

# 2023-2024 Outbreak Season

LAST UPDATED: SEPT 2023



# OUTBREAK MANAGEMENT

RESOURCE GUIDE

Adapted with permission of Leeds,  
Grenville and Lanark District Health Unit



# Introduction

This Outbreak Guidance Resource has been prepared by the Thunder Bay District Health Unit in preparation for the 2023-2024 outbreak season. All sections of this document are available as individual resources / print outs on our website at [tbdhu.com/outbreaks](http://tbdhu.com/outbreaks). Please see our website for the most up to date version of each resource.

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

	Enteric	Respiratory	Influenza	COVID
<b>Case Definition</b> (*may be changed depending on the outbreak and population)	*2 or more episodes of vomiting and/or diarrhea <b>AND/OR</b> a combination of vomiting and diarrhea within 24 hours <b>OR</b> 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
<b>Outbreak Definitions</b>	<b>Suspect:</b> 1 case meeting case definition (symptoms not attributed to another cause)	<b>Suspect:</b> 2 cases with a common epidemiological link within 48 hours	<b>Suspect:</b> 1 lab confirmed case of influenza	<b>Suspect:</b> 1 case of COVID-19 (RAT or molecular)
	<b>Confirmed:</b> 2 or more cases with a common epidemiological link within 48 hours	<b>Confirmed:</b> 3 or more cases with a common epidemiological link in within 48 hrs <b>OR</b> 2 cases with one being lab confirmed	<b>Confirmed:</b> 2 or more cases with a common epidemiological link within 48 hrs with at least one being lab confirmed	<b>Confirmed:</b> 2 or more lab confirmed cases (molecular or RAT) with a common epidemiological link within 7 day period
<b>Reporting</b>	<b>Business hours:</b> Fax: (807) 625-4822 Phone: 625-8318 toll-free at 1-888-294-6630, ext. 8318 <b>After hours/weekends/holidays:</b> Thunder Bay Answering Service at (807) 624-1280			
<b>Monitoring</b> (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			
<b>PPE</b>	<b>Contact Precautions</b> (gown, gloves) Droplet precautions (mask, goggles) may also be needed (vomit)	<b>Droplet/Contact Precautions</b> (gown, gloves, goggles, mask)		
<b>Isolation Requirements</b>	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) <b>Please see page 26 of the guidance document for the full details</b>
<b>Testing</b>	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)		
<b>Treatment</b>	Not applicable	Not applicable	Consult with the health unit and MRP for Tamiflu® treatment/prophylaxis recommendations	MRP discretion
<b>New Admissions</b>	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.			

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

	Enteric	Respiratory	Influenza	COVID
<b>Resident Transfers</b> <ul style="list-style-type: none"> <li>• to and from hospital</li> <li>• to another facility</li> </ul>	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.
<b>Staff movement between unaffected units or other facilities</b>	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.
<b>Staff Exclusion</b>	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.
<b>Visitor Restrictions</b>	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.			
<b>Declare over</b>	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).



# **SECTION A:**

# **ENTERIC OUTBREAKS**

## Flowchart: Enteric Outbreak

### Two residents in a specific area with the following symptoms within 48 hours:

- Two or more episodes of vomiting within a 24 hour period

**or**

- Two or more episodes of diarrhea or watery stools within a 24 hour period

**or**

- One or more episode of vomiting AND one episode of diarrhea or watery stool within a 24 hour period

A positive stool culture accompanied by symptoms may also indicate an outbreak

- Contact the Thunder Bay District Health Unit at **807-625-8318**
- After hours dial **807-625-1280** and ask for ID on call

### Implement contact precautions (gown/gloves) for ill residents:

- Isolate ill residents
- Gown and glove upon entry to room and for direct resident care
- Mask for vomiting residents
- Perform meticulous hand hygiene
- Dedicate equipment where possible
- Enhance cleaning and disinfecting
- Start line listing

- Obtain outbreak number from the Thunder Bay District Health Unit
- Fax line list DAILY to the Health Unit: **807-625-4822**
- Obtain stool samples from ill residents using Enteric Outbreak Kit. Once the causative organism is identified, further samples do not need to be obtained from ill residents. If causative organism is *C. Difficile*, collect specimens on all symptomatic residents with the same symptoms in the same affected unit / area.
- Send stool samples to Public Health Lab  
Include the outbreak number on the laboratory requisition
- After hours, specimens can be stored in the refrigerator (not freezer) and delivered to the lab the next morning

**Once a confirmed outbreak has been declared, schedule initial outbreak meeting with Health Unit, and follow Outbreak Control Measures Checklist**

# OUTBREAK

## Enteric Outbreak Control Measures Checklist

Facility: \_\_\_\_\_ Date: \_\_\_\_\_

Date Outbreak Declared: \_\_\_\_\_ Outbreak #: \_\_\_\_\_

Health Unit Contact: \_\_\_\_\_

Infectious Disease Program intake line: 807-625-8318

### IMMEDIATE CONTROL MEASURES FOR OUTBREAK

- Isolate symptomatic residents, use appropriate PPE and encourage hand hygiene.
- Notify staff of potential outbreak.
- Start [Line Listing](#) of symptomatic residents and staff, and fax separately to secure fax line: **807-625-4822**.
- Collect Stool specimens – Request Enteric Outbreak Kits from TBDHU if needed.
- Notify the Thunder Bay District Health Unit of potential outbreak by calling **807-625-8318** or after hours 807-625-1280 and ask for ID on call.

