



Manual: FNHL Nursing	Policy Number: OM-S3-04
Section: Outbreak Manual	Policy Name: Outbreak Management
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- Early detection of possible outbreak situations and swift action are essential for effective management. To minimize the outbreak, timely specimen collection, communication and implementation of the proper control measures are vital. Appropriate control measures will make the difference in controlling the outbreak.
- Finlandia is responsible for ensuring that the following steps are carried out. Assistance from the public health unit and the role they assume should be confirmed at the initial outbreak Management Team meeting.
- For the purposes of this policy an Outbreak refers to both outbreaks of a communicable disease and outbreaks of a disease of public health significance.

STEP 1. Assess potential outbreak or confirmed outbreak.

- Consult Daily Symptom Surveillance Form and collect data about residents who experience symptoms. **Initiate Outbreak Line Listing Form** if warranted.
- Confirm the population at risk in the home. This includes: total number of residents, total number of team members, casual workers and non-resident care staff.
- A separate line listing should be kept for each home area as well as for the staff.

STEP 2. Implement General infection Control Measures.

- Control measures should be implemented as soon as an outbreak is suspected.
- Team members are to be notified quickly of the outbreak.
- Supplies made available (e.g. PPE etc.) as necessary.
- Education is an important tool in an outbreak. Reinforce with team members the importance of good hand hygiene.
- Hands are to be washed before and after providing resident care, after close contact with any resident, handling used tissues and helping residents eat.
- Hands are to be washed /sanitized after removing protective barriers, upon exiting the room and before providing care to another resident. It cannot be stressed enough to wash hands after removing masks, eye protection and gloves. Good hand hygiene prevents contamination of hands with virus from used masks, gloves etc.
- If hands are visibly soiled wash with soap and water, if not visibly soiled, alcohol based sanitizers are preferred.
- When providing direct care all team members are to use barrier precautions according to case definition (Precautions are driven by the procedure being under taken and the resident's symptom)
- All gowns, gloves, masks, and eye protection are to be removed and discarded before leaving the room.



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- Provide isolation where indicated, restrict residents to room.
 - Isolation should be prioritized so that symptomatic or positive residents are in single rooms.
 - Empty rooms in the residents' home area can be used to facilitate isolation in single rooms.
 - If residents must be in a shared room barriers and distance can be used for isolation measures.
 - The IPAC lead will consult with their local Public Health Unit if positive residents should share rooms, or high-risk close contacts should share rooms.
 - The OMT will ensure residents are supported throughout the outbreak and any isolation they need to complete
- Recommend limited visitation to isolation residents, ensure that visitors leave the home immediately after visiting and reinforce hand washing.
- Staff are to be cohorted to reduce the risk of transmission between home areas
 - Staff who are already assigned a home area will remain assigned to that home area
 - Staff who are not assigned a home area will be scheduled shifts to either affected home areas, or non-affected home areas. This will be facilitated by scheduling with input from the IPAC lead
 - Staff who can not be cohorted to a home area will endeavor to work in non-affected areas and then affected areas during their shift.
- Residents are to be cohorted to remain in their affected home areas.
 - Avoid interaction between residents from affected home area and unaffected home areas.
 - Display signage to indicate a home area is on outbreak at the main doors and the doors to the home area.
 - Ensure main home area doors are closed during an outbreak.
 - Residents should also be cohorted in a home area if possible. For example: a dinning table grouping can be a cohort within the home area cohort.

STEP 3. Notify Local Medical Officer of Health of a Potential Outbreak

- Complete the "Preliminary Report of Institutional Outbreak" Form. This form is found in the "Infection Templates Forms" folder under "Infection Control" in the common nursing server. Fax to Public Health Sudbury and Districts (PHSD).



