

Respiratory Outbreak - PRELIMINARY Form of an Institutional Outbreak

To report a suspect or confirmed outbreak, contact the Timiskaming Health Unit (THU) during business hours (Mon-Fri 8:30am to 4:30pm) at 1-866-747-4305 or for after hours (after 4:30pm or on weekends) at 1-705-647-3033.

After the initial notification of the outbreak is reported to public health, please complete this form and then notify the health unit when completed. Phone (see above), email, or fax (705-647-5779) **within 24** hours of declaring an outbreak. Thank you!

General outbreak information

Institution name	<input type="text"/>	Outbreak #	<input type="text"/>
Outbreak coordinator name	<input type="text"/>	Phone #	<input type="text"/>
Date the outbreak was reported to the health unit (dd/mm/yyyy)	<input type="text"/>		
Date of onset of illness of first case (dd/mm/yyyy)	<input type="text"/>		
Please list all laboratory-confirmed causative agent(s), including subtypes if known.	<input type="text"/>		

Outbreak description & details

	Resident/ patient	Staff ^α	Visitors/ caregivers
# in the institution	<input type="text"/>	<input type="text"/>	<input type="text"/>
# in the affected area/unit at risk of developing illness	<input type="text"/>	<input type="text"/>	<input type="text"/>
# in institution vaccinated for influenza prior to outbreak ^β (if this information is available)	<input type="text"/>	<input type="text"/>	<input type="text"/>
# in area/unit vaccinated for influenza prior to outbreak	<input type="text"/>	<input type="text"/>	<input type="text"/>
# of cases	<input type="text"/>	<input type="text"/>	<input type="text"/>

^α 'Staff' refers to all people who carry out activities in the facility including employees, nurses, students, medical house staff, physicians, contract workers and volunteers.

^β 'Vaccinated for influenza' are those who received their vaccine during the current respiratory infection season. If the vaccination is received within 2 weeks of the onset of this outbreak it should not be included.

Current case definition

(include clinical criteria, person, place, & time)
ex. Any patient/staff/visitor in Retirement Villa who had high-risk contact with the index case since Feb 14, 2023, with symptoms of cough and fever).

Symptoms

Testing

Was the specimen submitted as per the PHOL Respiratory Viral Testing Algorithm (Yes/No)

Please share any comments or suggestions

Optional Outbreak Management Checklist

Below are guidance documents that can be used as a tool to support the implementation of outbreak control measures. It is not mandatory to complete and submit this to the Timiskaming Health Unit (THU), and it does not replace your facility's organizational policies and procedures.

[Annex B: Best practices for prevention of transmission of acute respiratory infection in all health care settings](#) (PIDAC, 2013)

[Control of respiratory infection outbreaks in long-term care homes](#) (MOHLTC, 2018)

The term 'residents' and 'patients' can be interchanged throughout this document.

Outbreak Management Checklist

Outbreak management control measures	Y/N	Comments
Immediately isolate all residents with acute respiratory illness		
Report suspect or confirmed outbreak to Public Health <ul style="list-style-type: none"> <i>Suspect: 2 cases (staff or resident) of acute respiratory tract illness within a 48hr period.</i> <i>Confirmed: 3 cases (staff or resident) of acute respiratory tract illness within a 48hr period.</i> 		
Surveillance		
Complete the outbreak line list and email the health unit to inform them of any changes/additions on a daily basis or any time there is a change within your facility relating to the current outbreak		
Specimen collection		
Check the expiry date of nasopharyngeal swabs		
In consultation with THU collect up to 4 specimens on residents meeting case definition		
Refrigerate specimens until they are ready to be transported or until the next business day		
Notification		
Notify the hospitals, HCCSS, ambulance, and other local LTCHs	y	The Timiskaming Health Unit will send notifications to these institutions.
Notification to the facility physician, upper management, LTCH compliancy officer, and other individuals associated with the facility as per your agency's policy		
Re-admissions, admissions, and LTCH transfers will be consulted with the THU		
Notify all staff departments & volunteers of the outbreak		
Notify all visitors & families of outbreak		
Coordinate daily outbreak management team (OTM) meetings (the team may consist of i.e., infection control, public health, occupational health, management, environmental services, laboratory, pharmacy, etc.)		
Place appropriate outbreak signage on the facility & unit entrance		

Hand hygiene (HH)

Reinforce 4 moments of HH with soap/water or \geq 70% alcohol-based hand rub with staff and visitors		
Ensure alcohol-based hand rub is not expired		
Remind and assist residents to perform HH frequently		
Ensure HH stations are readily available throughout the facility i.e., entrance		
Conduct HH Audit		

Visitors

Process in place to monitor visitor movement		
Process in place to provide PPE and HH education to visitors		
Restrict visitors to visiting 1 resident per visit		
Ill visitors are not permitted in the facility		
Encourage visitors to reschedule their visit if possible		
Visitors wear appropriate PPE when visiting ill residents		

Resident/patient movement

Cancel communal activities and meetings in the affected unit		
Follow your agency's policy for cancelling communal facility-wide activities and/or consult the THU & OTM		
Isolate suspect residents (presenting with one symptom) using droplet-contact precautions and reassess at 24 hrs. from symptom onset		
Isolate ill residents meeting case definition using droplet-contact precautions from the date of onset		
Droplet-contact precautions for ill residents can be lifted after 5 days from symptom onset and/or symptom resolution depending on the pathogen and in consult with OMT & THU		
Ill residents receive meals in their room by designated staff using appropriate PPE and HH precautions		
Cohort symptomatic residents with similar symptoms when appropriate or ensure privacy curtains are drawn if in a shared room		
Provide resident care from asymptomatic to symptomatic		
Resident off-unit privileges are strictly monitored or cancelled		
Rescheduled medical and other non-urgent appointments		

Droplet contact precautions/PPE

Post appropriate signage on doors of cases		
Ensure PPE (gown, gloves, mask, & eye protection) is readily available at the residents' door		

Ensure appropriate disposal containers are available at the point of PPE removal		
Ensure proper steps for donning and doffing (including HH) are reviewed & followed		
Equipment is not shared or is thoroughly clean and disinfected between use (i.e., thermometers, stethoscopes etc.)		
Conduct PPE audit		

Staff/volunteers/students

Ill staff/students/volunteers are aware of whom to contact to report illness		
Exclude ill staff/volunteers/students for 5 days from symptom onset or until symptom resolution unless otherwise directed by THU and OMT		
Cohort staff (including agency staff) during consecutive shifts to minimize movement between the affected and unaffected units and for resident care		
Not recommended to work at more than one facility		
Environmental cleaning		
Cleaning schedules and resources reflect the need for increased attention to horizontal surfaces and high-touch areas as in the Best Practices for Environmental Cleaning document		
Cleaning and disinfecting products have not exceeded their shelf life		
Cleaning products are being used as per manufacturer's instructions		
Staff are aware of the proper contact time and dilution for the disinfectant product being used as per routine practices		

Antivirals (influenza outbreaks only)

Offer antiviral prophylaxis to all residents		
Advise unimmunized staff to take antivirals		
Implement staff exclusion policy for unimmunized staff unwilling to take antivirals		

Declaring the Outbreak Over

Consult THU for the conditions on which the outbreak may be declared over		
Notification to hospitals, CCAC, ambulance, & other local LTCH's	y	The Timiskaming Health Unit will send notifications to these institutions.
Notification to facility physician, upper management, LTCH compliancy officer, and other individuals associated with the facility as per agency policy		
Notification to all staff departments, volunteers, residents, and families/visitors		
Submit final line list and the Final outbreak report within 1 week		
Schedule an outbreak debrief meeting		