Provincial Population & Public Health

# Guide for Outbreak Prevention & Control in Correctional Centres

## Includes Respiratory & Gastrointestinal Illness

Alberta Health Services

**If you have feedback about this guide** email:
CDCResourceFeedback@albertahealthservices.ca

If you have questions about a specific outbreak, or centre-specific processes, always direct your questions to your designated centre lead or the AHS Public Health Outbreak team.

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## Land acknowledgement

Our work takes place on historical and contemporary Indigenous lands, including the territories of Treaty 6, Treaty 7 & Treaty 8 and the homeland of the Métis Nation within Alberta and 8 Metis Settlements. We also acknowledge the many Indigenous communities that have been forged in urban centres across Alberta.

# Introduction

Correctional **centres**[1] are high-risk settings for the spread of communicable disease. Early detection of viral respiratory and gastrointestinal (GI) illness is important to reduce the spread of disease and prevent outbreaks[2]. Although infectious disease outbreaks occur year-round, they are more common during fall and winter.

The notification of outbreaks and other infectious disease threats in Alberta is mandated under Section 26 of the provincial Public Health Act. Early recognition and rapid response is essential for effective outbreak prevention and management.

This guide was developed by Alberta Health Services (AHS) Communicable Disease Control (CDC) and Safe Healthy Environments, in collaboration with the following AHS partners:

- Correctional Health Services (CHS)
- Infection Prevention & Control (IPC)
- Medical Officers of Health (MOH)
- Workplace Health and Safety (WHS)
- Zone Public Health

## Best practice recommendations

This guide provides evidence-based best practice recommendations and follows the Alberta Health Public Health Disease Management Guidelines. It supports centres to fulfill their obligation to prevent and control outbreaks. Use this guide in conjunction with requirements outlined in other provincial acts and standards and with centre policies.

## Centres are responsible to prepare for outbreaks

Centres will develop and implement procedures for identifying, reporting, investigating and controlling outbreaks within Correctional Centres.

Prior to outbreak season, the **AHS Public Health Outbreak team** provides outbreak guides and supporting resources on the Outbreak Management webpage at ahs.ca/outbreak.

## Roles and responsibilities

A collaborative approach with shared responsibilities between AHS Correctional Health Services and **Correctional Services division (CSD)** is necessary for effective outbreak prevention and control. Outbreak management measures impacting centre operations such

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[1] Federal correctional facilities are outside the scope of this document.

[2] Outbreak: "The occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area or season" (World Health Organization, 2018). A common source of infection or the identification of transmission between cases are not required. The epidemiologic features of an outbreak and subsequent public health actions are assessed through the outbreak investigation process.

as security will be implemented in consultation with CSD centre leadership.

An **outbreak management team (OMT)** may be formed during an outbreak to facilitate a timely and coordinated response to the outbreak. Any HCW/staff involved in the outbreak may request that an OMT be formed.

### Corrections roles and responsibilities checklists

The checklists outline the roles and responsibilities during an outbreak. The checklists can be printed from ahs.ca/outbreak under the Correctional Centres topic.

- AHS Public Health Outbreak team
- AHS Infection Control Practitioner/Designate or the IPC Medical Lead
- AHS Physician or Nurse Practitioner or Medical Director
- AHS Workplace Health and Safety Nurse
- AHS Clinical Nurse Educator or Nurse Clinician
- AHS Site Health Services Manager/Designate
- AHS Executive Director Correctional Health Services
- CSD Occupational Health and Safety Advisor/Designate
- CSD Centre Director/Designate

Correctional centres may modify the checklists where centre-specific processes differ.

### HCW/staff and client workers

In correctional centres, the person performing tasks related to environmental cleaning and disinfection and laundry may be **health care workers/staff (HCW/staff)** or **client workers**.

#### HCW/staff

- HCW/staff refers to all staff that work in the correctional centre.
  - **HCW/staff employed by AHS:** Staff are required to follow all policies as directed by AHS Workplace Health and Safety (WHS).
  - **HCW/staff employed by or contacted by CSD:** Staff are required to follow all policies as directed by CSD Occupational Health and Safety (OHS).

#### Client

- Individuals who are legally held in a correctional centre. This can include individuals who are:
  - Remanded
  - Sentenced
  - Immigration holds
  - Serving intermittent sentences
  - In parole violation.

#### Client worker

- A client worker is a client in the correctional centre who is responsible for performing activities such as environmental cleaning and disinfection or laundry. A client worker is not an employee or contracted staff of either AHS or CSD.

# 1. Outbreak prevention

This section includes best practice recommendations to prevent outbreaks. These are routine actions for every centre and every client.

## Key Actions

- Promote immunization of clients and HCW/staff.
- Handle food safely.
- Post signage reminding visitors to defer visit if ill.
- Facilitate safe visiting practices.
- Complete routine environmental cleaning and disinfection.
- Use hand hygiene and respiratory etiquette.
- Conduct an Infection Prevention Control Risk Assessment (IPCRA) prior to client interactions.
- Medically isolate symptomatic or confirmed clients.
- Offer antiviral treatment if the pathogen is COVID-19 or influenza.
- Prevent illness spread by monitoring for symptoms of illness and not attending work when ill.
- Restrict symptomatic HCW/staff from attending work while ill.

### Supporting resources

- Outbreak Prevention Checklist

## 1.1 Prevent the spread of illness

These routine everyday practices are essential to stop the spread of respiratory and GI illnesses that cause outbreaks. Outbreak prevention practices support a healthy environment for clients and HCW/staff.

### Promote immunization of clients and HCW/staff

- Immunization is the best way to protect clients and HCW/staff from vaccine-preventable diseases. Refer to Recommended Vaccines.

### Handle food safely

- Follow routine safe food handling practices to reduce the spread of illness by contamination.
  - Keep raw meat, poultry, eggs, fish and shellfish away from other foods/surfaces that will come into contact with ready-to eat foods.
  - To further separate raw and ready-to-eat foods, use separate cutting boards, preparation areas if possible, and frequent kitchen cleaning/disinfection.
  - Wash hands when they become contaminated.
  - Keep perishable food in safe temperature zones and use within appropriate timeframes.
  - Store and use pantry items to prevent contamination.
- Refer to information from Environmental Public Health for Food Facilities on Information for Your Business.

### Facilitate safe visiting practices

#### Help plan a safe visit

- Request visitors follow centre directions.
- Post signage to remind visitors if they have symptoms or are feeling unwell to defer their visit.
- Request visitors reschedule visits if they are ill.
- Advise visitors to use respiratory etiquette and hand hygiene.
  - How to use alcohol-based hand rub
  - How to hand wash.

## 1.2 Use routine IPC practices

Implementing routine IPC practices[3] is essential to prevent the spread of illness from person to person.

- Use routine IPC practices when managing every client, every time.

### Complete routine environmental cleaning and disinfection

- Perform routine cleaning and disinfection. A clean environment protects clients and

[3] This resource applies to continuing care and correctional centres.

HCW/staff from infection by removing germs from environmental surfaces. It is one of the most effective ways to stop the spread of illness.

- When client workers are performing cleaning and disinfection tasks, follow the best practice recommendations outlined here.

### Cleaning and disinfection

- Always use a wipe twice procedure (a two-step process) to clean and then disinfect surfaces.
  - **Cleaning** refers to using soap or detergent to remove visible dirt, grime, and impurities. Cleaning does not kill germs but helps remove them from the surface.
  - **Disinfection** refers to using chemicals to kill germs on surfaces.

**Steps for cleaning and disinfection**

- First: clean visible dirt using a cleaning product such as soap or detergent, paying special attention to removing any visible dirt.
- Second: wipe again with a clean cloth saturated with product that is an approved disinfectant.
- If the product is a cleaner and also a disinfectant (a detergent/disinfectant), use the same product for each step (first to clean and then to disinfect). Follow the manufacturer instructions for use.

- Follow Public Health Recommendations for Environmental Cleaning and Disinfection of Public Facilities for direction on:
  - How to clean and disinfect
  - Frequency of cleaning and disinfection
  - What cleaning products to use
  - Cleaning during respiratory and GI outbreaks.
- Follow Principles for Environmental Cleaning and Disinfection for direction on cleaning the environment and non-critical medical devices / equipment.
- Follow Linen in Community-based Services for laundry instructions.
- Refer to Laundering Personal Patient Items in Washing Machine.

