Introduction

An Antibiotic Resistant Organism (ARO) outbreak is identified by Infection Prevention & Control (IP&C) based on validation that there is a clustering of at least 3 hospital-associated cases demonstrating linked transmission of the same organism in a defined geographical or procedural space.

Definitions

**Contact:** Client “A” is a contact, if client “A” shared a room for 24 hours or greater with client “B” who has a new ARO OR, if client “A” has been admitted to the bed of client “B”, who has a new ARO, for 24 hours or greater without a proper contact precautions terminal clean done during that 24 hours.

**Prevalence Day:** The prevalence day is the day swabs are collected on clients on the outbreak unit. Example below: Mondays are your prevalence day every week during the outbreak.

**Prevalence Week:** The 7 days prior to and including the prevalence day. On the prevalence day we are looking to see what transmission has happened during the previous week, which includes a prevalence of the unit that day as well as any Admission/Discharge/Transfer (A/D/T) screens or contact tracing screens that were attributed to the previous week. The example below shows the prevalence week beginning on the 3rd and ending on the 9th. The prevalence swabs that are done on the 9th will tell us what has been transmitted since the last swabs were done on the previous prevalence day (the 2nd). The 10th is the first day of the next prevalence week.
Policy

1. The Infection Control Officer (ICO) or his/her designate will direct the investigation and management of an ARO outbreak.
2. During the outbreak the ICO may make decisions and recommendations that fall outside of this guideline. The rationale will be provided to the unit manager and other unit stakeholders.
3. Internally, each affected department determines its own resource requirements to contribute to the outbreak control effort, ensuring that they are following IP&C foundational standards. Each department may require its own planning meeting or outbreak response plan and may consult IP&C as required.

Purpose

1. To control and prevent further transmission of the AROs.
2. To provide guidelines for the investigation and management of an ARO outbreak.
3. To provide guidance in 3 phases of an ARO outbreak:
   - Suspect Outbreak,
   - Confirmed Outbreak, and
   - Outbreak Over

Procedure

See the Work Standard for ARO Outbreaks for detailed procedures for ARO Outbreaks in Acute Care. The ICP will use their judgment at each step about whether to call an outbreak or not.

Brief overview:

1. Several cases (minimum of 3) of hospital-associated ARO are identified on a nursing unit.
2. Infection Control Practitioner (ICP) determines if there may be links between cases, indicating transmission, and will begin to investigate further. Suspect outbreak measures are started.
3. Suspect outbreak phase IP&C measures are put in place.
4. A/D/T screens, as well as prevalence screens will begin on the unit for 2 weeks.
5. The ICP verifies that cases are linked epidemiologically. Usually, at least 3 cases showing transmission links are required before calling a confirmed outbreak.
6. Confirmed outbreak may or may not be called.
7. If transmission is found to continue, confirmed outbreak is called.
8. Confirmed outbreak phase IP&C measures are initiated.
9. Continued A/D/T screens, with the addition of contact precautions for clients transferred off the outbreak unit. Continued weekly prevalence screening. Enhanced screening will continue until there are no ARO outbreak transmissions for 3 consecutive prevalence weeks before calling the outbreak over.
10. When there are 3 consecutive weeks of negative results from prevalence screens, A/D/T screens and contact tracing screens, the outbreak is called over.
11. The nursing unit will continue A/D/T screening (without the requirement for contacts to be placed on contact precautions) for 2 weeks. Housekeeping will continue to clean as per outbreak protocol for 2 weeks before returning to their regular cleaning protocol.

References


## Essential Tasks:

1. **Validation of an ARO Outbreak**
   - The Infection Control Practitioner (ICP) validates that the ARO cases have an epidemiological link and, in consultation with the Infection Control Officer (ICO), declares an outbreak.
   - An electronic line list is started by the ICP. The ICP will call Population & Public Health at 306-655-4612 for an outbreak number. The ICP completes the Outbreak Notification Report for Population & Public Health, who will send it to Saskatchewan Ministry of Health.

2. **ARO Outbreak Phases**
   - An outbreak is divided into three phases depicted in the cycle below:
     - **Suspect Outbreak** / **Confirmed Outbreak** / **Outbreak Over**
   - Explanations for each phase can be found in [Appendix A – Phases of Outbreak Cycle](#).
   - The 3 phases of outbreak indicate the level of IP&C measures to implement and practice (See [Appendix B – Unit Processes During ARO Outbreak Phases](#)) which describes specific practices required during an outbreak, over and above those routine practices during “normal operations”.
   - Changes to the Phase of Outbreak are determined and communicated by the Infection Prevention and Control (IP&C) department.

3. **ARO Outbreak Phases**
   - An outbreak is divided into three phases depicted in the cycle below:
     - **Suspect Outbreak** / **Confirmed Outbreak** / **Outbreak Over**
   - Explanations for each phase can be found in [Appendix A – Phases of Outbreak Cycle](#).
   - The 3 phases of outbreak indicate the level of IP&C measures to implement and practice (See [Appendix B – Unit Processes During ARO Outbreak Phases](#)) which describes specific practices required during an outbreak, over and above those routine practices during “normal operations”.
   - Changes to the Phase of Outbreak are determined and communicated by the Infection Prevention and Control (IP&C) department.

4. **Communication During Phases of Outbreak**
   - Communication regarding IP&C measures needing to be in place will be made to appropriate staff depending on the phase of ARO outbreak.
   - Infection Prevention & Control will notify appropriate staff by telephone as well as with a memo by email. **This memo will contain pertinent information on Infection Control Measures required during the outbreak.** This memo will be updated as needed by IP&C (usually weekly) or as measures are revised if needed.
Suspect Outbreak:

- Unit Manager, Environmental Services Manager/Supervisors and IP&C Manager will be notified in person/by phone of suspect outbreak and the increased IP&C measures that are required.

**Memo:** Declaring “Suspect Outbreak” will be distributed to the Unit Manager, Environmental Services Manager/Supervisors and IP&C Manager, as well as to Directors of the unit, Environmental Services and IP&C.

Confirmed Outbreak:

An ARO Outbreak Team will be assembled to meet regarding the confirmed ARO outbreak and increased IP&C measures that are required.