### Stool Specimen Collection:

- Collect stool specimens using Enteric Outbreak Kit on up to FIVE symptomatic residents.
- Check expiry dates on kits.
- Ensure resident name, date of birth, and collection date are included on all specimen containers.
- Complete all sections of requisition – include OB Number.
- Ensure containers are closed **tightly** before placing into biohazard bag, and place requisition in outside pocket.
- Refrigerate sample, and arrange for transport to PHL within 72hrs of collection.
- Additional enteric Kits can be requested from the Health Unit.

### Control Measures for Residents:

- Isolate symptomatic residents on Contact Precautions for 48-72 hours (72hrs strongly recommended) after symptoms have resolved. Based on risk assessment, droplet precautions may also be required.
- Cohort cases whenever possible – i.e. group persons with similar symptoms when single rooms not available for isolation.
- Limit movement between residents in outbreak area to non-outbreak areas. If a case must move through non-outbreak areas – institute additional precautions i.e. monitoring of hand hygiene, increase environmental cleaning.
- Do not share equipment between residents OR thoroughly clean & disinfect between use. Roommates do not share toilet facilities with symptomatic residents.

### Control Measures for Staff and Volunteers:

- Emphasize the importance of strict hand hygiene.
- Provide education to staff on routine practices, additional precautions, environmental cleaning and disinfection.

- Cohort staff when able – staff working on affected unit / floor should not work in non-outbreak areas.
- Report staff illness to charge person including symptoms & onset date.
- Exclude ill staff, students and volunteers for 48 hours after symptoms have resolved.
- Some infectious agents have longer exclusion periods. Consult with Health Unit.
- Staff/volunteers who work in more than one facility should notify the facility NOT in outbreak and follow their policy regarding exclusion.
- During an outbreak, food samples may need to be submitted for testing. Retain 200g ready-to-eat food samples from each meal for the duration of the outbreak (refer to Control of Gastroenteritis Outbreaks in LTCH's for further information).

### **Control Measures for Visitors:**

- Notification of visitors through signage at entrances and resident rooms.
- Notify all agencies contracted to work in the facility.
- Ill visitors should not be permitted in the facility.
- Encourage well visitors to reschedule their visit if possible; if necessary, instruct visitor to:
  - » Clean hands before and after visit.
  - » Use appropriate PPE for direct care of ill residents.
  - » Visit only one resident, clean hands and exit facility.

### **Environmental Cleaning:**

- Increase frequency of cleaning and disinfection of high touch surfaces.
- Ensure gown & gloves are worn when cleaning case rooms and masks when sorting linens.
- Promptly clean and disinfect surfaces contaminated by stool and vomit.
- Clean soiled carpets and soft furnishings with hot water and detergent, or steam clean – vacuum cleaning is not recommended.
- Use appropriate products for cleaning and disinfection.

### **Admissions, Re-admission, and Transfers:**

- Admissions/transfers/return from absence decisions may be made in consultation with TBDHU and the OMT.
- Notify Hospital Infection Control Practitioner if transferring resident to hospital.

### **Medical Appointments:**

- Re-schedule non-urgent appointments until after the outbreak is over.

### **Communal Activities:**

- Cancel or postpone large gatherings and group outings.
- Small gatherings for well residents only, consult with Health Unit.
- Conduct on-site programs such as physiotherapy for isolated residents in their rooms if possible.



**RESIDENT: Enteric Outbreak Line Listing Form**



Institution Name:	Unit:	Outbreak Number: 2262-	Date Reported to Health Unit:
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Causative Agent:	Contact Person:	PHI:	PHN:
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Case Identifiers	Symptom Information	Specimen	Isolation	Outcome	TBDHU Fax: 807-625-4822
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Case Definition:					
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#	Name	DOB	Room #	Symptom Onset Date	Diarrhea (D)	Vomiting (V)	Nausea (N)	Fever (F)	Abdominal Pain (A)	Other (specify in comments)	Date	Result: Positive (P), Negative(N)	Date Isolated	Date symptoms resolved	Date out of Isolation	Hospitalized Date (dd/mm/yy)	Death Date (dd/mm/yy)	Notes/ Comments	
1	Mr Example	4-Mar-37	311-B	31-Jul		V		F			2-Aug	Norovirus	31-Jul	2-Aug	4-Aug				

**STAFF: Enteric Outbreak Line Listing Form**



<b>Institution Name:</b>	<b>Unit:</b>	<b>Outbreak Number: 2262-</b>	<b>Date Reported to Health Unit:</b>
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<b>Causative Agent:</b>	<b>Contact Person:</b>	<b>PHI:</b>	<b>PHN:</b>
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<b>Case Identifiers</b>	<b>Symptom Information</b>	<b>Exclusion</b>	<b>TBDHU Fax: 807-625-4822</b>
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<b>Case Definition:</b>			
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#	Name	DOB	Role	Area(s) worked	Symptom Onset Date	Diarrhea (D)	Vomiting (V)	Nausea (N)	Fever (F)	Abdominal Pain (A)	Other (specify in comments)	Last date / shift worked	Date Symptoms Resolved	Date Returned to Work	Notes/ Comments
1	Mr Example	4-Mar-87	RPN	Unit A	31-Jul		V		F			31-Jul	1-Aug	4-Aug	

## FACILITY REPORTING FORM: Outbreak Case Counts

Facility Name:

Date:

Outbreak Number:

Please complete and Fax to the Health Unit at **807-625-4822** at the end of the outbreak.

