

Process Requirements	Unit Processes During Outbreak Phases				
	Normal Operation (Basic Requirements)	Suspect Outbreak	Outbreak Confirmed	Outbreak Over	
Review Period to Next Step	Ongoing	2 consecutive prevalence weeks with no new positives	3 consecutive prevalence weeks with no new positives	At least 2 weeks	
Cleaning of: Environment	<ul style="list-style-type: none"> Standard regular cleaning 	<ul style="list-style-type: none"> Clean 2x/day with outbreak product (i.e., Oxivir TB) Clean toilets with bleach On transfer and discharge: <ul style="list-style-type: none"> Terminal clean rooms with any ARO positive patient as per usual practice If in a multi-bed room – terminal clean the entire room 	<ul style="list-style-type: none"> Clean 2x/day with outbreak product (i.e., Oxivir TB) Clean toilets with bleach On transfer and discharge: <ul style="list-style-type: none"> Terminal clean all rooms If in a multi-bed room – terminal clean the entire room 	<ul style="list-style-type: none"> Clean 2x/day with outbreak product (i.e., Oxivir TB) Clean toilets with bleach 	
Equipment	<ul style="list-style-type: none"> Clean unit equipment at appropriate frequency (See example: Appendix C – Cleaning Guidelines Checklist) and as determined and scheduled by unit staff and Environmental Services. 	<ul style="list-style-type: none"> Clean unit equipment as determined and scheduled by unit staff and Environmental Services. 	<ul style="list-style-type: none"> Clean unit equipment as determined and scheduled by unit staff and Environmental Services. 	<ul style="list-style-type: none"> Clean unit equipment as determined and scheduled by unit staff and Environmental Services. 	
Screening of Clients <ul style="list-style-type: none"> Based on IP&C Policy 60-30 Screening for AROs – Medical Directives 	<ul style="list-style-type: none"> Admission Screen – Medical Directive 004 ARO Surveillance Orders – Medical Directive 022 	<ul style="list-style-type: none"> Admission/Discharge/Transfer (A/D/T) screening on all clients Weekly prevalence screening (for at least 2 weeks) 	<ul style="list-style-type: none"> A/D/T screening on all clients Weekly prevalence screening 	<ul style="list-style-type: none"> A/D/T screening for all clients 	
Contact to an ARO	<ul style="list-style-type: none"> No Contact Precautions for contacts of an ARO. Send swabs on day 7. 	<ul style="list-style-type: none"> No Contact Precautions for contacts of an ARO related to an ARO Outbreak. Send swabs on day 7. 	<ul style="list-style-type: none"> Contacts require additional Contact Precautions until swabs are negative on day 7. 	<ul style="list-style-type: none"> No Contact Precautions for contacts of an ARO. Send swabs on day 7. 	
Transferring of Clients	Standard practice	Standard practice	<ul style="list-style-type: none"> When ANY client leaves the outbreak unit for test or procedures they are to be on Contact precautions. Transfers to another unit or facility – Use Appendix E – Outbreak Transfer Communication Tool (client must be on precautions until one negative swab is obtained at least 7 days after contact). 	Standard practice	
Hand Hygiene Audits	Monthly	1 – 2 x/week, including blind audits	1 – 2 x/week, including blind audits	1 x/week, including blind audits	
Signage on Unit	Standard signage	Post Appendix K – Small SUSPECT Outbreak Poster	Post Appendix M – Small CONFIRMED Outbreak Poster	Remove outbreak signage and replace with standard signage (if it was removed).	
Environmental Audits	<ul style="list-style-type: none"> 1x every other week for ATP and fluorescent auditing. Visual audits when necessary. 	<ul style="list-style-type: none"> 1 – 2x/week for a combination of ATP, fluorescent, and visual audits. 	<ul style="list-style-type: none"> Daily ATP and fluorescent auditing. Weekly visual audits. 	<ul style="list-style-type: none"> 1x/week for ATP and fluorescent auditing. Visual audits when necessary. 	
Kitchen Access	As per unit policy	As per unit policy	No client or visitor access	As per unit policy	
Client Movement (Cohorting)	Standard practices	Standard practices	<ul style="list-style-type: none"> Restrict unless medically necessary Use Additional Precautions and Client Placement Guide 	Standard practices	
Staff	Standard assignment: No restriction or cohorting. Wear appropriate PPE for additional precautions.	Standard assignment: No restriction or cohorting. Wear appropriate PPE for additional precautions.	<ul style="list-style-type: none"> Restrictions – nurses never go from outbreak unit to non-outbreak unit during their shift– unless they have specialized training that is needed F&N staff will follow their outbreak protocol <u>All other staff</u> (i.e., physicians, phlebotomy, therapies, etc.) who are not dedicated to the outbreak unit must wear PPE for ALL clients <u>Housekeeping must wear clean PPE for the cleaning of EVERY client room</u> 	Standard assignment: No restriction or cohorting. Wear appropriate PPE for additional precautions.	

Increase of Healthcare-Associated Cases – PROGRESS TO SUSPECT OUTBREAK

Transmission Continues – PROGRESS TO CONFIRMED OUTBREAK

Transmission Stops for 3 Weeks – OUTBREAK OVER – DEBRIEF

RETURN TO NORMAL OPERATIONS

IMPORTANT: Depending on the context and at the discretion of the Infection Control Officer (ICO) a rationale will be provided for all decisions made that fall outside of this guideline.