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- Provide the Medical Officer of Health with an updated line listing. Do not wait until the line listing is completed to notify the M.O.H.
- Provide the M.O.H. with the name of the Infection Control Practitioner or designate at the home responsible for the outbreak investigation.
- The registered nurse on duty is responsible for the management of the outbreak when Infection Control Practitioner and Infection Prevention Assistant are unavailable (days off, holidays and vacations). Contact names and appropriate numbers should be provided to the M.O.H. or designate.
- Report the initial control measures that have been initiated.
- Obtain an investigation number (Outbreak Number), which has to be recorded on all laboratory submission forms. (This is an eight or ten digit number assigned by the health unit).
- Health unit is responsible for notifying the Public Health Laboratory of the investigation and providing the particulars of the suspected outbreak.
- Discuss with health unit how specimens will be collected stored and submitted to the lab.
- Confirm the number of laboratory specimens to be taken during the initial outbreak investigation.
- Clarify which residents should be tested, or not tested. (Nasopharyngeal swabs for respiratory outbreak should be taken only from residents with acute symptoms onset within the previous 24 to 48 hours).
- Specimens must include resident's name, HCN, and birthdate, Finlandia's name, outbreak number and the ordering doctor's name. The specimen will not be processed if the requisition is not completed properly.
- Review and establish case definition for the potential outbreak. This should include clinical signs and symptoms, time frame of onset of illness and location in nursing home.

STEP 4. Declare an Outbreak

- Further progression of the potential outbreak such as additional cases or a laboratory confirmation will confirm an outbreak.
- An outbreak can be declared at any time by the M.O.H. or designate.
- Outbreak management team meeting with designated individuals from all departments from the nursing home and the health unit should be arranged.



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- DOC or designate to notify the Ministry of Health and Long Term Care Regional Office.

STEP 5. Ensure following people have been notified of the outbreak.

- Medical Director
- Director of Care
- Administrator
- Assistant Director of Care
- Chief Clinical Officer
- Chief Executive Officer
- Board of Directors (Administrator will inform Board)
- Infection Control Practitioner
- Infection Control Committee Members
- Life Labs Laboratory Services

- Manager of Food Services
- Manager of Maintenance
- Supervisor of Life Enrichment Services
- Community Relations Coordinator
- Supervisor of Housekeeping/Laundry
- Director of Assisted Living
- Director of Housing
- Pharmacy
- Staff members
- Families./Caregivers
- Dr. on call

STEP 6. Outbreak Management Meeting:

- The Outbreak Management team (O.M.T) directs and oversees the entire outbreak. It should have a representative from the Health Unit as well as decision making representation from Finlandia.
- The following roles and responsibilities should be assigned to members of the team.



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- o **Outbreak Coordinator**--- The infection control practitioner is given this role. They ensure that all directives of the O.M.T. are carried out, and coordinate all activities needed to investigate and contain the outbreak; coordinate the outbreak control meeting, and delegate tasks
- o **Media Spokes persons**---The media spokesperson is the only representative of the O.M.T. to give information to the news media. They can be a representative from Finlandia or the health unit. A spokesperson from each organization will be selected.

Outbreak Management Team meeting: The agenda should include the following.

- Review line listing to confirm that an outbreak does exist and ensure that the members of the team understand the situation.
- Develop a case definition. A case definition is the criteria that will be used throughout the outbreak to determine if a resident or staff member is an associated case.
- A case definition in place for residents might differ from one used for the staff.
- Residents who meet the case definition will be considered a case regardless of the laboratory testing unless another definition is confirmed.
- Review control measures necessary to stop the outbreak from spreading.

- Confirm the I.C.P is responsible for ensuring all control measures are in place as agreed upon by O.M.T. and are being enforced. Control measures will vary for different organisms and may need to be modified on an ongoing basis.
- Check to ensure appropriate signs are up and in the proper places.
- For influenza outbreaks, confirm the use and dose of anti-viral medication for the treatment of those with signs and symptoms of influenza, as well as those residents and staff who will require prophylaxis treatment
- In an influenza outbreak confirm and implement the exclusion policy for Finlandia, review and implement the staffing contingency plan.
- Identify the personal protective equipment to be used during the outbreak
- If further influenza clinics are necessary for non-immunized team members arrange clinic.
- Confirm arrangements for specimen collection and submission for laboratory analysis.