Outbreak Denominator Counts	Resident	Staff
Total # at risk in affected area		
Total # in the facility		

Outbreak Numerator Counts	Resident	Staff
# Cases		
# Lab confirmed cases		
# Admitted to hospital		
# Cases with pneumonia		
# Deaths		

Complete the sections below for outbreaks with **Influenza** as an agent only

Respiratory Numerator Counts	Resident	Staff
Total # in institution Immunized prior to Outbreak		
Total # not immunized prior to Outbreak		
Total # immunized during the current outbreak		
Total # in affected area Immunized prior to Outbreak		
Hospitalized - # cases immunized prior to Outbreak		
Hospitalized - # cases not immunized prior to OB		
Cases with Pneumonia – # immunized prior to OB		
Cases with Pneumonia – # not immunized prior to OB		
Deaths - # immunized prior to OB		
Deaths - # not immunized prior to OB		

Complete the section below only if **antivirals** were used during the outbreak

Influenza Numerator Counts	Resident	Staff
Antiviral - Those not yet ill [Prophylaxis]		
Antiviral - ill persons within 48 hours of onset of symptoms [Treatment]		
Antiviral - ill persons > 48 hours after onset of symptoms [Treatment]		
How many people developed side effects to Tamiflu?		
Of those that developed side effects, how many discontinued use of Tamiflu due to side effects?		

# General Test Requisition

**ALL sections** of the form must be completed by [authorized](#) health care providers for each specimen submitted, or testing may be delayed or cancelled. Verify that **all testing requirements** are met before collecting a specimen. For **HIV, respiratory viruses, or culture isolate** requests, use the dedicated requisitions available at: [publichealthontario.ca/requisitions](http://publichealthontario.ca/requisitions)

### Ordering Healthcare Provider Information

Licence No.: \_\_\_\_\_ Healthcare Provider Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Copy to Lab / Health Unit / Other Authorized Healthcare Provider

Licence No.: \_\_\_\_\_ Lab / Health Unit / Other Authorized Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

### Patient Setting

Clinic / Community	ER (Not Admitted / Not Yet Determined)	ER (Admitted)
Inpatient (Non-ICU)	ICU / CCU	Congregate Living Setting

### Testing Indication(s) / Criteria

Diagnosis	Screening	Immune Status	Follow-up / Convalescent
Pregnancy / Perinatal	Impaired Immunity	Post-mortem	

Other (Specify): \_\_\_\_\_

### Signs / Symptoms

No Signs / Symptoms	★ <b>Onset Date (yyyy-mm-dd):</b>		
	Fever	Rash	STI
Gastrointestinal	Respiratory	Hepatitis	Meningitis / Encephalitis

Other (Specify): \_\_\_\_\_

### Relevant Exposure(s)

None / Not Applicable	Most Recent Date (yyyy-mm-dd):		
	Occupational Exposure / Needlestick Injury (Specify):	Source	Exposed

Other (Specify): \_\_\_\_\_

### Relevant Travel(s)

None / Not Applicable	Most Recent Date (yyyy-mm-dd):	
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Travel Details: \_\_\_\_\_

### For Public Health Ontario's laboratory use only:

Date Received (yyyy-mm-dd): \_\_\_\_\_ PHO Lab No.: \_\_\_\_\_

### Patient Information

Health Card No.: \_\_\_\_\_

Date of Birth (yyyy-mm-dd): \_\_\_\_\_ Sex: Male  
Female

Medical Record No.: \_\_\_\_\_

Last Name (per health card): \_\_\_\_\_  
First Name (per health card): \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
City: \_\_\_\_\_ Tel: \_\_\_\_\_

### Investigation / Outbreak No. from PHO or Health Unit (if applicable):

### Specimen Information

★ <b>Date Collected (yyyy-mm-dd):</b>	<b>Submitter Lab No.:</b>	
Whole Blood	Serum	Plasma
Bone Marrow	Cerebrospinal Fluid (CSF)	Nasopharyngeal Swab (NPS)
Oropharyngeal / Throat Swab	Sputum	Bronchoalveolar Lavage (BAL)
Endocervical Swab	Vaginal Swab	Urethral Swab
Urine	Rectal Swab	Faeces

Other (Specify type AND body location): \_\_\_\_\_

### Test(s) Requested

Enter each assay as per the [publichealthontario.ca/testdirectory](http://publichealthontario.ca/testdirectory):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### For routine hepatitis A, B or C serology, complete this section instead:

<b>Hepatitis A</b>	Immune Status (HAV IgG)	Acute Infection (HAV IgM, signs/symptoms info)
<b>Hepatitis B</b>	Immune Status (anti-HBs)	Chronic Infection (HBsAg + total anti-HBc)
	Acute Infection (HBsAg + total anti-HBc + IgM if total is positive)	Pre-Chemotherapy Screening (anti-HBs + HBsAg + total anti-HBc)
<b>Hepatitis C</b>	Current / Past Infection (HCV total antibodies) No immune status test for HCV is currently available.	