## Use hand hygiene

- Hand hygiene (washing or sanitizing your hands) is the most effective way to prevent the spread of illness.
- Use alcohol-based hand rub when performing hand hygiene except when plain soap and water is recommended.
- Wash hands with plain soap and water:
  - When hands are visibly soiled with food, dirt, or blood and body fluids
  - Before, during, and after handling food
  - When removing gloves after managing a client with vomiting and/or diarrhea
  - Immediately after using the washroom.
- Use hand hygiene after glove removal. Glove use is not a substitute for hand hygiene.

- Follow the AHS Hand Hygiene Policy and Procedure for product selection, location, and use.

### Use respiratory etiquette

- Cover coughs and sneezes with a sleeve or tissue.
- Dispose of used tissues in the garbage.
- Clean hands after coughing or sneezing.

### HCW to conduct an IPCRA prior to client interactions

- Refer to the IPCRA to assess the task, the client and the environment prior to each interaction.
- Use PPE including an **appropriate mask**, eye protection, gown and gloves as indicated by the IPCRA.

## 1.3 Medically isolate symptomatic or confirmed clients

Immediately isolate any client who is **symptomatic** (the client has symptoms) or is **confirmed** (the client has tested positive for a respiratory or GI pathogen).

- Do not wait for a pathogen to be identified if the client is symptomatic.
- Consult IPC for additional support.
- Refer to Annex: IPC Precautions Posters.

### Use a medical isolation space

- A single cell/**medical isolation** space is preferred.
- Use a dedicated washroom.
  - If not available, clean and disinfect between use.
- Place isolation carts outside of the cell/medical isolation space.
- Post additional precautions signage outside the door of the cell/medical isolation space to alert HCW/staff that precautions are required.
- Request client bath or shower after completing isolation for GI illness.

### Use additional precautions based on symptoms

#### For respiratory symptoms

- Medically isolate on Droplet and Contact precautions.
  - For duration of medical isolation refer to Appendix A: Medical isolation for respiratory illness.

#### For GI symptoms

- Medically isolate clients until 48 hours after the last episode of vomiting and/or diarrhea.
  - Diarrhea only: Use Contact precautions.
  - Vomiting with or without diarrhea: Use Droplet and Contact precautions.

## Management of medically isolating clients

The site Health Services Manager or designate provides recommendations to CSD staff on restricting movement of symptomatic or confirmed clients outside of the centre. This includes scheduled transfers to other centres and advising sentence administration if in-person court hearings are scheduled.

### Court attendance

- Recommend restricting in-person court attendance for medically isolating clients.

### Maintain distance from other clients

- Provide meal service to the client in their cell/medical isolation space.
- Provide a mask for the client if they need to leave their cell/medical isolation space including during transport.
- Delay participation in group activities until the medical isolation period has ended.

### Facilitate medically necessary appointments

- Arrange virtual visits when possible.
- Notify the receiving provider so that precautions can be taken.
- For transfers to an **acute care** facility, notify the EMS dispatcher, the transport staff (EMS crew) and the acute care facility.
- Provide assessments or treatment in the client's cell/medical isolation space.

## Antiviral treatment for eligible clients

Early initiation of antiviral treatment for eligible clients is critical for effective treatment.

**COVID-19**

### If the pathogen is COVID-19

- The **most responsible health practitioner** is accountable to determine eligibility and prescribe treatment.
- Refer to COVID-19 Outpatient Treatment.

**Influenza**

### If the pathogen is influenza

- The most responsible health practitioner is accountable to determine eligibility and prescribe treatment.
- Refer to the Health Canada Guidance for identification of suspect influenza cases and indications for early antiviral treatment.
  - Flu (influenza): For health professionals - Canada.ca
- Influenza antiviral treatment resource:
  - Association of Medical Microbiology and Infectious Disease (AMMI) Canada resources on Influenza: https://ammi.ca/en/resources/

## 1.4 Prevent spread of illness from HCW/staff

### Follow employer work restrictions and requirements

- HCW/staff employed or contracted by CSD are required to follow CSD OHS policies on hand hygiene, work attendance, work restriction, masking and eye protection.
- For HCW/staff employed or contracted by AHS:
  - Follow AHS policies on hand hygiene, work attendance, work restriction, masking and eye protection including the Attendance at Work and Respiratory Virus Symptoms Policy.

### HCW/staff monitor for symptoms of illness

- Do not attend work when ill.

#### Respiratory virus symptoms

- Any one of the following symptoms that are new or worsening and not related to a pre-existing illness or health condition:
  - Fever or chills
  - Runny or stuffy nose
  - Sore throat
  - Cough
  - Difficulty breathing or shortness of breath
  - Loss or altered sense of taste/smell.

#### GI illness symptoms

- New onset of diarrhea and/or vomiting.

#### If symptoms develop at work

| Type of illness | Action |
|---|---|
| **Respiratory virus symptoms** | • Perform hand hygiene and respiratory etiquette such as washing hands, coughing into a sleeve, using tissues, and wearing an appropriate mask.<br>• Notify manager and leave the workplace as soon as possible. |
| **GI illness symptoms** | • Perform hand hygiene.<br>• Notify manager and leave the workplace as soon as possible.<br>  ○ Manager to direct environmental cleaning (with PPE) of any washroom facilities used by the HCW/staff while ill. |

### Implement work restrictions for symptomatic HCW/staff

#### Do not report to work with respiratory virus symptoms

- Stay away from work for at least 24 hours after the following conditions are met:
  - Respiratory virus symptoms have improved,
  - Fever-free without the use of fever-reducing medication, and

    - No new respiratory symptoms have developed.
- Report illness to the manager/designate.
- Report to WHS/OHS if symptoms are related to workplace exposure.
    - Follow direction provided by WHS/OHS regarding additional work restrictions and requirements.

**Returning to work after having respiratory virus symptoms**

- HCW/staff may still be potentially infectious and are recommended to:
    - Continuously mask and perform thorough hand hygiene for five calendar days, starting from the first day that they are eligible to return to work when working in settings where they are going to be in contact with other people.

### Do not report to work with GI illness symptoms.

- Stay away from work until at least 48 hours after last episode of vomiting and/or diarrhea.
- Report illness to the manager/designate.
- Report to WHS/OHS if symptoms are related to workplace exposure.
    - Follow direction provided by WHS/OHS regarding additional work restrictions and requirements.

# 2. Identify and report respiratory illness outbreaks

This section includes information on identifying and reporting respiratory illness outbreaks, including COVID-19, influenza and influenza-like illness (ILI).

Refer to 4. Identify and report gastrointestinal illness outbreaks for information on GI illness outbreaks.

## Key Actions

- Monitor clients for symptoms of illness.
- Determine if clients meet criteria for a respiratory illness case.
- Keep track of respiratory illness cases.
- Notify the Correctional Health Services Manager or designate of symptomatic or confirmed clients.
- Follow the internal outbreak notification process.
- Report to the AHS Public Health Outbreak team if there are two or more respiratory illness cases within a seven-day period.

### Supporting resources

- Outbreak Prevention Checklist
- Surveillance Case Tracking Sheet

## 2.1 Monitor and report respiratory symptoms

### Monitor for symptoms

Monitor for and keep track of clients who are symptomatic (cases). This is called surveillance.

- A Surveillance Case Tracking Sheet is available for centres to record:
  - Client name(s)
  - Symptoms
  - Date symptoms started.

### Identify respiratory illness cases

Count clients as a respiratory illness case if they have either:

- A positive test[4] for pathogens in Appendix A: Medical isolation for respiratory illness OR
- Any of the following new or worsening symptoms:
  - Fever[5]
  - Cough
  - Shortness of breath (SOB)
  - Sore throat
  - Runny nose / nasal congestion
  - Loss of taste and/or loss of smell
  - Decrease in oxygen ($O_2$) saturation level or increased $O_2$ requirement
  - Nausea/diarrhea.[5]

[4] Specimen collection is not required prior to reporting. Centres may determine that specimen collection is warranted for the diagnosis and medical management of symptomatic clients, including treatment with oseltamivir (Tamiflu) for influenza or Paxlovid for the COVID-19.

