Respiratory Outbreak – Operator Checklist

- Refer to the outbreak algorithm to determine if resident illness meets case definition.
- When an outbreak is suspected, contact the following individuals:
 - o Notify Infection Prevention & Control (IPC) of suspected outbreak (see Outbreak Algorithm).
 - Notify facility management/medical lead/on site staff, Workplace Health & Safety (WHS) and any others of suspected outbreak.

Once an outbreak has been declared by the Medical Officer of Health, the following items will need to be implemented. This checklist is completed by a site designate that will serve as the "point of contact" for IPC. This checklist will assist with ensuring IPC/Public Health recommendations are implemented in an effort to minimize transmission of illness and to ensure enhanced infection control measures have been implemented. Please **sign** and **date** after each task has been completed.

When Infection Prevention & Control completes a site visit, they will ensure the items with a ($\sqrt{}$) in front of the outlined task are completed.

Communication

ncreased illness in the building.
 ($$) Post outbreak signage at entrance of facility and within entrance to specific wings of the building, advising staff and visitors of outbreak.
 ($$) Ensure alcohol based hand rub dispensers are available at entrances, common areas and near resident areas. Ensure alcohol based hand rub is at least 70% alcohol and is not expired. Use posters to show visitors, residents, staff and others on how to use hand rub.
 Inform family, visitors and volunteers of outbreak and encourage hand hygiene when entering and leaving facility. Encourage visitors to postpone their visit if possible.
Note – visitors are not "banned" or restricted by IPC. Inform visitors of the risk of contracting and spreading illness during their visit. Remind visitors to visit their loved one only during their visit.
 Admission and transfers must be approved by the MOH. Consult with Outbreak Lead and refer to Risk Assessment Transfer Tool in outbreak package.
 Alert EMS, pharmacy, lab and other personnel of outbreak.
 Communicate to partners, agencies and front line staff regarding the outbreak and the investigation by IPC/Public Health.
 If a resident requires acute medical attention or treatment off-site (emergency room, urgent care, dialysis), alert EMS and receiving site that resident is from a facility with an on-going outbreak.

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Facility manager &/or designated staff

Site management, team leaders or designates have a role to communicate with IPC on a regular basis, as well as champion and empower the site to implement outbreak measures. This designate may change during the course of the outbreak. This person is often the "point of contact" for IPC.
 Complete Outbreak Line List for both ill clients and ill staff . This tracking form is to be emailed <u>daily</u> to IPC <u>AHS.SZ.IPC@ahs.ca</u> . Ensure that new cases are entered on tracking form as needed.
Note: The tracking form is completed daily (00:00hrs to 23:59), therefore the tracking form may need to be adjusted for clients that become ill in the middle of the evening. Day 0 is the start date of illness for each new case. The first day of the outbreak is known as Day 1.
 Implement infection control measures recommended by IPC. This includes routine practices and additional precautions.
 ($$) Ensure adequate availability of all supplies (hand hygiene products, personal protective equipment, linens, sampling equipment, isolation carts/stations).
 Discuss outbreak infection control measures and restrictions with weekend and evening staff. Ensure that all staff is aware of outbreak management measures.
 Ensure adequate staffing levels are available and planned for, for the duration of the outbreak.
 Ensure consistent and accurate communication with Outbreak Management Team is created.
 ($\sqrt{\ }$) Advise Environmental Services/Housekeeping of the need for enhanced environmental cleaning.
 Ensure staff are advised of relevant recommendations and work restrictions including working at other health care sites.
 Contact Pharmacy and start PEP worksheet in advance in the event of a confirmed influenza outbreak.
 In long term care, ensure standing orders for prophylactic Tamiflu for clients are completed and authorized in the event of a confirmed influenza outbreak.
 Collect a list of residents and staff immunized against influenza in preparation for a confirmed influenza outbreak.
 Advise staff to be sensitive to reporting new cases of illness related to the outbreak.