The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36 (1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHO's Laboratory Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-SD-SCG-1000, version 004 (September 2023).

<b>Specimen</b>	<b>Stool (Enteric Outbreaks)</b>	
<b>Collection Materials</b>	Enteric outbreak kit containing: <ul style="list-style-type: none"> <li>▪ Green capped container with liquid medium (for bacteriology)</li> <li>▪ White capped container (for Virology/Toxin)</li> <li>▪ General Test Requisition</li> <li>▪ Sealable plastic biohazard bag</li> </ul>	Personal protective equipment: <ul style="list-style-type: none"> <li>▪ Gloves</li> <li>▪ Gown</li> </ul>
<b>Collection Instructions</b>	<ol style="list-style-type: none"> <li>1. Instruct adults to defecate into a clean container such as a disposable plate or bed pan. Stool specimens that have been in contact with water in the toilet are unacceptable. Stool must be loose/watery. Formed stool specimens will not be accepted.</li> <li>2. Remove specimen collection vials from the biohazard bag and check expiry dates. <b>DO NOT USE EXPIRED BOTTLES</b></li> <li>3. Label each vial before collecting the specimen with date of collection, patient's full name, and one other unique identifier such as DOB or HCN.</li> <li>4. Perform hand hygiene and put on appropriate personal protective equipment.</li> <li>5. Using the spatula on the lid of each vial, select different sites of the stool specimen, preferably blood, mucous or pus, and transfer to the containers as follows:                         <ul style="list-style-type: none"> <li>➢ Bacteriology (Green-capped container with pink coloured transport medium): Fill to the line &amp; use spoon to mix into transport medium.</li> <li>➢ Virology/Toxin (White-capped container): Use spoon to insert stool up to the line indicated.</li> </ul> </li> <li>6. Place all containers in the biohazard bag. Place the completed requisition form in the outside pocket. Do not place the test requisition inside the biohazard bag containing the specimens.</li> <li>7. Refrigerate specimens immediately. Do not freeze specimens.</li> <li>8. Remove gloves and perform hand hygiene. Remove personal protective equipment and repeat hand hygiene.</li> </ol>	

**Important Reminders:**

- The Public Health Lab may reject specimens and may not perform testing if instructions are not followed
- Ensure the specimen container is labelled and cap closed **tightly**. Unlabeled specimens will not be tested.
- Send specimens to the local PHL as soon as possible – samples received greater than 72 hrs after collection may not be tested.
- Samples must be transported in the designated public health lab BLUE transport bag to the local PUBLIC HEALTH LAB

**General Test Requisition Form Completion Instructions:**

**1. 1 - Submitter**

The box must have the Local Public Health Unit information including Medical Officer of Health name

**2. 2 – Patient Information**

- The resident's name, date of birth, sex and health card number **must** be completed.
- **Address** is the name and location of the facility. Provide phone and fax number.
- A Public Health Unit **Outbreak number must be indicated** on the form and will be provided to you at the beginning of the outbreak
- Public Health Investigator Information: Ensure that the Health Unit contact for the outbreak is listed.
- Patient Setting: Choose "Institution"
- Clinical Informtaion: check as appropriate

3. **3- Test(s) Requested:** Write "Enteric Culture, Virology, C. Perf, C. Deff"

4. **4- Specimen Type and Site:** check "Faeces"

