

- Transfer of symptomatic residents to another LTCH is not recommended.
 - This includes residents from anywhere in the LTCH.
- All transfers must go through the Provincial Transfer Authorization Centre (PTAC) for approval.



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Resident Controls – Restrictions



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Respiratory – Room Restrictions

- Outbreak cases should stay in their room and be on **droplet and contact precautions** (gown, gloves, goggles, mask) until 5 days after the onset of acute illness **OR** until symptom-free; whichever is shorter.
- Some pathogens may be longer; determined in consultation with the OMT.
- Room restriction for influenza is recommended due to the viral shedding that occurs when symptomatic.



Respiratory – Room Restrictions

- Residents not in single rooms can be managed in their bed space with droplet and contact precautions with privacy curtains drawn.
- Residents may leave their room if they are able to comply with hand hygiene requirements and with the use of a mask.
- If compliance is an issue, the TBDHU should be consulted.



Respiratory – Floor/Unit Restrictions

- During a respiratory outbreak, it may be necessary to restrict residents to their floor/unit to avoid contact with residents and staff in the remainder of the long-term care home (LTCH).



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Gastroenteritis – Room Restrictions

- Outbreak cases should stay in their room and be on **contact precautions** (gown, gloves) until symptom-free for 48 hours.
- If norovirus is confirmed, outbreak cases must be isolated for 72 hours.
- Droplet precautions (goggles, mask) may also be needed depending on the symptoms (e.g. vomit).



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Appointments

- If possible, all non-urgent medical and other appointments should be rescheduled until after the outbreak is over.



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Communal Meetings & Activities

- All communal meetings on the affected unit/floor must be rescheduled.
 - Communal meetings on units/floors not affected by the outbreak can continue.
- All group outings from the affected unit/floor must be discontinued.
- Visits from outside groups must not be permitted (e.g. entertainers).



Communal Meetings & Activities

- There should be no interaction between those on the affected unit/floor and any on-site programs (e.g. child-care).
- All onsite program/services (e.g. physiotherapy) should be conducted in the resident's room if possible.



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Staff, Volunteer & Student Controls – Respiratory



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Reporting

- Staff, volunteers and students with signs or symptoms of a respiratory illness should:
 - NOT enter and report the illness to their supervisor who will report it to the infection control practitioner (ICP)
 - be sent home immediately and report the illness to the ICP



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Exclusion for Those with Symptoms

- For non-influenza outbreaks, staff, volunteers and students must **not return to work at ANY facility** for 5 days from onset of symptoms **OR** until symptoms resolve, whichever is shorter.
- If respiratory syncytial virus (RSV) is identified, staff, volunteers and students must **not return to work at ANY facility** for 8 days from onset of symptoms **OR** until symptoms resolve, whichever is shorter.



Exclusion for Those with Symptoms – Influenza

- During a laboratory-confirmed influenza outbreak, anyone (staff, volunteers and students) experiencing respiratory symptoms must **not return to work at ANY facility** for 5 days from onset of symptoms (period of communicability) **OR** until symptoms resolve, whichever is shorter.



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Exclusion for Unimmunized, No Antivirals

- Staff, volunteers and students who are not immunized and who refuse antivirals should be excluded for the length of the outbreak.
 - Please refer to the institution's policy.



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Working at other facilities – Non-Influenza

- Before working at another facility, staff, volunteers and students must wait until 72 hours have passed since they worked at the LTCH in outbreak.
 - This is one incubation period.
- If respiratory syncytial virus (RSV), parainfluenza, metapneumovirus OR adenovirus is identified as the infectious agent, the length of time is lengthened to 8 days.



Working at other facilities – Influenza

- Staff, volunteers and students protected by either immunization or antivirals have no restrictions on working at another LTCH, provided there is not a significant influenza vaccine drift.
 - The TBDHU will provide direction.

Working at other facilities – Influenza

- Staff who are not immunized and not receiving antivirals must wait 72 hours (one incubation period) from the last day they worked at the outbreak facility before working at another LTCH to ensure they are not incubating influenza.



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Working at other facilities – Influenza

- Staff who are not immunized but **are taking antivirals** can work at another LTCH if:
 - no fever or other respiratory symptoms
 - does not conflict with policy of receiving facility
 - does not conflict with direction from the TBDHU based on information specific to the epidemiology of the outbreak

Working at other facilities – Influenza

- If staff are unimmunized but are taking antivirals they can work at another LTCH if:
 - no fever or other respiratory symptoms
 - no conflict with policy of receiving facility
 - no conflict with direction from the TBDHU based on information specific to the epidemiology of the outbreak

Staff, Volunteer & Student Controls – Gastroenteritis



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Reporting

- Staff, volunteers and students with signs or symptoms of gastroenteritis should:
 - NOT enter and report the illness to their supervisor who will report it to the infection control practitioner (ICP)
 - be sent home immediately and report the illness to the ICP



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Exclusion for Those with Symptoms

- Staff, volunteers and students must **not return to work at ANY facility** until they have been symptom-free for at least 48 hours.
 - Once the infectious agent is known, disease-specific exclusions may apply.



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Working at other facilities

- Staff, students or volunteers who also work at other LTCH (or other health-care facility, daycare or food premise) should advise their employers that they have been working in a LTCH at which there is an outbreak.



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Working at other facilities

- Before working at another facility, staff, volunteers and students must wait until 48 hours have passed since they worked at the LTCH in outbreak.
 - This may be modified once the infectious agent is identified.



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Staff Controls – Cohorting



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Non-Influenza

- During non-influenza this could include having one staff member only look after ill residents and others only look after well residents.
- Cohorting could also include keeping staff members working on only one unit if possible as well as minimizing the movement of staff, students, or volunteers between areas in the LTCH, especially if some units are unaffected.



Influenza

- During an influenza outbreak, these measures should not be required where all staff are immunized or on appropriate antiviral medication.
 - Consult with the TBDHU if this is not the case.



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Gastroenteritis

- The movement of staff, students and volunteers between affected and unaffected floors/units should be minimized.
- Cohorting could include:
 - having one staff member only look after ill residents and others only look after well residents
 - assigning staff to a single unit/floor
- Where possible, recovering staff who are returning to work should be caring for symptomatic residents.



Visitor Controls



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Visitor Controls

- The facility must stay open to visitors during an outbreak.
- Visitors could also include privately paid caregivers.
- All visitor restrictions will be discussed by the Outbreak Management Team (OMT).



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Visitor Controls

- Send communication encouraging those who are ill to stay home
 - Recommend immunization if applicable.
- Post signage at entrances with details and informing visitors to perform hand hygiene before and after visit.
- Post signage on the doors of all cases advising visitors to report to the nurses station for required PPE.



Reference Document



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MOHLTC Reference Documents

- Additional information is available in the following reference documents from Ontario's Ministry of Health and Long-Term Care
 - [A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes \(2016\)](#)
 - [Control of Gastroenteritis Outbreaks in Long-Term Care Homes: A Guide for Long-Term Care Homes and Public Health Unit Staff \(2013\)](#)



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Before ending the module...



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Check your learning

Now that you have reached the end of the module, can you:

- State the goal of specific control measures?
- List the types of controls that are required?
- List the various groups for whom control measures are required?
- Identify two key sources for additional information on controls?



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Back at work

When you return to work, what will you do differently as a result of this module?



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References

- A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes; Ministry of Health and Long-Term Care; September 2016
- Control of Gastroenteritis Outbreaks in Long-Term Care Homes; A Guide for Long-Term Care Homes and Public Health Unit Staff; Public Health Division Ministry of Health and Long-Term Care; October 2013



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