- Outbreak Team Members: In conjunction with the Unit Manager and the ICO, the ICP arranges an ARO outbreak huddle, which will include representatives from the following departments providing services to the unit, including but not limited to:
  - IP&C Manager,
  - ICO,
  - Unit ICP,
  - Site Leader,
  - Unit Manager,
  - Unit Educator,
  - Unit Coordinator,
  - Environmental Services Manager,
  - Environmental Services Supervisors,
  - ACAS Manager,
  - Practitioner Affairs Representative,
  - Pharmacy,
  - Laboratory Manager,
  - Phlebotomy Manager,
  - Diagnostic Imaging Manager,
  - Food & Nutrition Services Manager,
  - Nursing Student Liaison,
  - Cancer Centre Liaison,
  - Occupational Health & Safety,
  - Interprofessional Practice, etc.

Purpose of Outbreak Team:

- Facilitate clear communication to staff, physicians, students, clients, volunteers and visitors.
- Delegate responsibilities appropriately based on the specific ARO outbreak measures discussed.
- Obtain or plan for obtaining anticipated resources - staff, supplies, medications, etc.
- Determine in-service/education requirements and how to address them.
- Make major decisions such as unit closure, visitor/student restrictions, procedure cancellations, initiation of the Emergency Preparedness Plan, etc.
- Determine frequency of subsequent ARO outbreak huddles to deal with outlining issues that come up on a day to day basis.

**Memo:** Declaring “Confirmed Outbreak” will be distributed to “All SHR E-mail Users” and posted on the IP&C InfoNet Outbreak Management page, outlining increased IP&C measures required by all departments. This memo will be emailed and posted no later than 1400h, to ensure departments have adequate time to implement their department specific ARO outbreak protocols.

- Regular huddles will be scheduled by the ICP and the unit manager.

Outbreak Over:

**Memo:** Declaring “Outbreak Over” will be distributed to “All SHR E-mail Users” and posted on the IP&C InfoNet Outbreak Management page. This memo will be emailed and posted no later than 1400h, to ensure departments have adequate time to return their department to normal practices.
5. **Manager Of Nursing (MON) Role**

- Play a lead role during an ARO outbreak.
- Support their staff to adhere to outbreak protocols, implementation of IP&C measures, visitor restrictions, etc.
- Ensure every shift in-charge person is aware of outbreak measures and their responsibilities.
- The outbreak unit MON should inform the MON on call for the site, of the unit situation, limitations, etc.
- A tool has been developed for each phase of outbreak to help guide the unit manager and other managers to lead their department on the ARO outbreak unit. See [Appendix D — ARO Outbreak Checklist](#).

The outbreak unit MON will look for gaps in IP&C practices and in your environment.

6. **ARO Outbreak Screening Protocol**

Client screening may be extended as determined by the ICO (i.e., to other units/pods that are associated with the unit).

1. **Screening for ALL Unit Clients During Phases of Outbreak:**

   **Suspect Outbreak:**
   - A. Admission – Outbreak ARO swab must be completed within 24 hours of admission.
   - B. Discharge – Outbreak ARO swab must be collected before discharged.
   - C. Transfer – Outbreak ARO swab is taken before transfer to another unit or healthcare facility. **No precautions required for transferred client at this suspect phase of the outbreak.**
   - D. Prevalence screening for 2 weeks.

   **Confirmed Outbreak (see continued transmission):**
   - A. Admission – Outbreak ARO swab must be completed within 24 hours of admission.
   - B. Discharge – Outbreak ARO swab must be collected before discharged.
   - C. Transfer – Outbreak ARO swab is taken before transfer to another unit or healthcare facility. **Contact Precautions are required on the receiving unit/healthcare facility until the ARO screen collected on Day 7 is negative.** See [Appendix E — Outbreak Transfer Communication Tool Template](#).
   - D. Prevalence screening continues once a week for the duration of the outbreak.

   **Outbreak Over:**
   - A. Continue A/D/T screening for at least 2 more weeks. **No additional precautions required for transferred clients. The receiving unit/healthcare facility still needs to collect an ARO screen 7 days after transfer from the “Outbreak Over” unit.**

2. **Screening Contacts of a New “Positive” Client During ALL Phases of Outbreak:**

   - The ICP will fill out the ARO Surveillance Orders Medical Directive with the required dates and types of swabs needed. See IP&C Policy [60-30 Screening for AROs — Medical Directives](#).
   - Any contacts of a new ARO positive client will be placed on Contact precautions until client is cleared with one swab at least 7 days from last contact with the unknown new ARO.
   - Contacts will have an alert placed on in the Laboratory Information System (LIS) as an Epidemiologic Significant Occurrence (ESO), indicating the need for screening cultures.
   - If a contact is discharged before the required screening swabs are performed, an ESO that prints on the new admission will remind the staff to collect a screening swab at the time of readmission.
### 55-30 Work Standard for ARO Outbreaks

- See handout in *Contacts of an Antibiotic Resistant Organism on Contact Precautions – Client, Family & Visitor Information* for client/family information related to contacts on ARO Outbreak units.

#### 3. Environmental Screening

- If indicated, the ICO designates appropriate environmental cultures to be performed.

#### 7. Laboratory Samples

- The ICP clearly outlines the body sites to be screened as sites vary by organism. See IP&C Policy 60-30 Appendix C - Specimen Collection Guide.
- When the staff send specimens write on the requisition: "Outbreak-Stat – Outbreak #”
- ICP, on the advice of the ICO or designate and in collaboration with the microbiology lab, will determine the day of the week to perform weekly prevalence screens.

#### 8. Control Measures

Control measures vary with the type of ARO, the phase of the outbreak or extent of the outbreak.

Additional IP&C measures to stop transmission include but are not limited to:

**a) Client Placement**

- Follow protocol from IP&C Policy Manual section 30 Additional Precautions.
- Every effort should be made to place positive ARO’s in private rooms. See the Additional Precautions and Client Placement Guide for assistance.
- If a private room cannot be assigned follow the Client Washroom Assignment Decision Tool to determine which client uses the bathroom and which client(s) use a commode to mitigate transmission from bathroom sharing.
- Attempt to cohort clients with the same ARO if private rooms are not available.