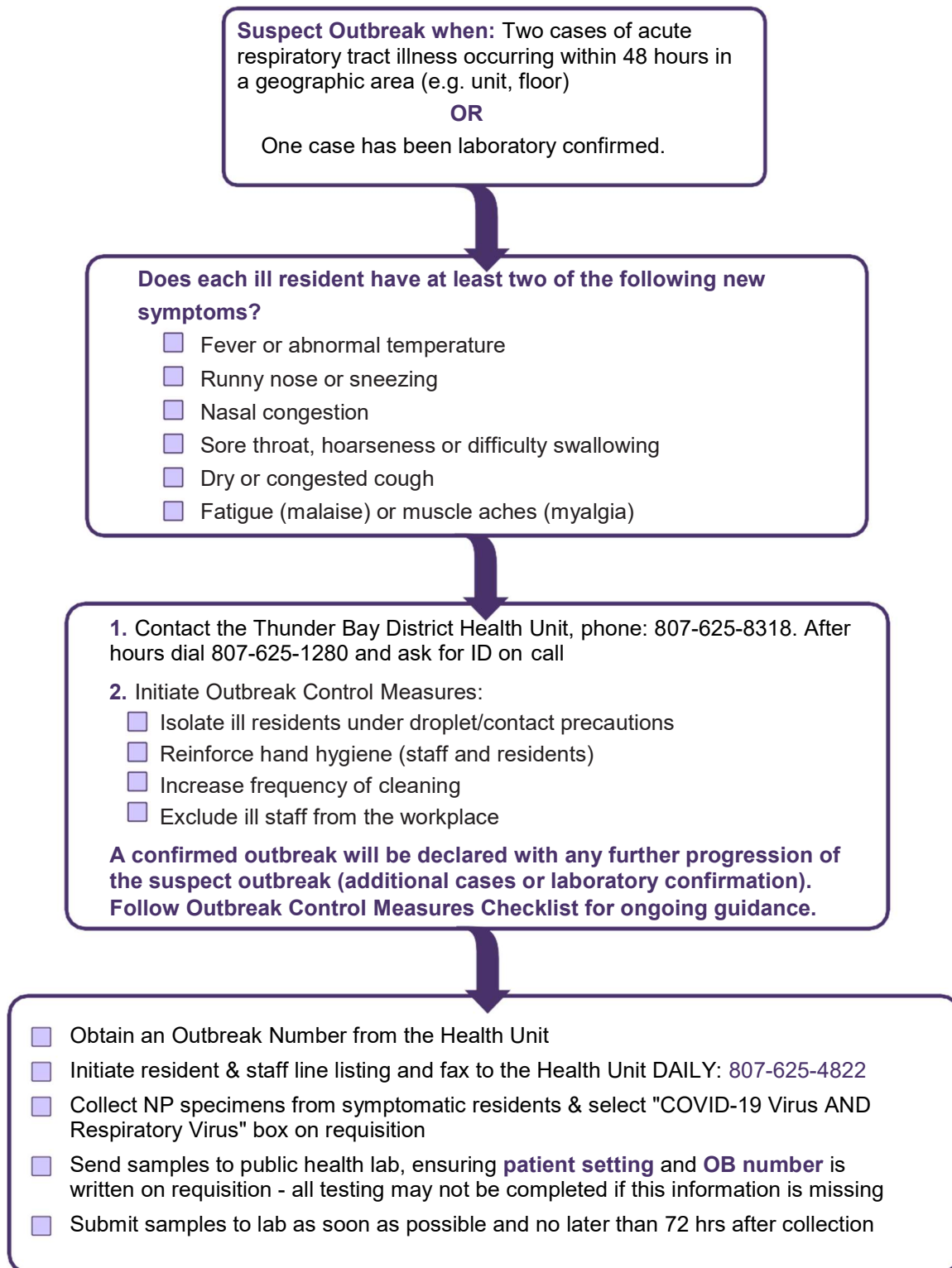
5. **5- Reason for Test:** Check "Diagnostic" and **MUST FILL IN DATE SAMPLE COLLECTED AND ONSET DATE OF SYMPTOMS**



# **SECTION B:**

# **RESPIRATORY OUTBREAKS**

## Flowchart: Respiratory Outbreak



# OUTBREAK

## Respiratory Outbreak Control Measures Checklist

Facility: \_\_\_\_\_ Date: \_\_\_\_\_

Date Outbreak Declared: \_\_\_\_\_ Outbreak #: \_\_\_\_\_

Health Unit Contact: \_\_\_\_\_

Infectious Disease Program intake line: 807-625-8318

### IMMEDIATE CONTROL MEASURES FOR OUTBREAK

- Isolate symptomatic residents, implement droplet precautions and encourage hand hygiene.
- Notify staff of potential outbreak.
- Start Line Listing of symptomatic residents and staff and fax separately to secure fax line: **807-625-4822**.
- Collect Nasopharyngeal (NP) Specimens to send to Public Health Lab, ideally within 48 hours of symptom onset.
- Notify the Thunder Bay District Health Unit of potential outbreak by calling **807-625-8318** or after hours 807-625-1280 and ask for ID on call.

### Nasopharyngeal (NP) Specimen Collection:

- Check expiry dates on swabs and ensure residents name, collection date, and date of birth are on all specimen containers.
- Collect NP MRVP swabs on up to FOUR symptomatic residents. FLUVID testing will be performed on residents/staff beyond the first four during institutional outbreaks.
- Complete all sections of requisition – and select the “COVID-19 Virus AND Respiratory Virus” box in section 5.
- Include outbreak number provided by PHU on requisition.
- Ensure collection swab is capped **tightly** before placing into biohazard bag, and place requisition in outside pocket.
- Refrigerate sample, and arrange for transport to PHL within 72hrs of collection.

### Control Measures for Residents:

- Isolate symptomatic residents on Droplet / Contact Precautions.
- Encourage hand hygiene practices and have alcohol-based hand rub available.
- Do not share equipment between residents if possible OR thoroughly clean and disinfect between use.
- Cohort residents whenever possible.

### Control Measures for Staff and Volunteers:

- Provide education to staff on routine practices, additional precautions, environmental cleaning and disinfection.
- Cohort staffing if possible. Consider assigning staff to a single unit.
- Report illness to charge person; list symptoms and onset date.



- Exclude ill staff, students and volunteers from the facility.
- Staff/volunteers who work in more than one facility should notify the facility NOT in outbreak and follow their policy regarding exclusion.

### **Control Measures for Visitors:**

- Notification of visitors through signage (at entrances and resident rooms).
- Notification of all agencies contracted to work in the facility.
- Ill visitors are not permitted in the facility.
- Encourage vaccination where applicable.
- Encourage well visitors to reschedule their visit if possible; if necessary, instruct visitor to:
  - » Clean hands before and after visit.
  - » Use appropriate PPE for direct care of ill residents.
  - » Visit only one resident, clean hands and exit facility.

### **Environmental Cleaning:**

- Increase frequency of cleaning and disinfection of high touch surfaces.
- Increase cleaning and disinfection of ill resident's immediate environment.
- Promptly clean and disinfect surfaces contaminated by stool and vomit.
- Use appropriate products for cleaning and disinfection as per PHO Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings

### **Admissions, Re-admission, and Transfers:**

- Admissions/transfers/return from absence decisions may be made in consultation with TBDHU and the OMT.
- Notify Hospital Infection Control Practitioner if transferring resident to hospital.

