

Quick Reference to Outbreak Control & Management for Long Term Care and Retirement Homes

	Enteric	Respiratory	Influenza	COVID
Case Definition (*may be changed depending on the outbreak and population)	*2 or more episodes of vomiting and/or diarrhea AND/OR a combination of vomiting and diarrhea within 24 hours OR lab confirmation of a pathogen with one symptom	2 or more respiratory symptoms (respiratory outbreak case definitions should be developed for each individual outbreak as symptoms will vary based on pathogen(s) involved)	2 or more respiratory symptoms (note: abnormal temperature, fever, malaise, myalgia, loss of appetite, headache and chills should be incorporated into the case definition)	Lab confirmation of infection with novel coronavirus
Outbreak Definitions	Suspect: 1 case meeting case definition (symptoms not attributed to another cause)	Suspect: 2 cases with a common epidemiological link within 48 hours	Suspect: 1 lab confirmed case of influenza	Suspect: 1 case of COVID-19 (RAT or molecular)
	Confirmed: 2 or more cases with a common epidemiological link within 48 hours	Confirmed: 3 or more cases with a common epidemiological link in within 48 hrs OR 2 cases with one being lab confirmed	Confirmed: 2 or more cases with a common epidemiological link within 48 hrs with at least one being lab confirmed	Confirmed: 2 or more lab confirmed cases (molecular or RAT) with a common epidemiological link within 7 day period
Reporting	Business hours: Fax: (807) 625-4822 Phone: 625-8318 toll-free at 1-888-294-6630, ext. 8318 After hours/weekends/holidays: Thunder Bay Answering Service at (807) 624-1280			
Monitoring (Surveillance)	Perform on-going surveillance to identify new cases. Keep a line list; update list daily and fax to the health unit at (807) 625-4822			
PPE	Contact Precautions (gown, gloves) Droplet precautions (mask, goggles) may also be needed (vomit)	Droplet/Contact Precautions (gown, gloves, goggles, mask)		
Isolation Requirements	Isolate ill residents until symptom-free for 48-72 hours(72 hours is strongly recommended)	Isolate ill residents for 5 days or until symptom-free, whichever is sooner *if RSV or HMP is identified and case remains sx at day 5, continue to isolate until day 8 or sx free	Isolate ill residents for 5 days or until symptom-free, whichever is sooner	Isolate ill residents for 10 days from lab or symptom onset. (resident able to mask- may leave their room masked- if it has been 5 days AND they are asymptomatic or symptoms improving 24 (resp.)-48 (gastro) hours) (resident unable to mask- may walk in immediate area with staff person in appropriate PPE) Please see page 26 of the guidance document for the full details
Testing	Collect samples (bacterial and viral) using enteric outbreak kit on up to 5 residents. Complete requisition; refrigerate sample; and, arrange from transport to PHL.	Collect a nasopharyngeal (NP) swab using respiratory outbreak kit. Complete requisition; refrigerate sample; and, arrange for transport to PHL (Recommendation- if using RAT test for symptomatic individuals and initial RAT test is negative repeat RAT test after 24 hours)		
Treatment	Not applicable	Not applicable	Consult with the health unit and MRP for Tamiflu® treatment/prophylaxis recommendations	MRP discretion
New Admissions	Generally discouraged until outbreak is under control; if admission is necessary, consult with Health Unit and IPAC. All parties (client, family and physician) are to be informed of risk and measures in place to protect.			

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Resident Transfers <ul style="list-style-type: none"> • to and from hospital • to another facility 	Hospitalized cases related to the outbreak can be re-admitted. Transfers to other facilities are generally discouraged.		Hospitalized cases who don't have lab confirmed influenza can be readmitted but should be on antiviral prophylaxis upon re-entry. Transfer to another facility is generally discouraged until outbreak is under control.	Hospitalized cases related to the outbreak can be re-admitted. Transfers to other facilities are generally discouraged.
Staff movement between unaffected units or other facilities	Staff members/volunteers from facilities in outbreak should not work at your facility until at least 48 hours have elapsed since they last worked at the affected facility.	Staff members/volunteers from facilities in outbreak should not work at your facility until at least 72 hours have elapsed since they worked at the affected facility.	Fully immunized staff/staff on antiviral treatment, have no exclusions. Non-immunized staff/not taking antivirals are to follow the same guidance under resp.	Staff members/volunteers from facilities in outbreak should not work at your facility until at least 72 hours have elapsed since they worked at the affected facility.
Staff Exclusion	Ill staff at work should be sent home immediately. Exclude ill staff/volunteers until 48 symptoms free.	Ill staff at work should be sent home immediately. Exclude staff 5 days from onset or symptom free.	Ill staff should not work at any facility until 5 days from onset of symptoms or until symptoms have resolved. Staff who have not received influenza vaccine/refuse antivirals should be excluded for the duration of the outbreak. Refer to Institutional exclusion policy.	Ill staff at work should be sent home immediately. Staff can return to work 24 hours symptoms improving.
Visitor Restrictions	Visitors informed not to visit if ill or don't want to become ill, to visit only 1 resident/patient, use PPE as appropriate, perform hand hygiene. During influenza outbreaks use PPE or maintain 2 meter distance from ill resident/patient.			
Declare over	5 days from symptom resolve of last case	8 days (10 RSV/HMP) of no new cases identified	8 days of no new cases identified	7 days of no new cases identified

Updated August 2023

References:

- A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes, November 2018
- Control of Gastroenteritis Outbreaks in Long-Term Care Homes A Guide for Long-Term Care Homes and Public Health Unit Staff, March 2018
- Appendix 1: Case Definitions and Disease Specific Information, Disease: Gastroenteritis Outbreaks in Institutions and Public Hospitals, May 2022
- Appendix 1: Case Definitions and Disease Specific Information, Disease: Respiratory Infection Outbreaks in Institutions and Public Hospitals, May 2022
- Appendix 1: Case Definitions and Disease Specific Information, Disease: Disease caused by COVID-19, SARS, MERS
- COVID-19 Guidance: Long Term Care Homes, Retirement Homes, and other Congregate Living Settings for Public Health Units, January 18 2022

Please contact the Infectious Diseases program with any questions at 807-625-5900 or toll-free at 1-888-294-6630 (Monday through Friday, 8:30am to 4:30pm).