**b) Hand Hygiene**

- Improving hand hygiene (HH) will decrease transmission.
- Ensure HH audits are completed at least once per week. Blind HH audits provide more accurate HH compliance results. If there is a HH auditor from another unit or return to work program, coordinate to have that person do blind HH audits.
- Become familiar with the “4 Moments of Hand Hygiene”, appropriate steps of proper HH and the correct amount of time needed to perform proper HH. This makes it possible to give respectful in the moment correction to anyone seen not performing HH correctly. See IP&C Policy 20-20 Hand Hygiene.
- Implement an action plan using ideas to increase HH compliance for staff, clients and visitors.
- Audit the placement of ABHR to ensure it is at point of care around the unit to support HH efforts.

**c) Personal Protective Equipment (PPE)**

- The dedicated PPE station such as a supply cart needs to be properly stocked and must be located outside the room. Supplies should include:
  - Outside the room:
    - Alcohol-based hand rub (ABHR)
    - Gloves (3 sizes)
    - Clean gowns
o Mask with attached visor as required
o Hospital grade disinfectant

Inside the room:
o Waste basket
o Dirty hamper
o ABHR

- The dedicated PPE supply station must not become cluttered with other items and must not be used for storing additional items.
- Use PPE appropriately. **Remember: New PPE must be used for each client.**
- Perform PPE audits on the unit to assess staff use of PPE. See [Appendix I – PPE Audit Tool Template](#). Correction of inappropriate PPE practices should be respectful and in the moment. Communication of these results should be shared with any manager who has staff who did not use PPE properly to allow for increased education within their department.
- HH must be performed at the appropriate moments when donning and doffing PPE.
- See IP&C Policy [20-150 Personal Protective Equipment (PPE) - Donning and Doffing](#).
- PPE for dedicated unit staff vs. unit support services. See [Appendix F – Multi-Unit Staff Protocol for Entering an ARO Outbreak Unit](#):

### PPE for Clients ON Additional Precautions

<table>
<thead>
<tr>
<th>Staff</th>
<th>PPE Use</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dedicated unit staff (RNs, LPNs, CCAs, Unit Assists, etc.)</td>
<td>Yes</td>
<td>• Must wear PPE when contacting the client or the client environment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Gown and gloves are required for the care of every client on additional precautions.</td>
</tr>
<tr>
<td>Unit support services (physicians, residents, therapies, dieticians, pharmacy, food and nutrition, housekeeping, etc.)</td>
<td>Yes</td>
<td>• <strong>Must wear new PPE for every client</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Visit clients on additional precautions last</td>
</tr>
</tbody>
</table>

**Clients on additional precautions should remain in their room, unless medically necessary tests are required.**

### PPE for Clients NOT on Additional Precautions

<table>
<thead>
<tr>
<th>Staff</th>
<th>PPE Use</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dedicated unit staff (RNs, LPNs, CCAs, Unit Assists, etc.)</td>
<td>No</td>
<td>• Use routine practices (do not have to gown, glove unless situation deems it necessary).</td>
</tr>
<tr>
<td>Unit support services (physicians, residents, therapies, dieticians, pharmacy, housekeeping, etc.)</td>
<td>Yes</td>
<td>• <strong>Must wear new PPE for every client.</strong></td>
</tr>
</tbody>
</table>

**Note:** Food & Nutrition staff is not required to wear PPE in non-precaution rooms when delivering trays or snacks when ARO outbreak standard work is followed as agreed upon with IP&C.

d) **Client Care Equipment**

- The unit should ensure that a routine cleaning schedule is in place and is followed for cleaning shared equipment. Extra support staff may be necessary for this during outbreak. See [Appendix C – Unit Cleaning Guidelines Checklist Example](#).
- Environmental Services and unit staff are to determine if there are any items on the unit
that neither group is cleaning and may be missed by both groups.

- Dedicate equipment, as much as possible, to individual clients that are positive.
- If equipment must be shared it must be thoroughly cleaned and disinfected between clients with an approved hospital grade disinfectant according to manufacturer’s recommendations ensuring that the appropriate wet contact time is achieved.
- More equipment may need to be purchased in order to have enough to adequately assign equipment on the unit.
- Some equipment such as blood pressure cuffs can be kept at the bedside and be used on a single client for their entire stay. The item should be cleaned routinely during their stay and should be on the routine cleaning schedule to ensure it is not becoming heavily contaminated. At discharge it is thoroughly cleaned and disinfected before being assigned to the next client.
- Commodes are a common vector for spreading infectious organisms. Dedicating a commode to a single client as much as is possible is important. If it must be shared, ensure to clean and disinfect all surfaces including the underneath surfaces as well as the top surfaces between every use. See Appendix G – Cleaning/Disinfecting Commodes Work Standard. The dedicated commode can be kept at the bedside as long as it is cleaned after every use and there is sufficient space.

e) Environmental Cleaning

Suspect and Confirmed Outbreak:

- Environmental Services will implement twice daily cleaning of the unit (high touch surfaces, including bathrooms) with appropriate hospital grade disinfectants (i.e., Oxivir TB, etc.). Bleach will be used to clean/disinfect toilet bowls for all outbreaks.
- A “Terminal Clean” includes changing curtains and washing the walls, and is implemented on all rooms upon discharge or transfer regardless of ARO status.
- Environmental Services, when dedicated to the unit, will wear clean PPE and change it between EVERY client space. If Environmental Services cannot be dedicated to the unit, staff will use the unit dedicated cleaning cart and will also wear clean PPE on entry to the unit and doff PPE upon exiting the unit (in addition to between every client space).
- If a client test is positive in a multi-bed room – a terminal clean is done on the entire room. The terminal clean involves changing all the curtains in the room, as well as washing all the walls and the bathroom.

f) Traffic Flow

Client Flow:

- Limit transfers to or from outbreak units to other units unless medically necessary.
- To limit spread of the organism, no social visiting by clients on other units. Socializing should take place in areas away from the units.
- Limit transfers within the unit.
- Attempt to cohort clients with the same ARO if possible.
- Transport for tests and procedures:
  - Inpatient wards – please remind receiving unit staff that all clients leaving your unit need to be treated with additional precautions because they are coming from an outbreak unit where transmission risk is high.
  - Receiving department – please remember to ask if a client is coming from an outbreak unit so they can be put on additional precautions in the OR and Recovery Room/other departments where tests are being done.