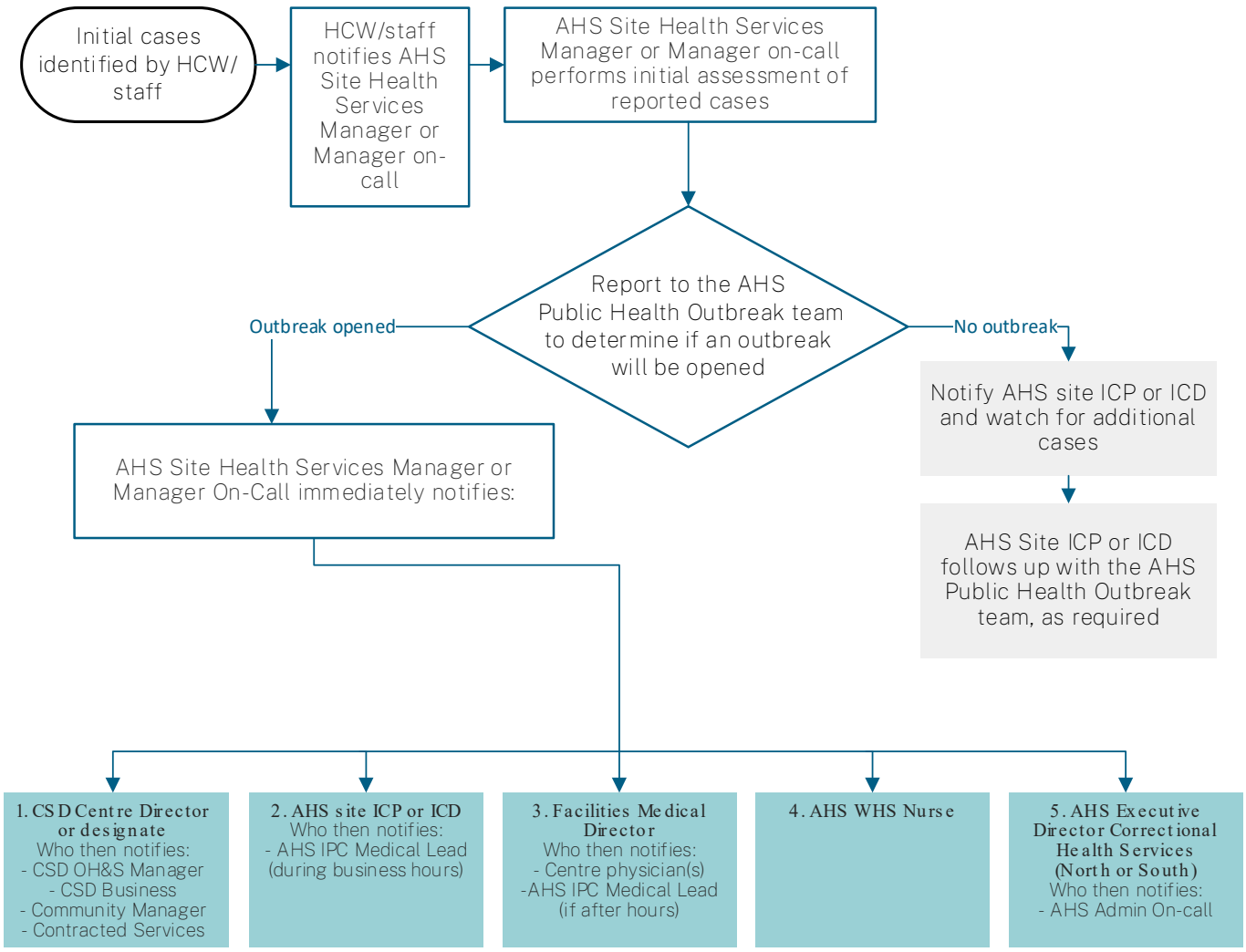
[5] A client may develop fever, nausea and/or diarrhea following immunization with COVID-19 or influenza vaccine. The client will not count as a surveillance case if:

- Onset is within 24 hours of being immunized AND
- They have no other respiratory illness symptoms AND
- Fever, nausea and/or diarrhea resolve within 48 hours of onset.

## Follow the internal notification process when a symptomatic or confirmed client is identified

- HCW/staff notify the AHS Site Health Services Manager or designate of symptomatic or confirmed clients.
- The AHS Site Health Services Manager or designate reviews potential respiratory illness cases and other relevant clinical information and determines if they need to initiate the internal notification process (outlined below).

### Internal notification process



### When to report

Report to the AHS Public Health Outbreak team as soon as there are two or more client respiratory illness cases within a seven-day period.

### How to report

AHS Site Health Services Manager or designate reports respiratory illness to Communicable Disease Control.

| | |
|---|---|
| ☎ Call 1-888-522-1919<br>or<br>✉ Email CD_Outbreak@albertahealthservices.ca | Provide contact information and centre name. |

#### The AHS Public Health Outbreak team will ask for details and operational information

- Centre name, address, phone number
- Caller name and contact information
- CSD Manager/site Health Services Manager contact email & phone number
- Centre type
- Zone
- Number of units/ranges and unit/range names
- Number of clients/HCW/staff on affected unit/range
- Total number of AHS and CSD HCW/staff
- Number of medical isolation spaces
- If clients/HCW/staff may be kept to the affected unit/range
- If HCW/staff work in multiple centres or units/ranges
- If the centre manager has been notified
- Information outlined on the Surveillance Case Tracking Sheet
- Date of any hospitalizations or deaths

## 2.2 After reporting to the AHS Public Health Outbreak team

The AHS Public Health Outbreak team determines if the cases are epidemiologically linked and if the centre meets the criteria for an outbreak. Refer to Appendix B: Case and outbreak definitions.

If an outbreak is opened, they will:

- Collaborate with the AHS Correctional Health Services Manager or designate, ICP/ICD and IPC Medical Lead, CSD management and HCW/staff to facilitate a prompt response.
- Send an email providing information and instructions for how to complete daily outbreak reporting via the Facility CDC Outbreak Daily Report Portal (REDCap).

# 3. Respiratory illness outbreak control

This section includes information for the management of respiratory illness outbreaks including COVID-19, influenza and influenza-like illness (ILI).

For GI illness outbreak control, refer to Section 5. Gastrointestinal illness outbreak control.

## Key Actions

- Medically isolate symptomatic or confirmed clients.
- Implement continuous masking and eye protection on the outbreak unit/range for HCW/staff.
- Inform HCW/staff, clients and partners of the outbreak.
- Identify and report new respiratory illness cases daily.
- Coordinate HCW/staff and client worker assignments.
- Complete outbreak environmental cleaning and disinfection.
- Plan safe activities for clients who are not medically isolating.
- Plan for safe visits.
- Follow admission and transfer restrictions.
- Facilitate admissions and transfers from an acute care facility.
- Initiate outbreak modifications for food service.
- Collect specimens as directed.

**Influenza outbreaks:**

- Administer influenza antiviral prophylaxis to clients.
- Offer influenza antiviral prophylaxis to HCW/staff.

Non-viral respiratory pathogens such as bacterial and fungal pathogens may be responsible for illness **clusters** or outbreaks. Although some measures outlined in this section may be applicable in preventing or controlling them, it is beyond the scope of this guide, due to their unique epidemiological properties.

## Supporting resources

- Respiratory Illness Outbreak Checklist

## 3.1 Medically isolate symptomatic or confirmed clients

### How to medically isolate

- Use Droplet and Contact precautions.
  - Refer to Annex: IPC Precautions Posters.
- Refer to 1.3 Medically isolate symptomatic or confirmed clients.

### How long to medically isolate

- Refer to Appendix A: Medical isolation for respiratory illness for duration of medical isolation.

### Implement medical isolation measures as operationally feasible

- Factors that may impact the ability to medically isolate symptomatic or confirmed clients include physical layout, number and type of clients and number and type of dedicated medical isolation spaces.

| **Cohorting if a single cell / medical isolation space is not available** | |
|---|---|
| **Type of space** | **Actions** |
| **Double bunked/ dorm** | • Consult IPC or the AHS Public Health Outbreak team before **cohorting**.<br>• Refer to the Corrections Health Resource Manual on Insite for 'Cohorting Isolation for Patients in AHS Corrections Health'.<br>• Medically isolate clients with similar symptoms together in a separate cell, separate area, or separate dorm.<br>• Designate a private washroom.<br>  ○ If a dedicated washroom is not available, clean and disinfect between every symptomatic or confirmed client use, or hourly if that is not possible. Refer to 3.3 Complete outbreak environmental cleaning and disinfection.<br>• Maintain two metres between clients.<br>• Use physical barriers between clients.<br>• Dedicate care equipment to a single client.<br>  ○ If equipment must be shared between clients, clean and disinfect after each use. |

## 3.2 Communicate and coordinate

### Implement continuous masking and eye protection for HCW/staff

- Wear an appropriate mask and eye protection:
  - In any client space in the outbreak centre/unit/range
  - During indirect activities, such as preparing meals or doing laundry.
- If client workers are doing laundry, wear an appropriate mask and eye protection during that activity.

