

This Checklist should be completed with Suspect Outbreak

- Gastrointestinal Illness (GI)** - Two (2) cases of resident/staff illness in one geographic area within 24 hours
- Respiratory Illness** - Two (2) cases of resident/staff illness in one geographic area within 72 hours **OR**
One(1) lab confirmed case of influenza in a resident

Checklist should be completed within **24 hours** of Suspect Outbreak

LTC Home: _____ Date suspect Outbreak declared: _____

Lab confirmed organism (if known): _____

Don't Wait . . . Isolate

Initial

Notes

Don't Wait . . . Isolate	Initial	Notes
<p>Isolate symptomatic residents immediately</p> <ul style="list-style-type: none"> • Isolate resident(s) to room (including meals). • If rooms are shared, move the well resident to separate room when possible. If unable, have ill residents use the toilet and the well resident use a commode. • Remove all toothbrushes/denture cups from washroom. Well resident should not enter washroom for toileting or washing. • Provide hand sanitizer in room, increase surface cleaning frequency and clean the commode after each use. • Utilize cleaning & disinfecting process based on your product and organism. <p><i>SKHR Infection Prevention & Control manual is found online</i> <i>LTC Cleaning and Enhanced Cleaning Guidelines found in Outbreak Folder and online</i></p>		

Don't Wait . . . Isolate! Con't

Initial

Notes

Start symptomatic residents on appropriate precautions (contact/droplet/airborne)

Gastrointestinal

- Contact & Droplet Precautions: when resident has active GI symptoms (diarrhea &/or vomiting)
- Contact Precautions: for 48 hours after resident's active GI symptoms have stopped
- Isolated for 48 hours after symptoms subside unless otherwise directed by MHO based on organism.

Respiratory

- Contact & Droplet Precautions
- Isolated for: _____

 _____ as per infection control/MHO recommendations.

Precautions Fact Sheet are found online

If unsure of appropriate precautions, consult Infection Control Practitioner (ICP) or CDC

Place appropriate precautions poster(s) and required PPE outside residents' room

- Dirty linen hamper & garbage for used PPE is placed **inside** the room.

Precaution Posters found in Outbreak Folder and online

Contact resident's family physician /nurse practitioner for orders related to: medications, treatments, lab testing and/or further assessment for each symptomatic resident.

Provide a copy of appropriate precautions Information sheet to family/visitors

Precautions information sheets for Client, Family & Visitors found online

Report Suspected Outbreak

Initial

Notes

Report Suspected Outbreak 24hrs/day - 7days/week to:
 SHR Communicable Disease Control (CDC) 306-655-4620

- Suspect Outbreaks are declared by MHO

Specimen Collection

Collect Specimen samples from both symptomatic residents

- Ensure the residents family physician or MRHP (most responsible health care provider) is listed as ordering physician & copy to Dr. J. Hasselback and LTC Home.
- Include outbreak # provided by CDC or MHO on requisition.
- Ensure specimen collection & labeling is correct

Gastrointestinal – collect 2 stool samples

- One C&S (Carey-Blair media)
- One Viral Studies (sterile container)

Respiratory - collect 1 nasopharyngeal swab (UTM)

- Follow regular lab procedures for your home unless otherwise directed by MHO
- Specimen containers and requisitions can be found in Outbreak Kit
- For rural LTC homes see site specific standard work for weekend specimen transport

Lab Specimen Transport Instructions found in Outbreak Folder and online

Lab Requisition Samples found in Outbreak Folder and online

NG Swab instructions found online

Outbreak Checklist

SUSPECT OUTBREAK

Notification of Suspect Outbreak

	Initial	Notes
<p>Notify DOC/Manager/Clinical Lead</p>		
<p>Notify LTC Staff</p> <ul style="list-style-type: none"> • Communicate with staff, through your usual process (i.e. email, SSO broadcasting system, text, etc.) the following: <ul style="list-style-type: none"> ▪ Be diligent with hand hygiene ▪ Remind & assist residents to perform hand hygiene frequently ▪ Show visitors how to put on & take off PPE properly. ▪ Disinfect commonly-used items before & after use. • Post Applicable Disease Fact Sheet in staff area • Advise staff of outbreak in shift exchange • Advise staff of outbreak before their shift if possible <p><i>Notice of Outbreak Poster found in Outbreak Folder and online</i> <i>Disease Facts Sheets found online</i></p>		
<p>Notify all LTC Departments (laundry, food & nutrition, therapies, environmental services, etc.)</p>		
<p>Notify volunteers and students of the suspect outbreak. Volunteers/students may choose not to enter the LTC home based on their personal risk to the outbreak organism.</p>		

Outbreak Database

<p>Start Outbreak Database</p> <p><i>Outbreak Data Base Quick Reference found in Outbreak Folder and online</i> <i>Complete Outbreak Electronic Data Entry Manual found online</i></p>		
<p>Send updated electronic staff and resident line lists daily on business days, 1 hour before teleconference. If this is not possible, not later than 1400 (Mon-Fri)</p> <p><i>Paper copies of line lists found in Outbreak Folder and online</i></p>	<p><i>See table below</i></p>	

Outbreak Checklist

SUSPECT OUTBREAK

Line List sent to CDC	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16

Hand Hygiene & Cleaning

Initial

Notes

<p>Ensure Hand Hygiene signage is posted throughout the LTC Home. <i>Germ Smart Hand Hygiene posters available at www.germsmart.ca</i></p>		
<p>Ensure soap, paper towel and hand sanitizer dispensers are full <u>daily</u></p>		
<p>Remind & assist residents to perform hand hygiene frequently, including but not limited to:</p> <ul style="list-style-type: none"> • Before and after meals/snacks • Before and after any activity • After using washroom <p>Residents who are unable to use ABHR can use hand sanitizing wipes SKU#212128</p> <p><i>Note – some enteric infections cannot be killed with hand sanitizer – consult Infection Control if unsure</i></p>		

Enhanced Cleaning

<p>Ensure cleaning staff are following the Long Term Care Enhanced Cleaning Guidelines during a Gastrointestinal or Respiratory Outbreak (DC-438)</p> <p>Enhanced surface cleaning should be done a minimum of twice daily using a 1-Step or 2-Step cleaning process, with focus on high hand contact areas and ill resident rooms. Follow specific product instructions.</p> <p><i>Additional cleaning information & video found online LTC Routine Cleaning & Enhanced Cleaning Guidelines found in Outbreak Folder and online</i></p>		
<p>Post the enhanced cleaning Guidelines Daily Checklist</p> <ul style="list-style-type: none"> • Found in outbreak folder • Must be copied before use 		
<p>Complete the daily checklist twice daily at a minimum.</p>		



Enhanced Cleaning continued

<p>GI Only</p> <p>In symptomatic resident's room(s), place all non-essential and non-food items into a plastic bin with lid or plastic bag that is dated for 2 weeks (stuffed animals, extra books, extra pillows, blankets etc. . .)</p> <p>If the resident is distressed by the removal of items or if some items are essential for their emotional wellbeing, the items not stored should be cleaned regularly and once resident's precautions are discontinued.</p> <ul style="list-style-type: none"> • Discuss regular cleaning of specific items on teleconference with Infection Control Practitioner (ICP) 		
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Additional Comments:

NOTE: With three (3) cases of resident/staff illness in a 24 hour period in one geographic area, report to CDC. An outbreak may be declared by an MHO.

If a Confirmed Outbreak is declared, complete **Confirmed Outbreak Checklist**.

When the suspect outbreak is declared over by the MHO, complete the *Outbreak Declared Over* checklist.