Nursing Unit Staff:

- Movement of nursing unit staff from an outbreak unit to a non-outbreak unit is in contravention of IP&C best practice guidelines for outbreak. If it is determined that it is
55-30 Work Standard for ARO Outbreaks

- medically necessary for a nurse with specialized skills to be transferred back to a non-outbreak unit for client safety, have a conversation with IP&C to understand the totality of risks so the decision is made with full knowledge and ownership of the risks. If it is determined to be necessary to move the staff to another unit they must change into a clean uniform before entering another unit.

- **Staff** may leave the outbreak units for breaks as usual after removing all PPE and performing HH but should not go to a non-outbreak unit for those breaks.

**Unit Support Services:**
- Multi-disciplinary professionals and support staff (i.e., physicians, residents, therapies, dieticians, pharmacy, etc.) continue to provide essential services.
- These departments should visit outbreak units last if possible, perform HH on entry and exit of the unit, clean/disinfect their personal equipment (i.e., cell phones, stethoscopes, etc.) and implement their department specific outbreak protocol. Consult IP&C if there are questions. See Appendix F – Multi-unit Staff Protocol for Entering an ARO Outbreak Unit.

**Shared Spaces:**
- Unit kitchens are closed to client and visitor access (only staff can access kitchen areas for clients).
- Other shared spaces/common rooms on the unit may be closed for the duration of the outbreak (i.e., playroom, family room, etc.).

**g) Bio-load Reduction**
- Ensure ALL clients have DAILY baths as well as changes of bedding.
- Clients who are positive with MRSA should use individual bottles of Chlorhexidine gluconate (CHG) antimicrobial soap for bathing and client HH. The CHG helps to decrease the biological matter available on the skin to be shed into the environment. If there is less in the environment, there is less chance of transmission.
- VRE and ESBL are organisms that live in the bowel (not on the skin like MRSA) it is less useful to use CHG soap for these ARO’s. A risk assessment should be performed to decide whether to use CHG on these other ARO’s.

**h) Disposal of Body Fluids**
- Ensure that all fluids (i.e., blood, urine, feces, and other fluids such as: water jugs/cups, IV bags, wash basins and any other liquids, etc.) are being disposed of in the dirty service room.
- Whenever possible use bed pan/commode liners (i.e., Zorbie, Hygie) in the containers or disposable containers with absorbing beads and dispose of body fluids.
- Some units have washer/disinfector (i.e., Meiko, Arjo) machines. This is safer than other manual emptying methods.
- Wipe the area around the hopper or washer/disinfector with a bleach wipe to decontaminate the area after dumping.

**i) Client, Family and Visitors**

- **Client:**
  - Provide the client with the Client and Family Hand Hygiene pamphlet.
  - Provide opportunities for the client to perform HH or assist the client with their HH.

- **Visitors:**
  - Instruct visitors about HH using soap and water OR alcohol-based hand rub:
    - before entering the unit and again when entering the client room,
    - when leaving the client room and again upon leaving the unit, and
## 55-30 Work Standard for ARO Outbreaks

- After direct contact with the client or the client room.
- Provide visitors with the **Instructions for Visitors: During an Outbreak** handout.
  - Visitors should only visit their family member and no other clients.
  - IP&C recommends a limit of 2 visitors per client at any given time so that visitors do not overflow into other client bed spaces.
  - Avoid visiting if ill.
  - Avoid bringing children into the hospital.
  - Do not put their belongings on the client bed.

You may also provide the client or visitor with an ARO fact sheet from section 70 of the IP&C Policy and Procedure Manual. They can be found at these links: [MRSA](#), [VRE](#), and [ESBL](#).
Appendix A – Phases of Outbreak Cycle

NORMAL OPERATIONS

NEW CASES OF SAME ARO

SUSPECT OUTBREAK
- IP&C investigates to see if there are links between the cases (organism, time frame, and place).
- IP&C measures (actions) are implemented to try to slow down/stop transmission. (Examples: increase screening to include Admission, Discharge and Transfer (A/D/T) screens and weekly prevalence screens for the next 2 weeks, increased environmental cleaning and improve HH and PPE practices etc.).

TRANSMISSION CONTINUES?

NO

CONFIRMED OUTBREAK
- IP&C investigations show there are clear links between cases (contact, A/D/T and prevalence screens).
- Actions taken to slow down/stop transmission have NOT been successful in preventing further transmission.

3 consecutive prevalence weeks of negative screens

OUTBREAK OVER
Occurs when NO transmission has happened for 3 consecutive prevalence weeks.
Return to normal operations except:
- Nursing unit will continue A/D/T screening for 2 weeks.
- Housekeeping will continue using the outbreak cleaning product twice a day for 2 weeks.

NORMAL OPERATIONS

RETURN TO NORMAL OPERATIONS EXCEPT:
- Nursing unit will continue A/D/T screening for 2 weeks.
- Housekeeping will continue using the outbreak cleaning product twice a day for 2 weeks.
# Unit Processes During Outbreak Phases