### **Medical Appointments:**

- Re-schedule non-urgent appointments.

### **Communal Activities:**

- Cancel or postpone large gatherings and group outings.
- Small gatherings for well residents only, consult with Health Unit.
- Conduct on-site programs such as physiotherapy for isolated residents in their rooms if possible.

### **Additional Control Measures for Influenza:**

- Offer antiviral prophylaxis to all residents and start within 48hrs of symptom onset for maximum effectiveness.
- Offer influenza immunization to non-immunized residents.
- Staff who refuse influenza vaccination should be given the option of taking antiviral medications in order to continue their duties within the facility.

Please note: treatment decisions are the responsibility of the attending physician.  
For antiviral medication information, refer to the "Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018" or most recent document.





## FACILITY REPORTING FORM: Outbreak Case Counts

Facility Name:

Date:

Outbreak Number:

Please complete and Fax to the Health Unit at **807-625-4822** at the end of the outbreak.

Outbreak Denominator Counts	Resident	Staff
Total # at risk in affected area		
Total # in the facility		

Outbreak Numerator Counts	Resident	Staff
# Cases		
# Lab confirmed cases		
# Admitted to hospital		
# Cases with pneumonia		
# Deaths		

Complete the sections below for outbreaks with **Influenza** as an agent only

Respiratory Numerator Counts	Resident	Staff
Total # in institution Immunized prior to Outbreak		
Total # not immunized prior to Outbreak		
Total # immunized during the current outbreak		
Total # in affected area Immunized prior to Outbreak		
Hospitalized - # cases immunized prior to Outbreak		
Hospitalized - # cases not immunized prior to OB		
Cases with Pneumonia – # immunized prior to OB		
Cases with Pneumonia – # not immunized prior to OB		
Deaths - # immunized prior to OB		
Deaths - # not immunized prior to OB		

Complete the section below only if **antivirals** were used during the outbreak

Influenza Numerator Counts	Resident	Staff
Antiviral - Those not yet ill [Prophylaxis]		
Antiviral - ill persons within 48 hours of onset of symptoms [Treatment]		
Antiviral - ill persons > 48 hours after onset of symptoms [Treatment]		
How many people developed side effects to Tamiflu?		
Of those that developed side effects, how many discontinued use of Tamiflu due to side effects?		

Public Health Ontario | Santé publique Ontario  
**COVID-19 and Respiratory Virus Test Requisition**

<b>For laboratory use only</b>	
Date received (yyyy/mm/dd):	PHOL No.:

**ALL Sections of this form must be completed at every visit**

**2 - Patient Information**

Health Card No.:	Medical Record No.:
Last Name:	
First Name:	
Date of Birth (yyyy/mm/dd):	Sex: M F
Address:	
Postal Code:	Patient Phone No.:

**Investigation or Outbreak No.:**

**3 - Travel History**

Travel to:	
Date of Travel (yyyy/mm/dd):	Date of Return (yyyy/mm/dd):

**4 - Exposure History**

Exposure to probable, or confirmed case?	Yes	No
Exposure details:		
Date of symptom onset of contact (yyyy/mm/dd):		

**5 - Test(s) Requested**

COVID-19 Virus	Respiratory Viruses	COVID-19 Virus AND Respiratory Viruses
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**7 - Patient Setting / Type**

Assessment Centre	Family doctor / clinic	Outpatient / ER not admitted
Only if applicable, indicate the group:		
ER - to be hospitalized	Deceased / Autopsy	
Healthcare worker	Institution / all group living settings	
Inpatient (Hospitalized)	<b>Facility Name:</b>	
Inpatient (ICU / CCU)	Confirmation (for use <b>ONLY</b> by a COVID testing lab). Enter your result (NEG / POS / or IND):	
Remote Community		
Unhoused / Shelter		
Other (Specify):		

**CONFIDENTIAL WHEN COMPLETED**  
 The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36(1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHO laboratory Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567.  
 Form No. F-SD-SCG-4000 (21/07/22).

**1 - Submitter Lab Number (if applicable):**

**Ordering Clinician (required)**  
 Surname, First Name:  
 OHIP/CPSO/Prof. License No.:  
 Name of clinic/facility/health unit:  
 Address: Postal code:  
 Phone: Fax:

**cc Hospital Lab (for entry into LIS)**  
 Hospital Name:  
 Address (if different from ordering clinician):  
 Postal Code:  
 Phone: Fax:

**cc Other Authorized Health Care Provider:**  
 Surname, First name:  
 OHIP/CPSO/Prof. License No.:  
 Name of clinic/facility/health unit:  
 Address: Postal code:  
 Phone: Fax:

**6 - Specimen Type (check all that apply)**

<b>Specimen Collection Date (yyyy/mm/dd):</b>	<b>(required)</b>	
NPS	Throat Swab	Saliva (Swish & Gargle)
Deep or Mid-turbinate Nasal Swab	Throat + Nasal	Saliva (Neat)
	BAL	Anterior Nasal (Nose)
Oral (Buccal) + Deep Nasal	Other (Specify):	

