

QUICK REFERENCE: RI OUTBREAK IN RESIDENTIAL CARE SETTINGS

Date of Outbreak:		Outbreak Location:		
REVIEW GUIDELINES			√	Initial
For complete guidelines, see Respiratory Infection (RI) Outbreak Guidelines for Residential Care Settings , or on the public website Communicable Disease Control & Prevention				
CONFIRM & DECLARE OUTBREAK			√	Initial
RI Case Definition	A new or worsening cough AND a fever $\geq 38^{\circ}\text{C}$ or an abnormal temperature for that individual (See definition in guidelines). Additional symptoms may include muscle or joint ache, extreme fatigue, runny nose, sore throat or headache.			
RI Outbreak Definition	Two or more cases of Respiratory Infection (RI) occurring in a unit/facility within a 7 day period amongst residents and/or staff.			
Outbreak Declaration	<ul style="list-style-type: none"> • IH facilities call site ICP Monday to Friday work hours • Non IH facilities call CD Unit at 1-866-778-7736 Monday to Friday 0830-1630 • All facilities on weekends & holidays, call on-call MHO at 1-866-457-5648 • The MHO must declare the outbreak and specify the management scenario (i.e. Scenario A, B or C) • Have this information ready when you call: <ul style="list-style-type: none"> • Total number of residents ill and dates of onset _____ • Description of symptoms of residents that are ill _____ • Total number of staff ill _____ • Location of outbreak in facility _____ • Total number of residents in facility _____ • Total number of staff who work in facility _____ • Staff immunization rate _____ • Resident immunization rate _____ 			
Document	Fill out the top section and Section A of the RI and GI Outbreak Report Form (check RI Outbreak box) and email to cdunit@interiorhealth.ca or fax 250-549-6310; For IH Facilities, send ICP a copy as well.			
DIRECTOR OF CARE/MOST RESPONSIBLE PERSON				
Organize Outbreak Management Team (OMT) meetings daily; include ICP for IH facilities, CD Unit for non-IH facilities, WH&S, Housekeeping, Food Services and others as necessary including MHO				
Notify Partners – refer to RI Outbreak Guidelines pg. 13				
COLLECT AND SEND SPECIMENS – Nursing Staff				
Complete PHSA ILI Outbreak Lab Form & fax to BCCDC at 604-660-1625. Send a copy along with the specimens to the lab.				
Collect nasopharyngeal specimens on symptomatic cases within 48-72 hours of symptom onset. Fill out a PHSA Virology Requisition for each specimen and send with specimen to the PHSA Laboratory. Enter “Respiratory Outbreak” under <i>Examination Requested</i> . Put IH CD Unit (C09768) in “Copy To” field. Send specimens to PHSA Lab Services via courier or via local hospital lab services.				
IMPLEMENT CONTROL MEASURES – Nursing Staff/OMT				
DAILY UPDATES	Complete Section B of RI and GI Outbreak Report Form and email or fax to CD Unit & ICP for IH facilities every day.			
	Update RI Outbreak Surveillance Tool daily; use separate form for staff & residents. This form is for facility records only – do not send to CD Unit.			

RESIDENTS	For symptomatic residents, use Droplet/Contact Precautions and serve meals in room. Encourage ill residents to stay in room while infectious.		
	Limit or discontinue group activities.		
	If acute care transfer or medical appointment required, notify receiving facility & transport service.		
ENHANCED HOUSEKEEPING	Increase frequency of cleaning for commonly touched surfaces. Clean all equipment between residents.		
RESTRICTIONS (see below each scenario as well)	If wings can be separated from one another by doors and staffing is separate, then wings with ill residents should be closed, and wings with no illness can remain open.		
	For IH facilities, contact site ICP regarding admissions/transfers For Non-IH facilities, contact CD Unit regarding admissions/transfers After hours, on weekends & holidays, call on-call MHO at 1-866-457-5648		
STAFF	Cohort staff to either affected or unaffected areas, if possible. Otherwise, work with well residents first.		
	Ill staff to stay home for duration of acute RI symptoms or 5 days, whichever is longer		
VACCINE	Offer influenza vaccine to all unimmunized residents and staff who do not have contraindication to immunization.		
VISITORS	Alert visitors of the outbreak & place signs and hand sanitizer at entrances to facility.		
	Restrict visitors to their family/friend only. Ill visitors should not visit.		
	Visitors not immunized should be offered masks in resident care areas.		
HYGIENE	Encourage frequent hand hygiene and appropriate respiratory hygiene (i.e. "Cover Your Cough") by residents, staff and visitors.		
SCENARIO A – Additional Management Measures			
ANTI-VIRALS	Initiate anti-viral treatment and prophylaxis for residents and unimmunized staff		
STAFF EXCLUSION	Exclude unimmunized health care workers		
RESTRICTIONS	Restrict admissions to and transfers from the facility unless medically necessary. MHO approval required for all admissions/re-admissions.		
DECLARING OVER	By ICP for IH facilities, by CD Unit for non-IH facilities or by MHO morning of 8 th day after onset of last resident case and 4 days after the last staff case		
SCENARIO B – Additional Management Measures			
RESTRICTIONS	Admissions limited to those deemed essential. Facility must be able to isolate resident. Informed consent of resident/decision-maker/physician required. MHO approval required for all admissions/re-admissions.		
DECLARING OVER	Outbreak declared over by ICP for IH facilities, by CD Unit for non-IH facilities or by MHO after 2 incubation periods with no cases (morning of 4-14 days)		
SCENARIO C – Additional Management Measures			
RESTRICTIONS	Provide incoming residents of receiving facility with notice of outbreak. Should have ability to isolate resident. Informed consent of resident/decision-maker/physician required.		
DECLARING OVER	The facility may self-declare the outbreak over the morning of the 4 th day since the date of onset of the last case.		
WHEN OUTBREAK IS DECLARED OVER:			
Complete Section C of the RI and GI Outbreak Report Form . Fax to the CD Unit at 1-250-549-6310 or email to cdunit@interiorhealth.ca . Send copy to ICP for IH facilities.			