- HCW/staff returning to work after respiratory illness during an outbreak:
  - Refer to 1.4 Implement work restrictions for symptomatic HCW/staff for added precautions for the first five calendar days after the HCW/staff is eligible to return to work.

### Inform HCW/staff, clients and partners of the outbreak

- Use established communication channels to notify clients and departments/ stakeholders inside and outside of the centre.
- Notify CSD management to start implementing **outbreak control measures**.
- Notify HCW/staff, client workers and all programs and department such as nursing, food services, environmental services and spiritual care to start implementing outbreak control measures.
- Notify laundry staff and client workers of the increased need for supplies.
- Post outbreak signs at the centre/unit/range entrance.

### Identify and report new respiratory illness cases daily

- Maintain heightened surveillance to identify new respiratory illness cases.
- Request HCW/staff complete twice daily self-assessment for respiratory illness symptoms.
  - Direct HCW/staff to not attend work when ill and report symptoms of respiratory illness to their manager
  - Notify WHS/OHS if symptoms are related a workplace exposure.
- Report respiratory illness cases, including those that are hospitalized or deceased.
  - Review the email sent by the AHS Public Health Outbreak team for how to report new cases using the Facility CDC Outbreak Daily Report Portal (REDCap).

### Coordinate HCW/staff and client worker assignments

- Consult with the AHS Public Health Outbreak team when making decisions about HCW/staff and client worker assignments.
  - Direct HCW/staff to manage asymptomatic clients before symptomatic and confirmed clients.
  - Cohort HCW/staff and client workers to work only in affected areas or only in unaffected areas.
  - Minimize movement of HCW/staff and client workers between units/ranges, especially if some areas are not affected.
  - Recommend that AHS HCW/staff who are immunized against the outbreak pathogen to manage symptomatic or confirmed clients.
- Consult with Infection Control Practitioner (ICP) or Infection Control Designate (ICD), the AHS Public Health Outbreak team and CSD Centre Director/designate if considering cohorting clients.
  - Consider cohorting exposed asymptomatic clients.
  - Consider cohorting clients with the same illness.

- Refer to the Corrections Health Resource Manual on Insite for 'Cohorting Isolation for Patients in AHS Corrections Health'.

**Influenza**

**If the outbreak pathogen is influenza**

- AHS WHS will provide work restriction recommendations for unimmunized AHS HCW/staff who are not taking antiviral prophylaxis.
  - If AHS HCW/staff is work restricted and works in more than one location, the AHS HCW/staff will notify other work locations to determine whether they may continue to work in other settings.
- Staff employed or contracted by CSD are recommended to follow all policies as directed by CSD Occupational Health & Safety (OHS) and their employer.

## Administer influenza antiviral prophylaxis to eligible clients

**Influenza**

**If the outbreak pathogen is influenza**

- Prophylaxis is the responsibility of the correctional centre medical staff.
- Assess asymptomatic clients, regardless of immunization status, for eligibility for oseltamivir (Tamiflu) prophylaxis.
- Antiviral prophylaxis is continued for seven days after onset of symptoms of the last client case, for a minimum of 10 days.
- Monitor client for symptoms of influenza and side effects of oseltamivir (Tamiflu).
- The AHS Public Health Outbreak team will advise duration of prophylaxis for mixed outbreaks that include influenza.
- Refer to Association of Medical Microbiology and Infectious Disease (AMMI) Canada for:
  - At-risk groups and co-morbid medical conditions that predispose individuals to severe influenza
  - Prophylaxis dosing recommendations.

## Offer influenza antiviral prophylaxis to unimmunized HCW/staff

**Influenza**

**If the outbreak pathogen is influenza**

- Recommendations for post exposure immunization, and/or the prophylaxis use of oseltamivir (Tamiflu) for HCW/staff in a confirmed influenza outbreak will be made by the respective WHS/OHS department.
- The AHS Public Health Outbreak team may supply work restriction letters to the centre/unit/range that outline options for unimmunized AHS HCW/staff.

## 3.3 Complete outbreak environmental cleaning and disinfection

The individuals performing tasks related to environmental cleaning and disinfection may be HCW/staff or client workers.

### Increase cleaning and disinfection frequency in all areas[6]

Clean and disinfect visibly dirty surfaces immediately. Prioritize high-traffic areas.

- Follow Public Health Recommendations for Environmental Cleaning and Disinfection of Public Facilities during respiratory outbreaks.

| Areas to clean and disinfect | Frequency |
|---|---|
| • Low touch surfaces such as shelves, windowsills, and white boards | At least once daily and when visibly dirty |
| • High touch surfaces such as doorknobs, light switches, handrails, phones, and elevator buttons<br>• Care/treatment areas including PPE carts<br>• Communal dining and common areas. | At least twice daily and when visibly dirty |
| • High touch table and chair surfaces, including the underneath edge of the chair seat and table | After each use |
| • Equipment such as computer keyboards, mouse, screens, desks, telephones, and touch screens. | At least twice daily and when visibly dirty |
| • All affected areas<br>• Privacy curtains. | At the end of the outbreak.<br><br>In the event of ongoing transmission, this may also be requested during the outbreak. |

### Use a disinfectant that kills respiratory viruses

- Use a disinfectant with a drug identification number. Ensure it has a broad spectrum virucidal claim, or a specific virucidal claim against non-enveloped viruses and coronaviruses.
  - Refer to manufacturer instructions for product-specific cleaning and disinfection procedures, including compatible cleaners and disinfectants and contact time.
  - Use the product Safety Data Sheet for safety information.
- Alternatively, create a 1000 parts per million bleach solution by mixing 20 mL (four teaspoons) of unscented household bleach with 1000 mL (four cups) of water.

[6] Increased cleaning and disinfection is not required in settings such as private offices and administrative areas that are not part of the outbreak. Use routine cleaning and disinfection practices.

- Store bleach solution in an opaque container and make a fresh solution at least every 24 hours. Bleach rapidly degrades in the presence of light and when mixed with water. Label container with date and time.
- To effectively kill viruses, keep surfaces wet with the bleach water solution for at least one minute. Rinse food contact surfaces with clean water after cleaning with bleach.

## Clean and disinfect spaces of clients who are in medical isolation

- Wear PPE and use Droplet and Contact precautions.
  - Refer to Annex: IPC Precautions Posters.
- Clean and disinfect client cell/medical isolation space. Move from clean to dirty, clean bathroom last.
- Change linens (bed linens and towels).
- Change mop head (dry/wet), cloths, and cleaning solution after cleaning each cell/medical isolation space of any medically isolating client and after cleaning vomit or stool.
- When additional precautions are discontinued:
  - Clean and disinfect the client's cell/medical isolation space.
  - Discard disposable client-care items.

### Clean and disinfect shared cell/medical isolation spaces and equipment

- First clean and disinfect bedspaces of clients who are not medically isolating.
- Then clean and disinfect bedspaces of clients who are medically isolating.
  - Change mop head (dry/wet), cloths, and cleaning solution after cleaning each bedspace.
- Clean and disinfect shared health care equipment such as blood pressure cuffs, thermometers, showers and shared bathrooms after use and prior to use by another client.
- Clean and disinfect equipment only with a product listed in the manufacturer instructions. Follow the procedures outlined by the manufacturer.
- Clean and disinfect when a symptomatic or confirmed client:
  - Moves from one cell/medical isolation space to another
  - Leaves a waiting area, a video court terminal, care/treatment area or other shared areas
  - After medical isolation is completed by the client.

### Cleaning schedule log

- The Corrections Outbreak Management Cleaning Schedule Log may be used to document cleaning activities. Centres may adapt or develop their own resource.