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- Notify other areas/persons of the outbreak e.g. other health care providers. Acute hospitals for information on transfers, admissions and emergencies. Families of all residents in the home.
- Confirm that the M.O.H may release information as is necessary to the media or anyone else to decrease the risk of transmitting to the community and to other homes within the health unit's jurisdiction.
- Confirm a communication plan, including media release as necessary.
- Determine if education sessions for team members as well as families and residents are necessary, if so arrange for someone to conduct them.
- Confirm who is responsible for ongoing monitoring of the outbreak in both residents and staff.
- Review the line of communication--Public Health Laboratory will phone specimen results to the health unit and the nursing home's I.C.P or designate. The laboratory results and control measure should be discussed with the health unit. Direction will be provided regarding any additional controls, treatment or prophylaxis measures to be implemented.
- Ensure that telephone numbers are available for both Finlandia and the health unit at all times and confirm how and when daily communications will take place between Finlandia and the health unit.
- The OMT meets as required
- The OMT will implement the Staffing Contingency policy as needed.
- The OMT will support the IPAC lead to conduct case management as needed
 - o This includes staff, volunteers, contractors and students
 - o Isolation, work self-isolation, or early return to work will be implemented according to the infectious agent
 - o HR and Scheduling will support management of staff isolation, work self-isolation and return to work
- The OMT will support the IPAC lead to conduct contact tracing as needed
 - o This includes staff, volunteers, contractors and students
 - o Isolation, or work self-isolation, will be implemented according to the infectious agent
 - o HR and Scheduling will support management of staff isolation, work self-isolation and return to work



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STEP 7. Monitor the outbreak on an ongoing basis.

- Ongoing surveillance to identify new cases and update the status of ill residents and staff.
- The I.C.P. or designate will update the line listing with new information and communicate this to the health unit contact person.
- The update information should examine the issues of ongoing transmission, effectiveness of control measures and prophylaxis.
- Control measures need to be reviewed and lifted or added to as the outbreak dictates.
- Resident surveillance is monitored by Outbreak Line Listing Form for respiratory or enteric and should include residents that have recovered
- Staff surveillance line listing should include new cases, identification of staff that has recovered and confirmation with the health unit of return to work date.

STEP 8. Declare the Outbreak over.

To declare the outbreak over the home must notify the M.O.H. or delegate and not have experienced any new cases of infection from residents or staff, which meet the case definition for a period of time as defined by the O.M.T. *As a general rule respiratory outbreaks can be declared over if no new cases have occurred in 8 days from the onset of the last resident's case An enteric outbreak can be declared over 5 days from the onset of the last resident's case (8 days is the outer limit of the period of communicability of influenza 5 days plus 3 days incubation period.)* This is just a general rule. PHSD will advise nursing home should laboratory findings indicate a pathogen that requires extended outbreak times. The O.M.T may need to attempt to differentiate between a few sporadic cases which might pop up and outbreak-associated cases in identifying the last outbreak related residents case. **The authority for declaring the outbreak over rests with the M.O.H. and the Public Health Sudbury & Districts.**

If ongoing surveillance is needed after the outbreak has been declared over the following should be included.

1. Maintenance of general infection control measures
2. monitoring the status of ill residents



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3. updating the line listing
4. communicating with the health unit representative
5. notation of any spread amongst team members
6. Note deaths that have occurred, including if they had been a case and inform the health unit.
7. Notify all those individuals that had been notified of the outbreak that it is over.

STEP 9. Complete the Outbreak Investigation File

- The outbreak file should include copies of the laboratory and other results, copies of all communications, any other documentation specific to the investigation and management of the outbreak
- Copies of all documents are to be kept on file by the Infection Control staff at the home.

STEP 10. Review the Outbreak

- The purpose of this meeting between the health unit and the home is to review what was handled well and what needs improving. Provide a report to be kept by infection control committee and a copy to be kept by the home administration. ICP Completes an "Outbreak Summary Form".

o Communication of end of the Outbreak

- Refer to the emergency communication policy.
- Following the end of the Outbreak the IPAC lead will facilitate debrief sessions with residents, their substitute decision-makers, staff, volunteers, and students
- Following the end, or nearing the end, of the Outbreak the IPAC lead with input from the OMT will establish a plan of how to resume normal operations



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- Following the end, or nearing the end, of the Outbreak the IPAC lead will communicate how those who experienced distress from the Outbreak can seek out, or be referred to, supports as needed

o Planning for a future Outbreaks

- The IPAC lead will facilitate a test of this policy on a yearly basis and submit documentation of the exercise to the management team.

Resources: Public Health Division of MOHLTC: Control of Gastrointestinal Outbreaks In Long Term Care Homes: A Guide for Long Term Care Homes and Public Health Staff. October 2013. Public Health Division of MOHLTC: A Guide to the Control of Control of Respiratory Infection Outbreaks In Long Term Care Homes. October 2004.