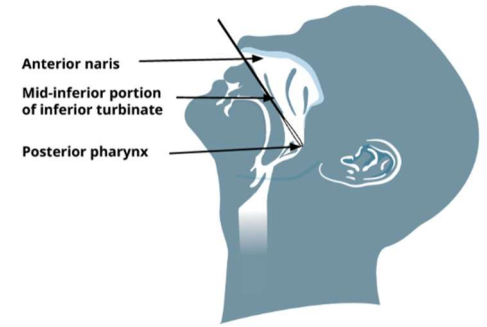
**8 - COVID-19 Vaccination Status**

Received all required doses >14 days ago	Unimmunized / partial series / ≤14 days after final dose	Unknown
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**9 - Clinical Information**

Asymptomatic	Fever	Pregnant
Symptomatic	Pneumonia	Other (Specify):
Date of symptom onset (yyyy/mm/dd):	Cough	Sore Throat

Specimen	Nasopharyngeal	
Collection Materials	Virus respiratory pack containing: <ul style="list-style-type: none"> <li>▪ specimen tube containing viral transport medium</li> <li>▪ flexible plastic NP swab</li> <li>▪ requisition form</li> <li>▪ sealable plastic biohazard bag</li> </ul>	Personal protective equipment: <ul style="list-style-type: none"> <li>▪ Gloves</li> <li>▪ Gown</li> <li>▪ Protective mask</li> <li>▪ Eye protection</li> </ul>
Collection Instructions	<ol style="list-style-type: none"> <li>1. Perform hand hygiene</li> <li>2. Put on gown, gloves, a facemask and a face shield.</li> <li>3. Check expiration date of collection kit. <b>DO NOT USE EXPIRED KITS.</b></li> <li>4. Ensure patient has NOT ingested food / drink, chewed gum, smoked, or vaped for at least 30 min prior to collection. Ask patient to blow nose into tissue to clear excess secretions from nostrils.</li> <li>5. In a seated position, tilt patient's head back 70 degrees.</li> <li>6. Insert flexible shaft swab mini-tip through the nose straight back (not upwards) until you hit resistance (about half the distance from the patient' ear to their nostril).</li> <li>7. Gently rotate the swab several times against the wall of the nose and let it sit for a few seconds to absorb secretions.</li> <li>8. Slowly withdraw swab and insert into transport medium provided. Snap off excess wire and cap vial tightly.</li> <li>9. Label the specimen tube with the resident's name, date of collection, and one other unique identifier such as DOB or HCN.</li> <li>10. Place the specimen tube into the large plastic pouch of the biohazard plastic bag and seal it closed. Place the completed requisition in it in the outside pocket. Refrigerate specimen if immediate transportation to the lab is not possible.</li> <li>11. Remove gloves and perform hand hygiene. Remove personal protective equipment and repeat hand hygiene.</li> </ol>	



Tilt the head back at a 70° angle as illustrated in the picture.

**Important Reminders:**

- The Public Health Lab may reject specimens and may not perform testing if instructions are not followed.
- Ensure the specimen container is labelled and cap is closed tightly. Unlabeled specimens will not be tested.
- Respiratory specimens can be stored in refrigerator for up to 5 days – transport on ice in warm weather
- Samples must be transported in the designated public health lab BLUE transport bag to the local PUBLIC HEALTH LAB as soon as possible.

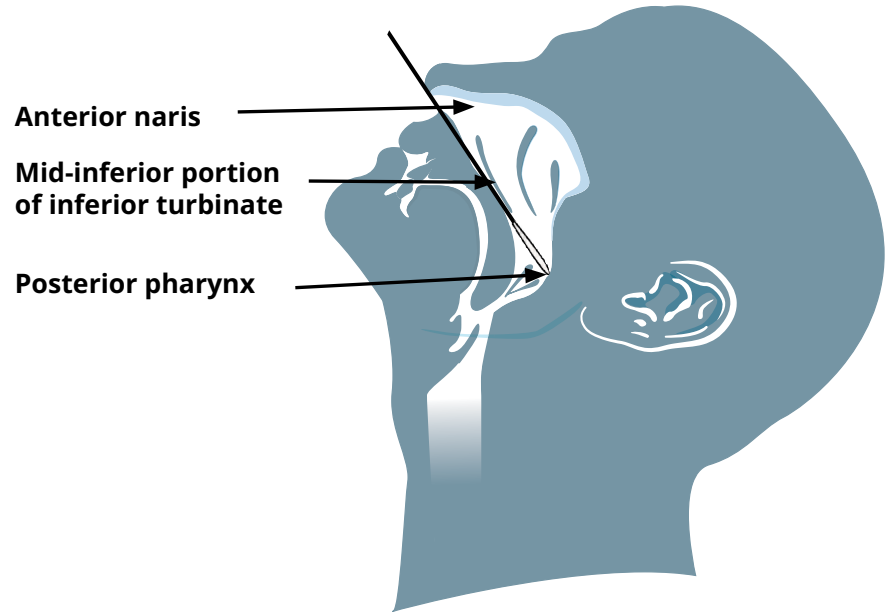
**COVID-19 and Respiratory Virus Test Requisition Completion Instructions:**

1. **1 – Submitter**  
The box must have the Local Public Health Unit information including Medical Officer of Health name
2. **2 – Patient Information**
  - The resident's name, date of birth, sex and health card number **must** be completed.
  - **Address** is the name and location of the facility.
  - A Public Health Unit **Outbreak Number must be indicated** on the form, as provided by the PHU at the start of the Outbreak.
3. **5 – Test Requested:** Choose "COVID-19 Virus AND Respiratory Viruses"
4. **6 – Specimen Type And Collection Date:** Choose "NPS" & "institution / all group living settings"
5. **7 – Patient Setting:** Select "Institution / all group living settings"
6. **8 – Clinical Information:** Select as appropriate.