<table>
<thead>
<tr>
<th>Process Requirements</th>
<th>Normal Operation (Basic Requirements)</th>
<th>Suspect Outbreak</th>
<th>Outbreak Confirmed</th>
<th>Outbreak Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review Period to Next Step</td>
<td>Ongoing</td>
<td>2 consecutive prevalence weeks with no new positives</td>
<td>3 consecutive prevalence weeks with no new positives</td>
<td>At least 2 weeks</td>
</tr>
<tr>
<td>Cleaning of:</td>
<td>Standard regular cleaning</td>
<td><strong>Clean 2x/day with outbreak product (i.e., Oxivir TB)</strong></td>
<td><strong>Clean 2x/day with outbreak product (i.e., Oxivir TB)</strong></td>
<td><strong>Clean 2x/day with outbreak product (i.e., Oxivir TB)</strong></td>
</tr>
<tr>
<td>Environment</td>
<td>Clean unit equipment at appropriate frequency (See example: Appendix C – Cleaning Guidelines Checklist) and as determined and scheduled by unit staff and Environmental Services.</td>
<td><strong>Clean toilets with bleach</strong></td>
<td><strong>Clean toilets with bleach</strong></td>
<td><strong>Clean toilets with bleach</strong></td>
</tr>
<tr>
<td>Equipment</td>
<td>Clean unit equipment as determined and scheduled by unit staff and Environmental Services.</td>
<td>On transfer and discharge:</td>
<td>On transfer and discharge:</td>
<td><strong>Clean unit equipment as determined and scheduled by unit staff and Environmental Services.</strong></td>
</tr>
<tr>
<td><strong>o Terminal clean rooms with any ARO positive patient as per usual practice</strong></td>
<td><strong>Clean unit equipment as determined and scheduled by unit staff and Environmental Services.</strong></td>
<td><strong>o If in a multi-bed room – terminal clean the entire room</strong></td>
<td><strong>Clean unit equipment as determined and scheduled by unit staff and Environmental Services.</strong></td>
<td></td>
</tr>
<tr>
<td>Screening of Clients</td>
<td>Admission Screen – Medical Directive 054</td>
<td><strong>Admission/Discharge/Transfer (A/D/T) screening on all clients</strong></td>
<td><strong>A/D/T screening on all clients</strong></td>
<td><strong>A/D/T screening for all clients</strong></td>
</tr>
<tr>
<td>• Based on IP&amp;C Policy 60-30</td>
<td><strong>Weekly prevalence screening (for at least 2 weeks)</strong></td>
<td><strong>Weekly prevalence screening</strong></td>
<td><strong>Weekly prevalence screening</strong></td>
<td></td>
</tr>
<tr>
<td>• Screening for AROs – Medical Directives</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact to an ARO</td>
<td>No Contact Precautions for contacts of an ARO. Send swabs on day 7.</td>
<td>No Contact Precautions for contacts of an ARO related to an ARO Outbreak. Send swabs on day 7.</td>
<td>Contacts require additional Contact Precautions until swabs are negative on day 7.</td>
<td>No Contact Precautions for contacts of an ARO. Send swabs on day 7.</td>
</tr>
<tr>
<td>Transferring of Clients</td>
<td>Standard practice</td>
<td>Standard practice</td>
<td>When ANY client leaves the outbreak unit for test or procedures they are to be on Contact precautions.</td>
<td>Standard practice</td>
</tr>
<tr>
<td>Hand Hygiene Audits</td>
<td>Monthly</td>
<td>1 – 2 x/week, including blind audits</td>
<td>1 – 2 x/week, including blind audits</td>
<td>1 x/week, including blind audits</td>
</tr>
<tr>
<td>Signage on Unit</td>
<td>Standard signage</td>
<td>Post Appendix E – Small SUSPECT Outbreak Poster</td>
<td>Post Appendix M – Small CONFIRMED Outbreak Poster</td>
<td>Remove outbreak signage and replace with standard signage (if it was removed).</td>
</tr>
<tr>
<td>Environmental Audits</td>
<td>1x every other week for ATP and fluorescent auditing.</td>
<td>1 – 2x/week for a combination of ATP, fluorescent, and visual audits.</td>
<td>Daily ATP and fluorescent auditing.</td>
<td>1x/week for ATP and fluorescent auditing.</td>
</tr>
<tr>
<td>Kitchen Access</td>
<td>As per unit policy</td>
<td>As per unit policy</td>
<td>No client or visitor access</td>
<td>As per unit policy</td>
</tr>
<tr>
<td>Client Movement (Coordinating)</td>
<td>Standard practices</td>
<td>Standard practices</td>
<td>Restrict unless medically necessary</td>
<td>Standard practices</td>
</tr>
<tr>
<td>Staff</td>
<td>Standard assignment: No restriction or cohorting. Wear appropriate PPE for additional precautions.</td>
<td>Standard assignment: No restriction or cohorting. Wear appropriate PPE for additional precautions.</td>
<td>Use Additional Precautions and Client Placement Guide</td>
<td>Standard assignment: No restriction or cohorting. Wear appropriate PPE for additional precautions.</td>
</tr>
</tbody>
</table>

**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.
## Appendix C - Unit Cleaning Guidelines Checklist Example

### DAILY:


- Check Hillrom book in mornings
- Thermometer and holder
- Door alarm - night
- Electronic BP cuff and machine
- Handles for otoscope/ophthalmoscope
- GST machine and entire case
- Doppler
- Clean Med Carts
- Keyboards/Nursing Stations
- Check sharps containers, change prn
- Plug in lift batteries each night
- Transfer belts - launder
- Stethoscopes
- IV Poles

### CLEANING BETWEEN CLIENTS:

- Tourniquets/name tags
- Infusion & tube feed pumps
- Walkers
- Oxygen gauges
- Suction equipment (gauges & containers)
- Commodes
- Ice packs
- Isolation carts
- Wheelchairs/Brodas
- Shower room & chairs
- Basins
- Complete lifts
<table>
<thead>
<tr>
<th>MONTH:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>S M T W T F S</td>
</tr>
<tr>
<td>Oxygen baskets in patient rooms</td>
<td></td>
</tr>
<tr>
<td>Weigh scale</td>
<td></td>
</tr>
<tr>
<td><strong>WEEKLY:</strong></td>
<td></td>
</tr>
<tr>
<td>Wheelchairs/recliners/broda (complete)</td>
<td></td>
</tr>
<tr>
<td>IV poles in storage</td>
<td></td>
</tr>
<tr>
<td>Linen hampers</td>
<td></td>
</tr>
<tr>
<td>Bladder scanner stand</td>
<td></td>
</tr>
<tr>
<td><strong>STOCKING GUIDELINES – DAILY:</strong></td>
<td></td>
</tr>
<tr>
<td>Wiping/stocking kitchen</td>
<td></td>
</tr>
<tr>
<td>IV trays [comm book]</td>
<td></td>
</tr>
<tr>
<td>Dressing trays [comm book]</td>
<td></td>
</tr>
<tr>
<td>Emergency airway cart - Evening</td>
<td></td>
</tr>
<tr>
<td>Emergency airway cart - Days</td>
<td></td>
</tr>
<tr>
<td>Oxygen tanks</td>
<td></td>
</tr>
<tr>
<td>ABHR (do NOT refill)</td>
<td></td>
</tr>
<tr>
<td>Gloves (do NOT refill)</td>
<td></td>
</tr>
<tr>
<td>Shower rooms (towels &amp; supplies)</td>
<td></td>
</tr>
<tr>
<td>Garbages in Med Carts</td>
<td></td>
</tr>
<tr>
<td>Confidential shredding</td>
<td></td>
</tr>
<tr>
<td>Blanket warmer</td>
<td></td>
</tr>
<tr>
<td>Dirty service room (urinals, pans, sitz, etc.)/SPD</td>
<td></td>
</tr>
<tr>
<td>Isolation gowns</td>
<td></td>
</tr>
<tr>
<td>IV bags – Obs</td>
<td></td>
</tr>
<tr>
<td>Emergency bedside airway supplies</td>
<td></td>
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<tr>
<td>Check Vac/Coban supplies</td>
<td></td>
</tr>
<tr>
<td>Med Carts – Days</td>
<td></td>
</tr>
<tr>
<td>Med Carts - Evening</td>
<td></td>
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</tbody>
</table>
## 55-30 Appendix D - ARO Outbreak Checklist