## 3.4 Plan safe activities for clients who are not medically isolating

| Type of activity | Action |
|---|---|
| **Low risk client activities** | • Use physical distancing and hand hygiene for low-risk group activities such as library; educational programs; cultural, religious or spiritual practice; TV rooms; gyms; and outside activities (yard or outside crews)<br>• Encourage clients to wear a mask. |
| **High risk client activities** | • Consult with the AHS Public Health Outbreak team to determine if it is necessary to postpone/cancel high-risk group activities such as:<br>  ○ External groups<br>  ○ Singing (religious, cultural or spiritual)<br>  ○ Groups of clients who would not normally have contact with each other (involves mixing of clients from other units/ranges).<br>• Postpone/cancel previously scheduled client events, such as holiday meals and community presentations. |
| **Non-client activities** | • Postpone/cancel any non-client events booked for areas in the outbreak centre/unit/range such as in-person meetings. |
| **Court attendance** | • Utilize virtual attendance options where possible.<br>• Permit in-person court attendance using preventative measures such as hand hygiene and physical distancing.<br>• Encourage client to wear a mask.<br>  ○ Notify the court officers of the outbreak. |
| **Medical appointments** | • Permit all appointments for asymptomatic clients.<br>  ○ Arrange virtual visits when possible.<br>  ○ Encourage the client wear a mask.<br>  ○ Notify the receiving provider of the outbreak. |
| **Transfers to acute care** | • If any client from the outbreak centre/unit/range requires acute medical attention or treatment at an acute care facility, notify the following so that precautions may be taken:<br>  ○ EMS dispatcher and/or transport staff such as the EMS crew<br>  ○ Receiving provider. |

## 3.5 Plan safe visits during an outbreak

### Visiting clients

- Use hand hygiene and respiratory etiquette.
- Wear a mask in common areas on outbreak centre/unit/range.
- Exit the centre immediately after the visit.
- CSD may enforce a complete closure of personal client visitation for the protection of HCW/staff and clients during an outbreak.
  - Contact centre before arriving to determine if there are access limits.

## 3.6 Admission, transfer and discharge restrictions

Restrictions on admission and transfers are determined by the CSD Centre Director in consultation with the Centre Health Services Manager and the AHS Public Health Outbreak team.

### Determine if the outbreak centre/unit/range is open or restricted

- Centre/unit/range status (open or restricted) will be recommended by the AHS Public Health Outbreak team.
  - Recommendations will be made in consultation with the outbreak management team based on circumstances and the outbreak pathogen.
  - This approach is intended to be flexible allowing for individual assessments to be made based on established criteria without undue risk.
- The scope of restrictions depends on:
  - The extent of outbreak activity, such as limited to one unit/range, selected units/ranges or the entire centre
  - The ability to cohort HCW/staff to affected area(s)
  - The severity of the outbreak, such as new cases continue to develop despite implemented control measures.
- Consult the AHS Public Health Outbreak team when issues related to admissions and transfers arise during an outbreak.

| Status | Action |
|---|---|
| **Open** | • Admissions and transfers may proceed following usual non-outbreak processes. |
| **Restricted** | • Allow admissions and transfers to units/ranges they are not part of the outbreak.<br>• Pause or delay admissions (including admissions to the affected units/ranges), and transfers (including transfers from the affected units/ranges to a different centre).<br>  ○ Implementation may not be possible due to client circumstances or operational need. |

## Pathogen-specific restrictions to admission and transfer on the outbreak unit/range

Restrictions depend on the outbreak pathogen.

| | |
|---|---|
| **COVID-19**  | **If the outbreak pathogen is COVID-19**<br>• Recommend admissions and transfers are restricted**.**<br>• Admission restrictions remain in place for a minimum of seven days following the symptoms onset of the most recent client case or as directed by the AHS Public Health Outbreak team. |
| **Influenza**  | **If the outbreak pathogen is influenza**<br>• Recommend admissions and transfers are restricted.<br>• Admission restrictions remain in place for a minimum of seven days following the symptom onset of the most recent client case or as directed by the AHS Public Health Outbreak team. |
| **ILI**  | **If the outbreak pathogen is influenza-like illness (ILI)**<br>• Admissions and transfers generally remain open unless given different direction by AHS Public Health Outbreak team.<br>• Admissions and transfers may proceed following usual non-outbreak processes. |
| **Mixed respiratory**  | **If there is a mixed respiratory illness outbreak with more than one pathogen**<br>• Admissions and transfers restrictions depend on the pathogens identified. The AHS Public Health Outbreak team will provide direction. |

## Discharge from centre

- Restrictions do not apply to a client being discharged to a private residence. A client may be discharged to a private residence even if the centre/unit/range is restricted.
- If a discharge is planned to location that is not a private residence such as a continuing care home, supportive living accommodation or a shelter, and the centre/unit/range is restricted, consult with the AHS Public Health Outbreak team for further direction.

## 3.7 Transfer and discharge from an acute care facility

Restrictions are determined by the CSD Centre Director in consultation with the Centre Health Services Manager and the AHS Public Health Outbreak team.

### Determine if clients from acute care may return to the outbreak centre

- Clients who were hospitalized due to illness from the outbreak pathogen may return to the centre immediately upon discharge.
  - The need for medical isolation is assessed based on the client status at the time of return to the centre.
- Clients hospitalized prior to the outbreak, or during an outbreak for an unrelated condition such as a fracture, may return to the centre/unit/range, depending on if the receiving centre/unit/range is open or restricted.

## 3.8 Use food service modifications in the outbreak unit/range

- Wash hands before, during and after handling food.
- Provide meal service to medically isolating clients in their cell/medical isolation space.
- Discontinue social sharing of food for HCW/staff and clients.
- Remove shared food containers from HCW/staff dining areas such as shared condiments and salt and pepper shakers.

### Implement setting specific food service modifications as directed by the AHS Public Health Outbreak team

#### Serve and prepare food safely

- Deliver meal trays directly to clients.
- Dispense snacks directly to clients and use prepackaged snacks.
- Use physical distancing during group dining.

## 3.9 Specimen collection for outbreak management

### Collect specimens as directed by the AHS Public Health Outbreak team

- Nasopharyngeal or throat swabs are collected to identify the outbreak pathogen.
- Specimen collection is not required for all symptomatic clients.
- Notify the AHS Public Health Outbreak team:
  - If there is a new symptom presentation among clients OR
  - If the outbreak extends beyond the original unit/range.

#### If specimen collection is requested, the AHS Public Health Outbreak team will provide direction

- The number of specimens to collect.
- The method of collection.
- Which pathogens to test for.
- The outbreak specific **exposure investigation number (EI number)** to include on the lab requisition.

#### Collect specimens and complete the lab requisition form

- Refer to Appendix C: ProvLab specimen collection guidance for information on:
  - How to collect NP and throat swabs.
  - How to complete the lab specimen requisition for respiratory specimens.
- Arrange for transport of specimens to the lab.

**COVID-19**

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

- If a client tested positive for COVID-19 within the last 90 days, do not retest with a molecular COVID-19 test.
  - Consult with the AHS Public Health Outbreak team on a case-by-case basis.

## 3.10 Control measures for complex outbreaks

The AHS Public Health Outbreak team collaborates with the centre and other stakeholders to monitor and assess each outbreak. To improve control during complex outbreaks, the AHS Public Health Outbreak team may request the centre implement the following examples of additional outbreak control measures, which are not routine for all outbreaks.

### Screening and close contact identification

- Active screening of HCW/staff for symptoms prior to each shift
- Active screening of visitors prior to entering the centre
- Health screening of clients upon return from an absence
- Active screening and/or quarantine for client admissions upon return from other settings if the other centre/unit/range is on outbreak
- **Close contact** identification and management for COVID-19.

### Additional masking for clients

- Masking in common areas for clients upon return from an absence

### Masking outside of the outbreak unit/range

- Centre-wide HCW/staff continuous masking and eye protection
- Centre-wide masking for visitors.

## 3.11 End the outbreak

The AHS Public Health Outbreak team determines when the outbreak is over and advises the centre/unit/range to discontinue restrictions. After the outbreak is over, centres will:

- Clean and disinfect all affected areas.
- Review and evaluate the outbreak response with program leads and centre management. Revise internal protocols for improvement.
  - A debrief may be requested by any member of the outbreak management team.
- Follow the steps to monitor and report respiratory symptoms if clients become newly symptomatic within seven days of the outbreak ending. Refer to 2.1 Monitor and report respiratory symptoms.

# 4. Identify and report gastrointestinal illness outbreaks

This section includes information on identifying and reporting GI illness outbreaks.

Refer to Section 2. Identify and report respiratory illness outbreaks for information on respiratory illness outbreaks.

## Key Actions

- ➔ Monitor for symptoms of GI illness in clients and HCW/staff.
- ➔ Determine if clients and HCW/staff meet criteria for a GI illness case.
- ➔ Keep track of GI illness cases.
- ➔ Notify the Correctional Health Services Manager or designate of symptomatic or confirmed clients.
- ➔ Follow the internal outbreak notification process.
- ➔ Report to the AHS Public Health Outbreak team if there are two or more GI illness cases within 48 hours.

### Supporting resources

- Outbreak Prevention Checklist
- Gastrointestinal Outbreak Tracking Form - Client
- Gastrointestinal Outbreak Tracking Form - Staff

## 4.1 Monitor and report gastrointestinal illness symptoms

### Monitor for symptoms

Centres keep track of clients and HCW/staff who are symptomatic (cases). This is called surveillance.

