

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

	Enteric	Respiratory	Influenza	COVID-19
Clinical Evidence	*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	Acute Respiratory Infection (ARI) <ul style="list-style-type: none">• Symptoms of a new or worsening cough or shortness of breath and;• Often fever AND/OR two of the following, or a combination of cough OR fever and 1 of the following symptoms; <ul style="list-style-type: none">- Runny nose or nasal congestion- Sore Throat- Muscle aches or joint pain		
Outbreak Definitions	Suspect: 1 case meeting case definition (symptoms not attributed to another cause)	Suspect: Two patient/resident cases of ARI with symptom onset within 48 hours with an epidemiological link (e.g. same unit/floor/service area) suggestive of transmission in the setting		
	Confirmed: 2 or more cases with a common epidemiological link within 48 hours	Confirmed: Two or more patient/resident cases of test-confirmed acute respiratory infections (ARI) with symptom onset within 48 hours and an epidemiological link (e.g. same unit/floor/service area) suggestive of transmission within the setting. OR <ul style="list-style-type: none">• Three or more patient/resident cases of ARI with symptom onset within 48 hours and an epidemiological link suggestive of transmission within the setting. NOTE: (two resident/patient cases are institution/hospital acquired cases -infections that are likely to have been acquired in the setting and not present or incubating at time of admission.		
Reportin	Business hours Fax: (807) 625-4822; Phone: 807-625-8318 or toll-free at 1-888-294-6630 ext 8318. Afterhours/weekends/holidays: Thunder Bay Answering Service: 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 if vomit present	Droplet/Contact Precautions Eye protection (goggles, face shield, or safety glasses with side protection), gown, gloves a well fitted medical mask or a fit-tested, seal check N95		
Case Isolation Requirements	Isolate ill residents until symptom-free for 48-72 hours (72 hours is strongly recommended)	Isolate ill residents on additional precautions until 5 days from symptom onset or when symptoms resolve (whichever is sooner). Recommend masking until day 10 from symptom onset. *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 on additional precautions for a min of 5 days from sx onset AND until sx are resolving for 24 hours. Recommend masking until day 10 from sx onset (when receiving care and when outside of their room, which may include avoiding group dining and group activities that involve unexposed residents where masking cannot be maintained by the case).	
Contact Isolation Requirements	N/A	Roommates with ongoing exposure – on Additional Precautions for 5 days, then masking until day 10 Roommates who have been moved – on Additional Precautions for 5 days, then recommend masking until day 7 All other close contacts – masking for 7 days		
Testing	Collect samples (bacterial and viral) using enteric outbreak kit on up to 5 residents. Complete requisition, refrigerate sample, and arrange for 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).		

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	Enteric	Respiratory	Influenza	COVID-19
Treatment	Not applicable	MRP discretion	Consult with HU and MRP for Tamiflu treatment and/or 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.			
Resident Transfers -to and from hospital -to another facility	<p>Hospitalized cases related (line listed) to the outbreak can be re-admitted.</p> <p>Transfers to other facilities are generally discouraged. If transfer is absolutely 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.</p> <p>If a resident/patient is entering an OB area that is using antiviral prophylaxis, they should be started on it prior to entering OB area.</p>			
Staff movement between unaffected units or other facilities	<p>Staff who work in multiple settings/locations should advise the other setting/locations of the outbreak to determine if they should continue working in multiple places. Consult with employer occupational health at non-OB facility.</p> <p>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.</p>			
Staff Exclusion	Ill staff at work should be sent home immediately. Exclude ill staff/volunteers until 48 symptoms free.	<p>Symptomatic Staff should be excluded from the institution until afebrile and symptoms have been improving for at least 24 hours (48 hours if GI symptoms).</p> <p>Staff are to continue to mask for 10 days from sx onset.</p>	<p>Symptomatic Staff should be excluded from the institution until afebrile and symptoms have been improving for at least 24 hours (48 hours if GI symptoms). Staff are to continue to mask for 10 days from sx onset.</p> <p>Staff who have not received influenza vaccine/refuse antivirals should be excluded for the duration of the outbreak. Refer to Institutional exclusion policy.</p>	<p>Symptomatic Staff should be excluded from the institution until afebrile and symptoms have been improving for at least 24 hours (48 hours if GI symptoms).</p> <p>Staff are to continue to mask for 10 days from sx onset.</p>
Visitor Restrictions	<p>General visitors should postpone all non-essential visits to clients/residents within the OB area for duration of the OB.</p> <p>Essential caregivers/ visitors should be directed to the reception desk prior to visiting clients/patients residents and they should be educated on the potential risk of exposure and encouraged to wear appropriate PPE and preform hand hygiene.</p>			
Declare over	5 days from symptom resolve of last case	8 days (10 RSV/HMP) of no new cases identified or 3 days from last day of work of an ill staff, whichever is longer.		

References:

[OPHS: Requirements for Programs, Services and Accountability - Infectious Diseases Protocol - Appendix 1: Case Definitions and Disease-Specific Information - Disease: Coronavirus Disease 2019 \(COVID-19\) \(Oct 2024\)](#)

[OPHS: Requirements for Programs, Services and Accountability - Infectious Diseases Protocol - Appendix 1: Case Definitions and Disease-Specific Information - Disease: Respiratory Infection Outbreaks in Institutions and Public Hospitals \(Sept 2025\)](#)

[OPHS: Requirements for Programs, Services and Accountability - Infectious Diseases Protocol - Appendix 1: Case Definitions and Disease-Specific Information - Disease: Gastroenteritis Outbreaks in Institutions and Public Hospitals \(May 2022\)](#)

[Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings \(Feb 2025\)](#)

Last Updated: Oct 2026

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).



Thunder Bay District
Health Unit