<table>
<thead>
<tr>
<th>Manager of Nursing (MON)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notification</td>
</tr>
<tr>
<td>1. MON notifies staff of new healthcare-associated ARO’s in huddles.</td>
</tr>
</tbody>
</table>

### Normal Operations

<table>
<thead>
<tr>
<th>Normal Operations</th>
<th>Suspect Outbreak</th>
<th>Outbreak Confirmed Same as Suspect Outbreak Except…</th>
<th>Outbreak Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Notify working unit staff.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. Advise all staff of suspect outbreak via email/social media if possible.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Posters and Signage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Post suspect outbreak poster</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Post applicable ARO fact sheet in staff area.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Screening

<table>
<thead>
<tr>
<th>Additional Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Admission screening medical directive for all clients by Nursing.</td>
</tr>
<tr>
<td>2. Extended stay screens, contact tracing screens, and testing for clearance screens ordered by Infection Control Practitioner (ICP) for Nursing.</td>
</tr>
</tbody>
</table>

### Specimen Collection

<table>
<thead>
<tr>
<th>Specimen Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow <strong>60-30 Appendix C – Specimen Collection Guide</strong></td>
</tr>
</tbody>
</table>

### Outbreak Champion

<table>
<thead>
<tr>
<th>Outbreak Champion</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

### Client Movement/Placement

<table>
<thead>
<tr>
<th>Client Movement/Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Use <strong>Client Washroom Assignment Decision Tool</strong></td>
</tr>
</tbody>
</table>

### Change:

<table>
<thead>
<tr>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Change label on specimens to read &quot;Outbreak STAT – Outbreak #“.</td>
</tr>
</tbody>
</table>

### Specimen Collection Change:

<table>
<thead>
<tr>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Change label on specimens to read &quot;Outbreak STAT – Outbreak #“.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimen Collection Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not need to include outbreak number on specimens.</td>
</tr>
</tbody>
</table>

### Outbreak Champion Change:

<table>
<thead>
<tr>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>MON may choose to keep the outbreak champion on for the first 2 weeks of outbreak over to maintain improvements.</td>
</tr>
</tbody>
</table>

### Client Movement/Placement Change:

<table>
<thead>
<tr>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ensure all clients transported to tests or procedures are taken on additional precautions and Client Placement Guide, Avoid</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client Movement/Placement Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients transported to tests or procedures no longer require</td>
</tr>
</tbody>
</table>
## 55-30 Appendix D - ARO Outbreak Checklist

<table>
<thead>
<tr>
<th>Man</th>
<th>Normal Operations</th>
<th>Suspect Outbreak</th>
<th>Outbreak Confirmed</th>
<th>Outbreak Over</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Use Additional Precautions and Client Placement Guide</td>
<td>placing outbreak organism clients in 3 or 4 bed rooms if possible.</td>
<td></td>
<td>additional precautions.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Additional Precautions</strong></td>
<td>1. Contact Precautions only required for positive clients.</td>
<td>1. Continue to implement contact precautions for positive clients as per “Normal Operations”.</td>
<td>1. 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.</td>
<td>1. Contact Precautions only required for positive clients as per “Normal Operations”.</td>
</tr>
<tr>
<td></td>
<td>2. All MRSA positive clients should receive a bath daily with CHG soap (i.e., Endure).</td>
<td></td>
<td>2. Ensure the test or procedure area is aware that the client coming is on precautions prior to arrival.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Provide a copy of the appropriate precautions fact sheet to the family and visitors.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>4. If unsure of appropriate precautions, consult the IP&amp;C Policy and Procedure Manual or your unit ICP.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>5. All clients should have their bedding changed daily with their daily bath.</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Hand Hygiene (HH)</strong></td>
<td>1. Enforce the 4 moments of HH</td>
<td>HH audits will increase from 1x/month to 1-2x/week during any outbreak phase.</td>
<td>No change from suspect.</td>
<td>Same as “Normal Operations”</td>
</tr>
<tr>
<td></td>
<td>2. 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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Equipment</strong></td>
<td>1. Use Appendix G – Cleaning/Disinfecting Commodities Work Standard to ensure appropriate cleaning of commodes.</td>
<td>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.</td>
<td>No change from suspect.</td>
<td>Enhanced outbreak cleaning continues for at least 2 more weeks.</td>
</tr>
<tr>
<td></td>
<td>2. Use Appendix C – Unit Cleaning Guidelines Checklist Example to ensure appropriate cleaning of all other equipment.</td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Environment</strong></td>
<td>1. Keep unit tidy (i.e., no garbage on the floor).</td>
<td>Declutter – Ensure that all horizontal surfaces remain clear and free of clutter.</td>
<td>No change from suspect.</td>
<td>Enhanced outbreak cleaning continues for at least 2 more weeks.</td>
</tr>
<tr>
<td>Man</td>
<td>Normal Operations</td>
<td>Suspect Outbreak</td>
<td>Outbreak Confirmed</td>
<td>Outbreak Over</td>
</tr>
<tr>
<td>-----</td>
<td>-------------------</td>
<td>------------------</td>
<td>--------------------</td>
<td>--------------</td>
</tr>
<tr>
<td></td>
<td>floor beside waste receptacles).</td>
<td>uncluttered to support Environmental Services extra cleaning efforts.</td>
<td>Same as Suspect Outbreak Except...</td>
<td>for at least 2 more weeks</td>
</tr>
<tr>
<td></td>
<td>2. No clutter in hallways (i.e., equipment).</td>
<td>2. Unit kitchen is closed to clients and visitors. 3. Communicate with Environmental Services under Suspect Outbreak regarding additional cleaning protocols* below.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.