- Use the Gastrointestinal Outbreak Tracking Form - Client and the Gastrointestinal Outbreak Tracking Form - Staff to record clients and staff with symptoms

### Identify GI illness cases

Count clients and HCW/staff as a GI illness case if they develop at least one of the following that are not caused by something else, such as *Clostridioides difficile* diarrhea, substance withdrawal, medication, laxatives, diet, or prior medical condition:

- Two or more episodes of diarrhea (loose or watery stools) in a 24-hour period, above what is normally expected for that individual OR
- Two or more episodes of vomiting in a 24-hour period OR
- One or more episodes of vomiting AND diarrhea in a 24-hour period OR
- One episode of bloody diarrhea OR
- Laboratory confirmation of a known enteric pathogen.

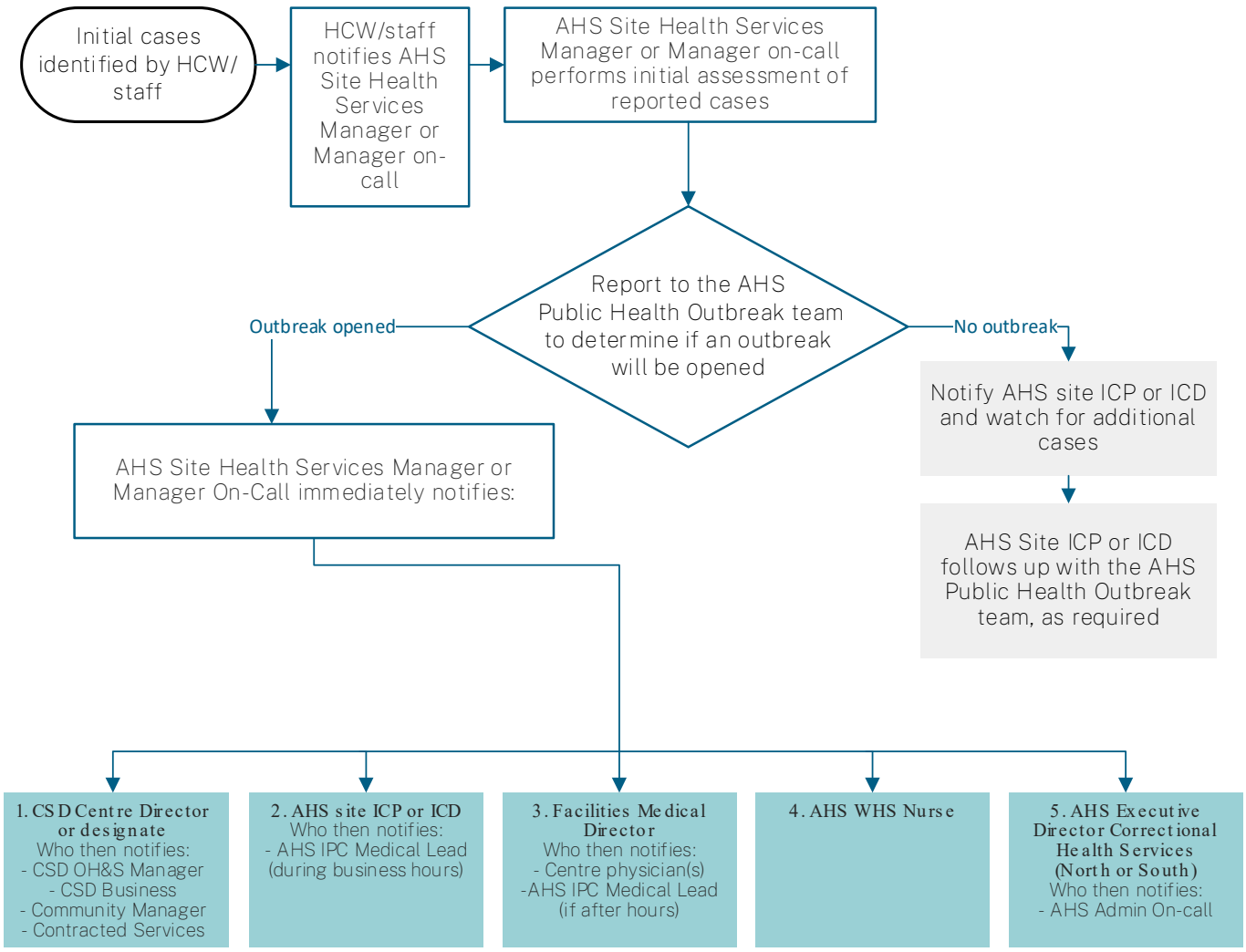
Note:

- Laboratory confirmation is not required.
- Always conduct an IPCRA prior to client interactions and use PPE with symptomatic clients, regardless of cause.

## Follow the internal notification process when a symptomatic or confirmed client is identified

- HCW/staff notify the AHS Site Health Services Manager or designate of symptomatic or confirmed clients.
- The AHS Site Health Services Manager or designate reviews potential GI illness cases and other relevant clinical information and determines if they need to initiate the internal notification process (outlined below).

### Internal notification process



### When to report

Report as soon as there are two or more clients and/or HCW/staff cases who have GI illness symptoms only with onset within 48 hours of each other. Report even if the cases are HCW/staff who were not present at work with symptoms.

### How to report

AHS Site Health Services Manager or designate reports GI illness to Environmental Public Health.

| AHS Zone | Email Contact |
|---|---|
| South | SZ.EPHCDC.Triage@albertahealthservices.ca |
| Calgary | GIOutbreaks.CalZone@albertahealthservices.ca |
| Central | AHS.CZ.EPH.DiseaseControlTeam@albertahealthservices.ca |
| Edmonton | EDM.EPH.GIOutbreak@albertahealthservices.ca |
| North | AHS.NZ.EPH.DiseaseControlTeam@albertahealthservices.ca |

#### The AHS Public Health Outbreak team will ask for details and operational information

- Centre name, address, phone number
- Caller name and contact information
- CSD Manager/site Health Services Manager contact email & phone number
- Centre type
- Zone
- Total number of units/ranges and unit/range names
- Number of clients/HCW/staff on affected unit/range
- Total number of AHS and CSD HCW/staff
- Number of medical isolation spaces
- If clients/HCW/staff may be kept to the affected unit/range
- If HCW/staff work in multiple centres or units/ranges
- If the centre manager has been notified
- Details from Gastrointestinal Outbreak Tracking Form - Client and Gastrointestinal Outbreak Tracking Form - Staff
- Date of any hospitalizations or deaths

## 4.2 After reporting to the AHS Public Health Outbreak team

The AHS Public Health Outbreak team determines if the cases are epidemiologically linked and if the centre meets the criteria for an outbreak. Refer to Appendix B: Case and outbreak definitions.

If an outbreak is opened, the AHS Public Health Outbreak team will:

- Collaborate with the AHS Correctional Health Services Manager or designate, ICP/ICD and IPC Medical Lead, CSD management and HCW/staff to facilitate a prompt response.
- Send an email with ongoing contact information and instructions for daily reporting.

# 5. Gastrointestinal illness outbreak control

This section includes information on GI illness[7] outbreak control. For respiratory illness outbreak control refer to Section 3. Respiratory illness outbreak control.

## Key Actions

- Medically isolate symptomatic or confirmed clients.
- Perform hand hygiene.
- Inform HCW/staff, clients and partners of the outbreak.
- Identify and report new GI illness cases daily.
- Coordinate HCW/staff and client worker assignments.
- Complete outbreak environmental cleaning and disinfection.
- Plan safe activities for clients who are not medically isolating.
- Plan for safe visits.
- Follow admission and transfer restrictions.
- Facilitate admissions and transfers from an acute care facility.
- Initiate outbreak modifications for food service.
- Collect specimens as directed.
- Manage relapse GI cases.

### Supporting resources

- Gastrointestinal Illness Outbreak Checklist

Early detection is essential to reduce the spread of GI illness. It is vital that IPC measures are implemented immediately. Illness rates can be quite high (greater than 50%) in both clients and HCW/staff. GI illness is often mild, however clients with underlying health conditions are at risk of complications such as dehydration and aspiration pneumonia. Most outbreaks are due to norovirus which is extremely contagious.

[7] Clostridioides difficile and multi-drug resistant organisms such as MRSA and VRE can be responsible for clusters or outbreaks. Although some measures outlined in this section may be applicable in preventing or controlling them, it is beyond the scope of this guide to include these organisms due to their unique epidemiological properties.

