

55-30 Appendix D - ARO Outbreak Checklist

	Normal Operations	Suspect Outbreak	Outbreak Confirmed Same as Suspect Outbreak Except...	Outbreak Over	
Manager of Nursing (MON)	Notification	1. MON notifies staff of new healthcare-associated ARO's in huddles.	1. Notify working unit staff. 2. Advise all staff of suspect outbreak via email/social media if possible. 3. Notify volunteer services and students of the suspect outbreak. Volunteers/students may choose not to enter the unit based on their personal risk to the organism. 4. Posters and Signage <ul style="list-style-type: none"> • Post suspect outbreak poster • Post applicable ARO fact sheet in staff area. 	1. Notify unit staff that it is now a confirmed outbreak. 2. Change posters and signage to the confirmed outbreak poster.	1. Notify unit staff that the outbreak is now over. 2. Remove outbreak posters and signage.
	Additional Screening	1. Admission screening medical directive for all clients by Nursing. 2. Extended stay screens, contact tracing screens, and testing for clearance screens ordered by Infection Control Practitioner (ICP) for Nursing.	1. Begin Admission/Discharge/Transfer (A/D/T) screening for all clients. 2. Begin weekly prevalence screening (for 2 weeks) – ICP will consult Infection Control Officer (ICO) and Microbiology (Micro) lab for best day to swab.	1. A/D/T screening continues. Use Appendix E – Outbreak Communication Transfer Tool in every chart. <ul style="list-style-type: none"> • Receiving unit will now place all transfers from outbreak unit on additional precautions until the screen 7 days later is confirmed negative. 2. Continue prevalence screens on assigned day every week. <ul style="list-style-type: none"> • Ensure all screens are done on that day and none are missed. 	1. A/D/T screening continues for 2 more weeks. <ul style="list-style-type: none"> • Outbreak Communication Transfer Tool is no longer required. Receiving units no longer require additional precautions for patients transferred from an “Outbreak Over” unit. A screen collected 7 days later must still be collected.
	Specimen Collection	Follow 60-30 Appendix C – Specimen Collection Guide	1. Collect specimen samples as per 60-30 Appendix C – Specimen Collection Guide 2. Label as “SUSPECT OUTBREAK” with outbreak number when ICP has obtained the number from Population & Public Health. 3. Ensure the ICO is listed as ordering physician and is copied to the MRP and GP. 4. Ensure specimen collection and labelling are correct. 5. Ensure all specimens are collected.	Change: 1. Change label on specimens to read “Outbreak STAT – Outbreak #”.	Do not need to include outbreak number on specimens.
	Outbreak Champion	N/A	MON may choose to assign a unit outbreak champion to help with communication and coordination of tasks on the unit. 1. Assist unit staff with outbreak phase protocols 2. Help staff remember to do all the screening 3. Help with client placement, bathroom assignment, etc. 4. Perform HH and PPE audits	No change from Suspect	MON may choose to keep the outbreak champion on for the first 2 weeks of outbreak over to maintain improvements.
	Client Movement/Placement	1. Use Client Washroom Assignment Decision Tool	1. If spatial isolation is necessary use the Additional Precautions and Client Placement Guide . Avoid	1. Ensure all clients transported to tests or procedures are taken on additional	Clients transported to tests or procedures no longer require