### 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)

### Communicate with Infection Control Practitioner (ICP)

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".

Request Environmental Audits:
1. Environmental Audits: 1x/week for ATP, fluorescent and visual. 2. Clean 2x/day with outbreak product (i.e., Oxivir TB).

For 2 weeks:
1. Environmental Audits: 1x/week for ATP, fluorescent and visual. 2. Clean 2x/day with outbreak product (i.e., Oxivir TB).
Acute Care [ARO] Outbreak Protocol

This form needs to accompany all clients transferred off of [Site & Unit] to another unit or facility within the region.

The client admitted to your unit was a client on unit [Site & Unit] which is currently experiencing a [ARO] outbreak.

The client is currently [ARO] negative. As a part of the [ARO] outbreak protocol:

1. The client requires Contact Precautions. Every effort should be made to place client in a private room.

2. Complete a [ARO] screen 7 days after the discharge/transfer from [Site & Unit].

   Date: ___________ □ Positive □ Negative   Initial_______

3. Notify the Infection Prevention & Control Department at [Insert ICP phone number] once the [ARO] screen result is finalized and negative to remove the client from Contact Precautions.
55-30 Appendix F – Multi-unit Staff Protocol for Entering an ARO Outbreak Unit

Multi-unit staff refers to staff that support, consult and assess clients on multiple units (i.e., Medical/Surgical JURSis, Residents, MRPs, Speech Therapy, Occupational Therapy, Physical Therapy, Respiratory Therapy, Pharmacy, Social Work, Spiritual Care, Patient Care Supervisor, Code Team, Porters, etc.).

Steps for entering the outbreak unit:
1. Perform hand hygiene (HH). Use either an alcohol-based hand rub (ABHR) that contains 70% alcohol OR soap and water.

Steps for accessing charts:
1. Perform HH just before accessing the charts.
2. Perform HH when finished with charts at one nursing station.
3. Move to next nursing station and repeat steps 1 and 2.

Steps for accessing clients and their environment to do an assessment (Client NOT on Additional Precautions):
1. Perform HH. Don a clean isolation gown.
2. Perform assessment.
3. Remove gown and perform HH.
4. Move to next client and repeat steps 1 to 3.

Steps for accessing clients and their environment to do an assessment (Client IS ON Additional Precautions):
1. Perform HH. Don Personal Protective Equipment (PPE) according to Additional Precautions signage.
2. Perform assessment.
3. Remove PPE and perform HH.
4. Move to next client and repeat steps 1 to 3.

Leaving the outbreak unit:
1. Perform HH.
55-30 Appendix G – Cleaning/Disinfecting Commodes Work Standard

**Name of Activity:** Cleaning/Disinfecting Commodes

**Role performing Activity:** Unit Assist/Nursing

**WORK STANDARD**

<table>
<thead>
<tr>
<th>Location: Saskatchewan Health Region (SHR)</th>
<th>Department: Infection Prevention &amp; Control (IP&amp;C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Owner: IP&amp;C and Nursing Affairs</td>
<td>Region/Organization where this Work Standard originated: SHR</td>
</tr>
</tbody>
</table>

**Document Owner:** IP&C and Nursing Affairs

**Region/Organization where this Work Standard originated:** SHR

**Date Prepared:** September 2, 2016

**Last Revision:**

**Date Approved:**

---

**Essential Tasks:**

1. **Don appropriate PPE**
   - Minimum: Gloves
   - **NOTE:** As appropriate, use gown and visor mask for risk of exposure to body fluids and cleaning product.

**CLEANING – If commode is not visibly soiled and a bed pan/commode liner was used to collect body fluids move to disinfection step.**

2. **If visibly soiled remove all surface debris using bleach wipes moving from cleanest to dirtiest.**
   1. Back of chair back
   2. Front of chair back
   3. Arm handles
   4. Chair legs (so not need to disinfect wheels)
   5. Top of seat
   6. Bottom of seat – visually inspect to ensure cleanliness
   7. Commode bucket

3. **Doff gloves and perform Hand Hygiene as per SHR protocol.**

**DISINFECTING – If commode is not visibly soiled and a bed pan/commode liner was used to collect body fluids follow the below steps.**

4. **Don appropriate PPE**
   - Minimum: Gloves
   - **NOTE:** As appropriate, use gown and visor mask for risk of exposure to body fluids and cleaning product.

5. **Disinfect all surfaces**
   - Use: Bleach Wipes
     - One wipe for each of these sequences:
     - Seat back, arm rests then legs
     - Top then bottom of seat, commode bucket
   - **NOTE:** Surfaces should be wet after wiping if not, repeat with new wet wipe.

   Move from the ‘cleanest’ area to the ‘dirtiest’ area.
   1. Back of chair back
   2. Front of chair back
   3. Arm handles
   4. Chair legs (no need to disinfect wheels)
   5. Top of seat
   6. Bottom of seat – visually inspect to ensure cleanliness
   7. Commode Bucket

6. **Air dry** (Drying time is required for product effectiveness).