## 5.1 Medically isolate symptomatic or confirmed clients

### How to medically isolate

- **Diarrhea only**: Use Contact precautions.
  - Refer to Annex: IPC Precautions Posters.
- **Vomiting with or without diarrhea:** Use Droplet and Contact precautions.
  - Refer to Annex: IPC Precautions Posters.
- Refer to 1.3 Medically isolate symptomatic or confirmed clients.

**Handwashing with soap and water is preferred during GI illness outbreaks.**

If a hand hygiene sink is not available within the client's cell/medical isolation space:

- Use alcohol-based hand rub (minimum 60-90% alcohol) prior to leaving the cell/medical isolation space.
- Then locate a sink and wash hands with soap and water.

### How long to medically isolate

- Medically isolate clients until 48 hours after the last episode of vomiting and/or diarrhea.

### Implement medical isolation measures as operationally feasible

- Factors that may impact the ability to medically isolate symptomatic or confirmed clients include physical layout, number and type of clients and number and type of dedicated medical isolation spaces.

| **Cohorting if a single cell / medical isolation space is not available** | |
|---|---|
| **Type of space** | **Actions** |
| **Double bunked/ dorm** | • Consult IPC or the AHS Public Health Outbreak team before cohorting.<br>• See the Corrections Health Resource Manual on AHS Insite for *Cohorting Isolation for Patients in AHS Corrections Health*.<br>• Medically isolate clients with similar symptoms together in a separate cell, separate area, or separate dorm.<br>• Designate a private washroom.<br>  ○ If a dedicated washroom is not available, clean and disinfect between every symptomatic or confirmed client use, or hourly if that is not possible. Refer to 5.3 Complete outbreak environmental cleaning and disinfection.<br>• Maintain two metres between clients.<br>• Use physical barriers between clients.<br>• Dedicate care equipment to a single client.<br>  ○ If equipment must be shared between clients, clean and disinfect after each use. |

## 5.2 Communicate and coordinate

### Inform HCW/staff, clients and partners of the outbreak

- Use established communication channels to notify clients and departments/ stakeholders inside and outside of the centre.
- Notify CSD management to start implementing outbreak control measures.
- Notify HCW/staff, client workers and all programs and department such as nursing, food services, environmental services and spiritual care to start implementing outbreak control measures.
- Notify laundry staff and client workers of the increased need for supplies.
- Post outbreak signs at the centre/unit/range entrance.

### Identify and report new GI illness cases daily

- Maintain heightened surveillance to identify new GI illness cases.
- Request HCW/staff complete a daily self-assessment for GI illness symptoms.
  - Direct HCW/staff to report symptoms of GI illness to the centre manager.
  - Notify WHS/OHS if symptoms are related to a workplace exposure.
  - Work restrict HCW/staff until 48 hours following the last episode of vomiting and/or diarrhea.
- Report GI illness cases including those that are hospitalized or deceased.
  - Review the email from the AHS Public Health Outbreak team for how to report.
  - The Data Collection for Gastrointestinal Illness Outbreak Management form at the end of this section outlines the information requested.

### Coordinate HCW/staff assignments

- Consult with the AHS Public Health Outbreak team when making decisions about HCW/staff assignments.
  - Direct HCW/staff to care for asymptomatic clients before symptomatic and confirmed clients.
  - Cohort HCW/staff and client workers to work only in affected areas or only in unaffected areas.
  - Minimize movement of HCW/staff and client workers between unit/range, especially if some areas are not affected.
- Consult with centre ICP or ICD, the AHS Public Health Outbreak team and CSD Centre Director/designate if considering cohorting clients.
  - Consider cohorting exposed asymptomatic clients.
  - Consider cohorting clients with the same illness.
  - Refer to the Corrections Health Resource Manual on Insite for ‘Cohorting Isolation for Patients in AHS Corrections Health’.
- Asymptomatic HCW/staff and client workers may work in the outbreak centre/unit/range.
- Asymptomatic HCW/staff may work in other work locations.

## 5.3 Complete outbreak environmental cleaning and disinfection

The individuals performing tasks related to environmental cleaning and disinfection, including laundry may be HCW/staff or client workers.

### Increase cleaning and disinfection frequency in outbreak areas[8]

Clean and disinfect visibly dirty surfaces immediately, including all surfaces soiled with vomit or stool. Prioritize high-traffic areas.

- Follow Public Health Recommendations for Environmental Cleaning and Disinfection of Public Facilities during GI illness outbreaks.

| Areas to clean and disinfect | Frequency |
|---|---|
| • Low touch surfaces such as shelves, windowsills, and white boards | At least once daily and when visibly dirty |
| • High touch surfaces such as doorknobs, light switches, handrails, phones, and elevator buttons<br>• Care/treatment areas including PPE carts<br>• Communal dining and common areas | At least twice daily and when visibly dirty |
| • High touch table and chair surfaces, including the underneath edge of the chair seat and table | After each use |
| • Equipment such as computer keyboards, mouse, screens, desks, telephones, and touch screens | At least twice daily and when visibly dirty |
| • Upholstered furniture[9]<br>• Privacy curtains | When visibly dirty or contaminated with vomit or stool |
| • All affected areas<br>• Privacy curtains. | At the end of the outbreak<br><br>In the event of ongoing transmission, this may also be requested during the outbreak. |

[8] Increased cleaning and disinfection is not required in settings such as private offices and administrative areas that are not part of the outbreak. Use routine cleaning and disinfection practices.

[9] Upholstered furniture may be difficult to clean and disinfect completely. Follow the manufacturer instructions for cleaning and disinfection of these surfaces. If the manufacturer instructions are not available, consult the AHS Public Health Outbreak team. Consider discarding items that cannot be cleaned and disinfected.

## Use a disinfectant that kills GI viruses

### Choose either:

- A disinfectant with a drug identification number with a broad spectrum virucidal claim, or a specific virucidal claim against norovirus, feline calicivirus, or murine norovirus.
  - Refer to manufacturer instructions for product-specific cleaning and disinfection procedures, including compatible cleaners and disinfectants and contact time.
  - Use the product Safety Data Sheet for safety information.
  - A product with this label claim currently in use in AHS is 0.5% accelerated hydrogen peroxide. There are other products available with this label claim.

OR

- Use hypochlorite at a concentration of 1000 parts per million (ppm). Use commercially available hypochlorite-containing solutions (preferred).
  - Refer to manufacturer instructions for product-specific cleaning and disinfection procedures, including compatible cleaners and disinfectants.
  - Use the product Safety Data Sheet for safety information.
- Alternatively, create a 1000 parts per million bleach solution by mixing 20 mL (four teaspoons) of unscented household bleach with 1000 mL (four cups) of water.
  - Store bleach solution in an opaque container and make a fresh solution at least every 24 hours. Bleach rapidly degrades in the presence of light and when mixed with water. Label container with date and time.
  - To effectively kill viruses, keep surfaces wet with the bleach water solution for at least one minute. Rinse food contact surfaces with clean water after cleaning with bleach.

## Clean and disinfect spaces of clients who are medically isolating

- Wear PPE and use the same additional precautions in place for the isolating client.
  - Diarrhea only: Use Contact precautions.
    - Refer to Annex: IPC Precautions Posters.
  - Vomiting with or without diarrhea: Use Droplet and Contact precautions.
    - Refer to Annex: IPC Precautions Posters.
- Clean and disinfect:
  - Clean and disinfect client cell/medical isolation space. Move from clean to dirty, clean bathroom last.
  - Change linens (bed linens and towels).
  - Change mop head (dry/wet), cloths, and cleaning solution after cleaning each cell/medical isolation space for any medically isolating client.
- Use a fresh mop head, cloths, cleaning supplies and cleaning solutions to clean affected cell/medical isolation spaces, and after cleaning vomit or stool.
- When additional precautions are discontinued:
  - Clean and disinfect the client's cell/medical isolation space and equipment.

- Discard disposable client-care items.
- Launder unused linens such as towels and sheets from client cell / medical isolation space.
- Change privacy curtains.

#### Clean and disinfect shared cell/medical spaces and equipment

- First clean and disinfect bedspaces of clients who are not medically isolating.
- Then clean and disinfect bedspaces of medically isolating clients.
  - Change mop head (dry/wet), cloths, and cleaning solution after cleaning each bedspace.
- Clean and disinfect shared health care equipment such as blood pressure cuffs, thermometers, showers and shared bathrooms after use and prior to use by another client.
- Clean and disinfect only with a product listed in the manufacturer instructions. Follow the procedures outlined by the manufacturer.

