

Symptoms? What Do I Do to Prevent a Potential Outbreak?

COVID-19, Respiratory Illness, Influenza &
Gastrointestinal Outbreaks

Long-Term Care, Designated/Non-Designated Supportive Living, Hospice

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Refer to Sections 2 and 3 in these
Outbreak Guides for more detail:

[Outbreak Guide for LTC and DSL](#)

[Outbreak Guide for Non-DSL](#)

Prevent a Potential Outbreak

All staff share the responsibility for keeping residents safe. The following early actions should be started when you identify the first Surveillance Case. A single Surveillance Case does not need to be reported to CEIR, but implementing these early actions can prevent a potential outbreak.*

1. Manage the symptomatic resident (if applicable)

See Guide Section

- Isolate the symptomatic resident in their room on appropriate precautions. 3.1 and 3.3
- Assess whether the symptomatic resident meets the “Surveillance Case Definition.” Cases that require consideration as potential indicators of a developing outbreak are called “Surveillance Cases.” A symptomatic resident meets the Surveillance Case Definition if they **develop** any of the following symptoms: 2.1
 - Fever (may not always be present in the elderly)
 - Nausea/vomiting/diarrhea
 - New or worsening:
 - Cough
 - Shortness of breath (SOB)
 - Sore throat
 - Runny nose/Nasal congestion
 - Loss of sense of taste and/or smell
 - Decrease in oxygen (O₂) saturation level or increased O₂ requirements
- Follow site process to arrange for testing for symptomatic resident if required for medical management. 2.1
- Post [signs](#) (precautions, donning/doffing) outside of the room of the symptomatic resident. 3.1
- Arrange for symptomatic resident to receive meal service in their room. 3.8
- Gather appropriate supplies – hand hygiene products, PPE, linen, testing kit. 3.2
- All staff are to wear appropriate PPE (see [Point of Care Risk Assessment](#)) – Report any PPE breaches to your supervisor/manager. 3.1
- Use strict [Hand Hygiene](#) at all times. 3.1
- Follow all IPC measures and any additional measures from Public Health. 2.1

*** Note:**

1. The direction in this resource does **not** replace actual symptom assessment documentation at your site.
2. Symptoms not discussed in this resource do not need to be reported to Public Health but may require assessment and follow-up by the care team.

2. Manage the symptomatic HCW/staff (if applicable)

See Guide Section

- A HCW/staff with symptoms or a positive test must go home as soon as possible. 3.12
- Assess whether the symptomatic HCW/staff meets the “Surveillance Case Definition.” Cases that require consideration as potential indicators of a developing outbreak are called “Surveillance Cases.” A symptomatic staff meets the Surveillance Case Definition if they **worked while symptomatic** with any of the following symptoms:
 - Fever
 - Nausea/vomiting/diarrhea
 - New or worsening:
 - Cough
 - Shortness of breath (SOB)
 - Sore throat
 - Runny nose/Nasal congestion
 - Loss of sense of taste and/or smell

Symptomatic HCW/staff who were **not** present at work while symptomatic do **not** count as Surveillance Cases.

- Follow site policy on whether the symptomatic HCW/staff should arrange for testing. 2.1
- Follow all IPC measures and any additional measures from Public Health. 2.1

3. Communicate

See Guide Section

- Call/contact your manager/supervisor to report symptomatic or positive residents or staff. 2.2
- Assess whether your site has met the “Surveillance Reporting Definition”:
 - 2 or more Surveillance Cases in a 7-day period with an epidemiological link need to be reported.
 - An epidemiological link means the cases need to have been in the setting (same site/same unit) during their incubation period or communicable period.
- If the Surveillance Reporting Definition is met, call the Public Health Outbreak Team through CEIR (1-844-343-0971) to report a potential outbreak. 2.1
- If the Surveillance Reporting Definition is NOT met, continue monitoring for additional symptomatic staff or residents. A call to CEIR is not required at this time. The “Surveillance Case Tracking Sheet” can be used to assist with ongoing monitoring. 2.1 and Attachment 2.1
- Update supervisors/managers/family on clinical status of symptomatic resident. 2.1

4. Watch for other symptomatic residents or staff

See Guide Section

- Ensure HCW/staff maintain heightened surveillance for additional newly symptomatic residents or staff. Update manager/supervisor as appropriate. 3.2
- Isolate any newly symptomatic residents. 2.1 and 3.1

Be on the alert for symptoms at all times to prevent an outbreak, or during an outbreak.