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Symptomatic	clients
	Confine ill clients to their rooms until 5 days after onset of symptoms or symptoms have resolved and client has been 48 hours afebrile. <i>Place signage</i> on patient's room door indicating precautions are required. If isolation is not practical, restrict residents to their own floor or area. *Medically necessary appointment should be kept if at all possible, however should (if possible) take place within the client's room. If symptomatic client needs to leave their room, encourage use of surgical mask (if tolerated).
	($\sqrt{\ }$) Provide meal service to all ill clients in their rooms.
	Ensure any dedicated patient care equipment is cleaned and disinfected after each use.
	(√) Initiate Contact Precautions and Droplet Precautions for symptomatic clients. A mask is required when in contact with a client with suspect ILI (within one meter). An N95 (fit tested) is required for any point of care aerosol generating medical procedure (AGMP). Eye protection is required when wearing a mask. Refer to Point of Care Risk Assessment
	($\sqrt{\ }$) Establish isolation carts for symptomatic residents to assist with PPE use.
	Collect the required NP specimens (see Respiratory Specimen Collection Guidelines). Ensure that exposure investigation number (El#) (obtained from ProvLab by IPC) is entered on each provincial lab requisition and each specimen container. Make arrangements for transporting specimens to lab.
	($$) Ensure proper PPE is donned and doffed correctly for all staff, family members and visitors to symptomatic residents.
	($$) Clean and disinfect shared resident care equipment before and after each and every use (commodes, lifts, thermometers).
Staff/voluntee	ers
	er has a responsibility to work together during an outbreak to ensure that measures uce the spread of illness.
	Cohort staff to care for asymptomatic residents before symptomatic residents or be kept separate entirely. Make every effort to minimize staff movement between outbreak and non-outbreak areas for the duration of the outbreak.
	Send ill staff home and exclude from work until they meet the requirements for returning to work. This is dependent on vaccination status and type of pathogen. Consult with Outbreak Lead for direction regarding staff return to work. It may be necessary to have internal occupational health and safety assess staff's suitability to return to work.

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	Advise staff to consult with WHS and IPC regarding working at a facility that is under outbreak precautions and one that is not.
	Identify other professionals working in the facility/outbreak unit that are not health care workers (e.g. construction workers) and consult with IPC regarding appropriate recommendations for these groups.
	($\sqrt{\ }$) Review appropriate use of PPE and what type is needed when caring for clients who are ill.
	($$) Perform frequent and thorough hand hygiene in accordance with AHS Standards and includes the 4 moments of hand hygiene.
	Remind staff about using respiratory etiquette.
Activities and f	ood services
	($$) Ensure necessary resident activities (dining, bathing) are managed within home unit. Avoid completing these activities in outbreak area if resident is from non-outbreak area and vice-versa, except for specific services that are medically required.
	(√) Cancel all previously scheduled house activities (birthday parties, group gatherings, recreational therapy, volunteers (school groups, church groups etc.). This would include non-resident events (meetings, conferences). Note: 1:1 therapy is appropriate when necessary. If group activities are an essential part of treatment, discuss with IPC.
	($\sqrt{\ }$) Close commercial activities in the facility (beauty salon, tuck shop) if located in outbreak area or if advised by IPC.
	Consult with IPC on pets, animal visitation, animal therapy and resident/family animal programs.
	($$) Ensure all weekend activities are cancelled (in-house and external trips) and staff are aware of restrictions. This includes church services held at facility.
	($$) Remove all common touch items and multi-use condiments from the dining room and shared areas. (i.e.,) salt and pepper shakers, sugar shakers, table cloths, etc.
	($\sqrt{\ }$) Ensure there is no communal sharing of food including staff room or common areas.

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Environmenta	l services			
	(√) Implement enhanced cleaning and disinfection throughout the outbreak. Increase frequency of cleaning and disinfecting of "high touch" surfaces (e.g. doorknobs, light switches, call bells, handrails, and elevator button) in patient rooms, care areas and common areas. Use a "wipe twice" process to clean and disinfect. Refer to specific AHS Linen and Environmental Services protocols for Outbreak cleaning and disinfecting procedures.			
	Utilize other staff to assist with environmental cleaning and disinfection, if applicable.			
	($\sqrt{\ }$) Discuss enhanced laundry procedures with housekeeping staff and clients within independent facilities. Soiled linen is to be bagged to contain the contaminants.			
	Wear gloves and gowns when handling soiled linens and laundry. Ensure measures are in place to prevent contamination of dirty laundry with clean laundry.			
	 (√) Ensure laundry areas are cleaned and disinfected with increased frequency, including resident laundry rooms (include washing machine tub). (√) Clean and disinfect mop head, cloths, cleaning supplies and solutions after cleaning symptomatic resident rooms or large spills of body fluids. 			
	When a client/resident is taken off isolation the room and equipment should be thoroughly cleaned and disinfected.			
	At the end of the outbreak a tho areas should be completed.	rough cleaning and disinfection of all affected		
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Name of facility:		EI#:		
Total # residents facil	ity-wide:	Total # staff facility-wide:		
Total # residents in outbreak area only:		Total # staff outbreak area only:		
Print name:		Signature:		
Date:				
Approved by Environmental Public Health		Updated: October 2019		

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