# Nasopharyngeal Specimen Collection Instructions

1. In a seated position, tilt patient's head back 70°.
2. Insert flexible shaft swab mini-tip through the nose straight back (not upwards) until you hit resistance (about half the distance from the patient's ear to their nostril).
3. Gently rotate the swab several times against the wall of the nose and let it sit for a few seconds to absorb secretions.
4. Slowly remove the swab from the nose and immediately place it in the test tube.



*Tilt the head back at a 70° angle as illustrated in the picture.*

# **SECTION C: SIGNAGE**



# STOP

## Visitors please read:

### Outbreak Declared:

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- Check with staff before visiting
- Do NOT visit if you are ill
  - please stay home until your symptoms are gone
- Clean your hands
  - when you arrive
  - before you leave
- Follow any posted guidance



Scan the QR code for more information on public health measures and advice or visit the TBDHU website <https://www.tbdhu.com/>



# STOP

**Visitors please read:**

**We are currently watching for signs and symptoms of illness**

- Check with staff before visiting
- Clean your hands with alcohol-based hand sanitizer:
  - when you arrive and before leaving
  - after coughing or sneezing



Thunder Bay District  
Health Unit

# Full PPE is Required



**Wear if you are cleaning, handling items or within 2m/6ft of the client.**

d**ON**ning (Putting on)

1. Keep mask on.
2. Perform hand hygiene.
3. Put on gown, tie at neck and waist.
4. Put on eye protection.
5. Put on gloves, fit over gown.





**Make sure everything fits correctly and there is no tearing.**

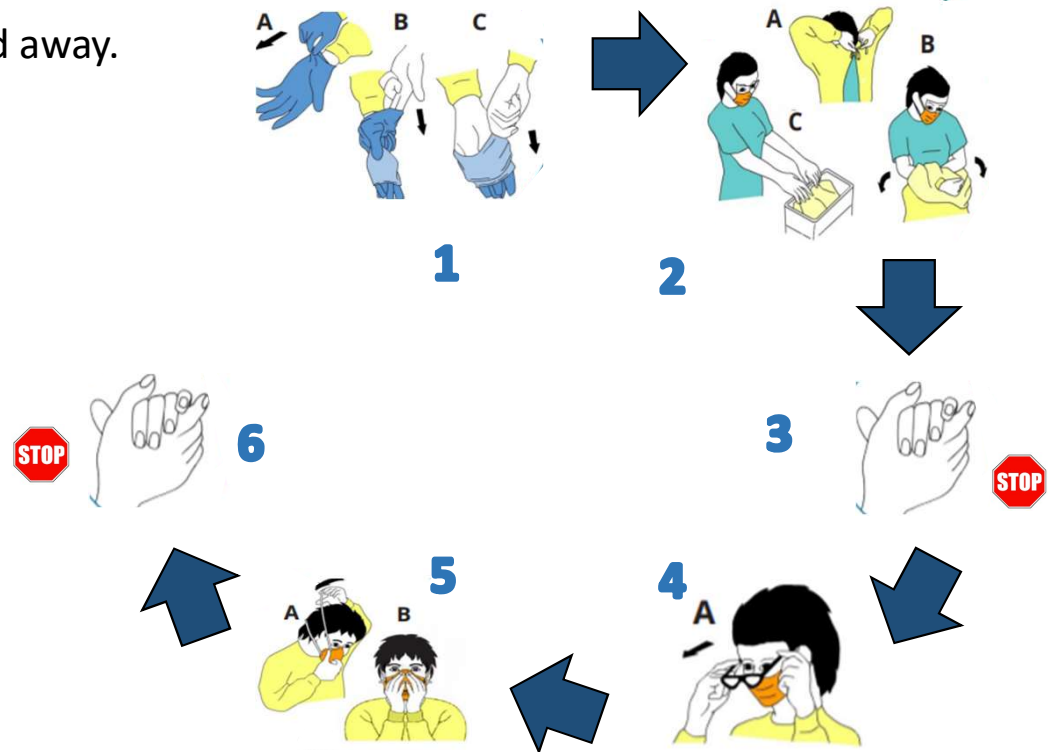


Thunder Bay District  
Health Unit  
IPAC HUB

# dOFFing (Remove PPE)

Remove within the threshold of this room and discard in assigned garbage bin/bag.

1. Remove gloves, peeling down from the wrist and away.
2. Remove gown, pulling away, rolling to discard.
3. Perform hand hygiene. 
4. Remove eye protection
5. Remove mask, using loops/ties.
6. Perform hand hygiene. 
7. Put on new mask.



Follow "Reuse of eye protection" poster if you will be cleaning and disinfecting your eye protection.

# Questions?

Contact: TBDHU  
Infectious Disease  
Program

**Phone:**

807-625-8318

**Website:**

[tbdhu.com/outbreaks](http://tbdhu.com/outbreaks)