

# Respiratory Illness Outbreak

## Checklist for continuing care homes

Includes COVID-19, influenza and other respiratory illness outbreaks

This checklist provides general measures for controlling respiratory illness outbreaks. Refer to the [Guide for Outbreak Prevention & Control in Continuing Care Homes](#) for detailed recommendations and follow facility-specific policies.

### Isolate symptomatic or confirmed residents (refer to section 1.3 and 3.1)

- Perform hand hygiene and practice respiratory etiquette.
- Conduct an Infection Prevention and Control Risk Assessment prior to every resident interaction and use personal protective equipment (PPE).
- Identify newly symptomatic or confirmed residents.
- Isolate symptomatic or confirmed residents on Droplet and Contact precautions.

### COVID-19 If the pathogen is COVID-19



- Follow facility processes for COVID-19 outpatient treatment for residents who test positive for COVID-19.

### Influenza If the pathogen is influenza



- Follow facility processes for oseltamivir (Tamiflu) treatment for residents who test positive for influenza.

### Communicate and coordinate (refer to section 3.2)

- Implement continuous masking and eye protection for HCW/staff.
- Inform HCW/staff, residents, family/guardians and partners of the outbreak.
- Post outbreak signs at the facility/unit entrance.
- Direct HCW/staff to not attend work when ill and report symptoms to the manager/designate.
- Report new respiratory illness cases daily using the Facility CDC Outbreak Daily Report Portal.
- Direct HCW/staff to care for asymptomatic residents before symptomatic and confirmed residents.
- Cohort HCW/staff to work only in affected areas or only in unaffected areas.

## Influenza If the outbreak pathogen is influenza



- Follow the AHS Public Health Outbreak team recommendations for asymptomatic HCW/staff immunization, antiviral prophylaxis and/or work restrictions.
- Follow facility processes for provision of oseltamivir (Tamiflu) prophylaxis to asymptomatic residents, regardless of immunization status.

### Complete outbreak environmental cleaning and disinfection (refer to section 3. 3)

- Increase cleaning and disinfection frequency.
- Immediately clean and disinfect visibly dirty surfaces.
- Perform cleaning and disinfection wearing PPE and use a disinfectant that kills respiratory viruses.
- Clean and disinfect resident room, moving from clean to dirty. Clean bathroom last.

### Plan safe activities for residents who are not isolating (refer to section 3. 4)

- Use physical distancing and hand hygiene for low-risk group activities and encourage masking.
- Postpone/cancel high-risk group activities if directed by the AHS Public Health Outbreak team.

### Plan safe visits (refer to section 3. 5)

- Provide safe visiting guidance to DFSPs and visitors.
- Demonstrate how to use PPE if visiting a resident on Droplet and Contact precautions.
- Advise designated family support persons (DFSPs) and visitors of risk of exposure to illness and to practice hand hygiene before and after visiting.

### Admission, transfers and discharge restrictions (refer to section 3. 6 and 3.7)

- Implement restrictions as directed by the AHS Public Health Outbreak team for the facility/unit.
- Use the *Risk Assessment Matrix* and the *Risk Assessment Worksheet* as per zone process.

### Use food service modifications (refer to section 3. 8)

- Initiate outbreak modifications for food service.
- Provide meal service to isolating residents in their rooms.

### Specimen collection (refer to section 3. 9)

- Collect specimens as directed by the AHS Public Health Outbreak team.
- Ensure proper specimen collection, handling and labeling, including the outbreak EI number.