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Main		Normal Operations	Suspect Outbreak	Outbreak Confirmed Same as Suspect Outbreak Except...	Outbreak Over
		2. Use Additional Precautions and Client Placement Guide	placing outbreak organism clients in 3 or 4 bed rooms if possible.	precautions. 2. Ensure the test or procedure area is aware that the client coming is on precautions prior to arrival.	additional precautions.
	Additional Precautions	<ol style="list-style-type: none"> Contact Precautions only required for positive clients. All MRSA positive clients should receive a bath daily with CHG soap (i.e., Endure). Provide a copy of the appropriate precautions fact sheet to the family and visitors. If unsure of appropriate precautions, consult the IP&C Policy and Procedure Manual or your unit ICP. All clients should have their bedding changed daily with their daily bath. 	1. Continue to implement contact precautions for positive clients as per "Normal Operations".	<ol style="list-style-type: none"> Staff who are not dedicated to the outbreak unit (i.e., physicians, phlebotomy, therapies, etc.) must wear clean PPE for every client. Housekeeping must wear clean PPE for the cleaning of EVERY client room. PPE supplies must be available outside of every room and doffing supplies (i.e., garbage receptacle and linen hamper) inside every room. 	1. Contact Precautions only required for positive clients as per "Normal Operations".
	Hand Hygiene (HH)	<ol style="list-style-type: none"> Enforce the 4 moments of HH Ensure that clients are supported to perform their 4 moments of HH. Ensure the client can reach ABHR Ensure clients are assisted to perform HH at appropriate times: #1 – Before eating, drinking or taking medications, #2 – Before and after touching wounds, dressings, tubes and devices, #3 – After using the toilet, bed pan or commode, #4 – When entering or exiting their room. 	1. HH audits will increase from 1x/month to 1-2x/week during any outbreak phase.	No change from suspect.	Same as "Normal Operations"
	Equipment	<ol style="list-style-type: none"> Use Appendix G – Cleaning/Disinfecting Commodes Work Standard to ensure appropriate cleaning of commodes. Use Appendix C – Unit Cleaning Guidelines Checklist Example to ensure appropriate cleaning of all other equipment. 	1. Ensure equipment is being cleaned and disinfected on schedule with approved hospital grade disinfectant (i.e., ACCEL INTERvention). Increase cleaning of equipment to twice daily.	No change from suspect.	Enhanced outbreak cleaning continues for at least 2 more weeks .
Environment	1. Keep unit tidy (i.e., no garbage on the	1. Declutter – Ensure that all horizontal surfaces remain	No change from suspect.	Enhanced outbreak cleaning continues	

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Man		Normal Operations	Suspect Outbreak	Outbreak Confirmed Same as Suspect Outbreak Except...	Outbreak Over
		floor beside waste receptacles). 2. No clutter in hallways (i.e., equipment).	uncluttered to support Environmental Services extra cleaning efforts. 2. Unit kitchen is closed to clients and visitors. 3. Communicate with Environmental Services under Suspect Outbreak regarding additional cleaning protocols* below.		for at least 2 more weeks
	Waste Disposal	1. Ensure blood and body fluids are disposed of properly (no dumping or rinsing body fluids/containers in the client toilet or sinks). 2. Use disposable containers or bed pan/commode liners (i.e., Zorbie bags) as appropriate. Bed pan/commode pots are emptied in the soiled disposal room or use bad pan/commode liners (i.e., Zorbie) and/or disposable containers.	1. Review waste disposal practices on your unit.	No change from suspect.	Same as “Normal Operations”
Infection Control Practitioner (ICP)	Notification	ICP notifies the MON of new healthcare-associated AROs linked to their unit.	1. Notify unit leadership and Environmental Services of suspect outbreak. 2. The ICP will obtain an outbreak number from Population & Public Health and provide it to the unit.	1. Notify the unit leadership of confirmed outbreak. 2. IP&C will notify the facility departments in all departments (i.e., linen, Food & Nutrition, Therapies, Environmental Services, Physicians, etc.) by means of a memo. 3. The MON or the ICP will arrange daily huddles and send the calendar invites as necessary.	1. Notify unit leadership of outbreak over.
	Additional Screening	Order extended stay screens every 30 days using 60-30 Appendix B – ARO Surveillance Medical Directive	1. ICP will deliver the medical directives to the unit. 2. Weekly prevalence screening – ICP will call Micro lab to determine the best day to send swabs.	No change from suspect.	
	Communicate with Environmental Services	As necessary.	*IP&C will communicate with Environmental Services regarding additional cleaning protocols such as: 1. Twice daily cleaning with the outbreak product (i.e., Oxivir TB) 2. Terminal cleans of positive client rooms. 3. If positive client is in a multi-bed room, the entire room should be terminally cleaned upon discharge or transfer of that client. 4. Focus on high touch areas in the client rooms (i.e., door handles, bed rails, etc.). Environmental audits: 1. 1-2x/week (visual, fluorescent, ATP)	Request Environmental Audits: 1. Daily for ATP or fluorescent 2. Weekly visual audits of processes – Ensure Environmental Service Workers are following the “Routine Cleaning and Enhanced Cleaning Standard Work Guidelines”.	For 2 weeks: 1. Environmental Audits: 1x/week for ATP, fluorescent and visual. 2. Clean 2x/day with outbreak product (i.e., Oxivir TB).