7. **Doff PPE and perform Hand Hygiene as per SHR protocol.**
Client and Family Hand Hygiene

Contacts of an ARO Related to an ARO Outbreak

Visitor Instructions: During an Outbreak
### Donning PPE

<table>
<thead>
<tr>
<th>Room #</th>
<th>Room #</th>
<th>Room #</th>
<th>Room #</th>
<th>Room #</th>
<th>Room #</th>
<th>Room #</th>
<th>Room #</th>
<th>Room #</th>
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</tr>
</tbody>
</table>

- **Was alcohol based hand rub or soap and water used prior to donning PPE?**
- **Was the 2nd step in PPE donning the gown?**
- **Was a visor mask donned for droplet precautions? (Mark N/A if not applicable)**
- **Was hand hygiene performed if hands were contaminated prior to donning gloves? (Mark Yes if hands weren’t contaminated)**
- **Was the last step in donning PPE putting on gloves?**

### Doffing PPE

<table>
<thead>
<tr>
<th>Room #</th>
<th>Room #</th>
<th>Room #</th>
<th>Room #</th>
<th>Room #</th>
<th>Room #</th>
<th>Room #</th>
<th>Room #</th>
<th>Room #</th>
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</thead>
<tbody>
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</tr>
</tbody>
</table>

- **Was the removal of gloves the first step of doffing PPE?**
- **Was hand hygiene performed after gloves were removed?**
- **Was the gown removed as the next step?**
- **Was hand hygiene performed after the gown was removed?**
- **Was hand hygiene performed after doffing the visor mask (if mask was required) (Mark N/A if not applicable)**
Expectations of All Hospital Staff

Perform hand hygiene according to the “4 moments” as well as **before** entering the unit, using alcohol-based hand rub or soap and water.
- Always perform hand hygiene before putting gloves on and after removing them.

Beverages are only allowed if they are contained in a wipe-able, closed cup or bottle as long as it is kept in the “safe zone” established on the unit.
- **Food**, however, is **not** allowed on the unit.

Avoid hand and wrist jewelry.

No artificial or painted fingernails are allowed.

Launder all clothing worn to the unit after every shift (i.e., uniforms, lab coats etc.). Clothing should be above the elbow and not dangling (i.e., ties, lanyards, etc.).

Clean your stethoscope and any other equipment you bring with you, **prior to use** on each client.

Avoid bringing personal belongings to the unit (i.e., book bags, backpacks, purses, etc.).
This unit is in a SUSPECT OUTBREAK

Organism: ____________________________

ATTENTION

STAFF:
When in an outbreak, follow these steps to minimize risk of transmission:
✓ Be diligent with hand hygiene.
✓ Remind and assist our clients to perform hand hygiene properly.
✓ Assist visitors to use PPE properly.
✓ Disinfect commonly used items before and after use (i.e., stethoscope).
✓ Wear clothing that is easily laundered in hot soapy water and dried in a hot dryer after every shift.
✓ Do not eat or drink on the unit.

VISITORS:
✓ Perform hand hygiene with alcohol-based hand rub or soap and water before and after your visit.
✓ Only meet with one client per hospital visit.
✓ If you are ill, please delay your visit until you are well.
✓ Avoid sitting on or setting your belongings on the client bed.

These extra protective measures are a requirement of the Infection Prevention & Control policy 55-30 ARO Outbreak.
This unit is in a SUSPECT OUTBREAK

Organism: _______________________

STAFF:
When in an outbreak, follow these steps to minimize risk of transmission:
✓ Be diligent with hand hygiene.
✓ Remind and assist our clients to perform hand hygiene properly.
✓ Assist visitors to use PPE properly.
✓ Disinfect commonly used items before and after use (i.e., stethoscope).
✓ Wear clothing that is easily laundered in hot soapy water and dried in a hot dryer after every shift.
✓ Do not eat or drink on the unit.

VISITORS:
✓ Perform hand hygiene with alcohol-based hand rub or soap and water before and after your visit.
✓ Only meet with one client per hospital visit.
✓ If you are ill, please delay your visit until you are well.
✓ Avoid sitting on or setting your belongings on the client bed.

These extra protective measures are a requirement of the Infection Prevention & Control policy 55-30 ARO Outbreak.
This unit is in a Confirmed Outbreak

Organism: ________________________________

ATTENTION

STAFF:
When in an outbreak, follow these steps to minimize risk of transmission:
✓ Be diligent with hand hygiene.
✓ Remind and assist our clients to perform hand hygiene properly.
✓ Assist visitors to use PPE properly.
✓ Disinfect commonly used items before and after use (i.e., stethoscope).
✓ Do not float to a non-outbreak unit if you have already started work on an outbreak unit.
✓ Wear clothing that is easily laundered in hot soapy water and dried in a hot dryer after every shift.
✓ Remove all food and drinks from the nursing station.
✓ Remove shared items from staff rooms (i.e., magazines, food trays).
✓ Non-dedicated staff/support staff must wear PPE for every client. Using new PPE for every client and performing appropriate hand hygiene.

VISITORS:
✓ Perform hand hygiene with alcohol-based hand rub or soap and water before and after your visit.
✓ Only meet with one client per hospital visit.
✓ Visitors are restricted to 2 people at a time.
✓ If you are ill, please delay your visit until you are well.
✓ Avoid sitting on or setting your belongings on the client bed.

These extra protective measures are a requirement of the Infection Prevention & Control policy 55-30 ARO Outbreak.
This unit is in a Confirmed Outbreak

Organism: ____________________________

ATTENTION

STAFF:
When in an outbreak, follow these steps to minimize risk of transmission:
 ✓ Be diligent with hand hygiene.
 ✓ Remind and assist our clients to perform hand hygiene properly.
 ✓ Assist visitors to use PPE properly.
 ✓ Disinfect commonly used items before and after use (i.e., stethoscope).
 ✓ Do not float to a non-outbreak unit if you have already started work on an outbreak unit.
 ✓ Wear clothing that is easily laundered in hot soapy water and dried in a hot dryer after every shift.
 ✓ Do not eat or drink on the unit.
 ✓ Remove shared items from staff rooms (i.e., magazines, food trays).
 ✓ Non-dedicated staff/support staff must wear PPE for every client. Using new PPE for every client and performing appropriate hand hygiene.

VISITORS:
 ✓ Perform hand hygiene with alcohol-based hand rub or soap and water before and after your visit.
 ✓ Only meet with one client per hospital visit.
 ✓ Visitors are restricted to 2 people at a time.
 ✓ If you are ill, please delay your visit until you are well.
 ✓ Avoid sitting on or setting your belongings on the client bed.

These extra protective measures are a requirement of the Infection Prevention & Control policy 55-30 ARO Outbreak.