### Handle linen and laundry safely

Incorporate laundry rooms into cleaning schedule. Monitor their use, minimize storage and clutter, and focus on high touch cleaning.

#### Wear PPE

There is a risk of contamination of HCW/staff and client worker clothing from body fluids or secretions.

- Handle all linen that is soiled with body fluids using the same additional precautions in place for the isolating client.
  - **Diarrhea only**: Use Contact precautions.
  - **Vomiting with or without diarrhea:** Use Droplet and Contact precautions.
- Follow correct doffing of PPE once soiled laundry is placed in the laundry bag.

#### Handling soiled linen and laundry safely

- Remove soiling (for example stool) with a gloved hand and dispose into a toilet. Do not remove stool by spraying with water.
- Handle soiled laundry with minimum agitation to avoid contamination.
- Contain wet laundry before placing it in a laundry bag (for example wrap in a dry sheet or towel).
- Bag or contain soiled laundry at the point of care. It is not necessary to double bag.
- Tie laundry bags securely and do not overfill.

#### Keep linen and laundry used by medically isolating clients separate from other laundry

- Designate a specific laundry room to launder medically isolating client's clothing and linens.
- Dedicate one washing machine for soiled laundry from medically isolating clients if laundry is done in a shared laundry space.

- Do not sort or pre-rinse soiled laundry in client care areas.
- Disinfect washer with a bleach cycle (without a load of laundry) prior to use by others if used to launder soiled items used by a medically isolating client.

## 5.4 Plan safe activities/education for clients who are not on medical isolation

| Type of activity | Recommendation |
|---|---|
| **Client activities and education programs** | • Postpone/cancel all group activities. Consult with the AHS Public Health Outbreak team if:<br>  ○ There are extenuating circumstances<br>  ○ Group activities are an essential part of treatment. |
| **Non-client activities** | • Postpone/cancel any non-client events booked for areas in the outbreak centre/unit/range such as in-person meetings. |
| **Court attendance** | • Utilize virtual attendance options where possible.<br>• Permit in-person court attendance using preventative measures such as hand hygiene.<br>  ○ Notify the court officers of the outbreak. |
| **Medical appointments** | • Permit all appointments for asymptomatic clients.<br>  ○ Arrange virtual visits when possible.<br>  ○ Notify the receiving provider of the outbreak. |
| **Transfers to acute care** | • If any client from the outbreak centre/unit/range requires acute medical attention or treatment at an acute care facility, notify the following so that precautions can be taken:<br>  ○ EMS dispatcher and/or transport staff (for example EMS crew)<br>  ○ Receiving provider. |

## 5.5 Plan safe visits during an outbreak

### Visiting clients

- Use hand hygiene and respiratory etiquette.
- Exit the centre immediately after the visit.
- CSD may enforce a complete closure of personal client visitation for the protection of HCW/staff and clients during an outbreak.
  - Contact centre before arriving to determine if there are access limits.

## 5.6 Admission, transfer and discharge restrictions

Restrictions on admission and transfers are determined by the CSD Centre Director in consultation with the AHS Centre Health Services Manager and the AHS Public Health Outbreak team.

### Determine if the outbreak centre/unit/range is open or restricted

- Centre/unit/range status (such as open, or restricted admissions) will be determined by the AHS Public Health Outbreak team in consultation with CSD.
  - If restrictions are discontinued, additional precautions for symptomatic or confirmed clients are recommended to remain in effect.
- The scope of restrictions depends on:
  - Extent of outbreak (one unit/range, selected units/ranges or the entire centre)
  - Ability to cohort HCW/staff to affected area(s)
  - Severity of the outbreak (new cases continue to develop despite implemented control measures).
- Restrictions typically remain until the outbreak is ended.
- Consult the AHS Public Health Outbreak team when issues related to admission, and transfers arise.

### Discharge from centre

- Restrictions do not apply to a client being discharged to a private residence. A client may be discharged to a private residence even if the centre/unit/range is restricted.
- If a discharge is planned to location that is not a private residence such as a continuing care home, supportive living accommodation or a shelter, and the centre/unit/range is restricted, consult with the AHS Public Health Outbreak team for further direction.

## 5.7 Transfer and discharge from an acute care facility

Restrictions on transfers from acute care are determined by the CSD Centre Director in consultation with the Centre Health Services Manager and the AHS Public Health Outbreak team.

### Determine if clients from acute care may return to the centre

- Clients who were hospitalized due to illness from the outbreak pathogen may return to the centre immediately upon discharge.
  - The need for medical isolation is assessed based on the client status at the time of return to the centre.
- Clients hospitalized prior to the outbreak, or during an outbreak for an unrelated condition such as a fracture, are not recommended to return to the centre/unit/ range until the outbreak has ended.

## 5.8 Use food service modifications in outbreak unit/range

- Use stringent hand washing before, during and after handling food.
- Provide meal service to medically isolating clients in cell/medical isolation space.
- Discontinue social sharing of food for HCW/staff and clients.
- Remove shared food containers from HCW/staff dining areas such as shared condiments and salt and pepper shakers.
- Take extra diligence during routine dishwashing and during sanitizing practices for food preparation surfaces.

### Implement setting-specific food service modifications as directed by the AHS Public Health Outbreak team

#### Prepare and serve food safely

- Deliver meal trays directly to clients.
- Dispense snacks directly to clients and use prepackaged snacks.
- Use physical distancing during group dining.

## 5.9 Specimen collection for outbreak management

### Collect specimens as directed by the AHS Public Health Outbreak team

- Stool specimens are collected to identify the pathogen causing the outbreak.
- Specimen collection is not required for all symptomatic clients.
- Notify the AHS Public Health Outbreak team:
  - If there is a new symptom presentation among clients OR
  - If the outbreak extends beyond original the unit/range.

#### If specimen collection is requested, the AHS Public Health Outbreak team will provide direction on

- The number of specimens to collect
- Which pathogens to test for
- The outbreak specific exposure investigation number (EI number) to include on the lab requisition.

#### Collect specimens and complete the lab requisition form

- Refer to Appendix C: ProvLab specimen collection guidance for information on:
  - How to complete the lab specimen requisition for stool specimens.
  - How to collect stool specimens
- Arrange for transport of specimens to the lab.

#### After initial specimen collection

- Do not collect additional specimens unless directed by the AHS Public Health Outbreak team.
- ProvLab will only test additional specimens after consultation with the AHS Public Health Outbreak team.

- The AHS Public Health Outbreak team will contact the ProvLab if the clinical situation for the outbreak has changed and additional testing needs to be done.

## 5.10 Control measures for complex outbreaks

The AHS Public Health Outbreak team collaborates with the centre and other stakeholders to monitor and assess each outbreak. To improve control during complex outbreaks, the AHS Public Health Outbreak team may request the centre implement the following additional outbreak control measures, which are not routine for all outbreaks.

- Active screening of visitors prior to entering the centre.
- Health screening of clients upon return from an absence.
- Active screening and/or quarantine for client admissions upon return from other settings if that other centre is on outbreak.

## 5.11 How to manage relapse gastrointestinal illness cases

GI illness cases frequently relapse. That is, they experience onset of vomiting or diarrhea after being asymptomatic for up to 48 hours.

- The relapse is likely due to malabsorption during an existing norovirus infection rather than being a new infection.

### If a relapse GI illness case is identified

- Medically isolate client in their cell/medical isolation space until free of vomiting and diarrhea for 48 hours. Refer to 1.3 Medically isolate symptomatic or confirmed clients.
- Do not count as a new outbreak case if the relapse is within seven days of original symptom resolution.
  - Relapse cases are not included on new daily case listings.
  - Relapse case(s) alone will not extend admission and transfer restrictions.
- If a previously identified GI illness case has onset of GI illness symptoms after being symptom free for at least seven days, manage as a new case.

## 5.12 End the outbreak

The AHS Public Health Outbreak team determines when the outbreak is over and advises the centre to discontinue restrictions. After the outbreak is over, centres will:

- Conduct a thorough cleaning and disinfection in all affected areas.
- Review and evaluate the outbreak response with program leads and management. Revise internal protocols for improvement.
  - A debrief may be requested by any member of the outbreak management team.
- Follow the steps to monitor and report GI illness symptoms if clients become newly symptomatic within seven days of the outbreak ending. Refer to 4.1 Monitor and report gastrointestinal illness symptoms.

## Data Collection for Gastrointestinal Illness Outbreak Management

The AHS Public Health Outbreak team will direct centres on how to report when the GI outbreak is opened. The individual responsible for completing and submitting the list of cases is site specific. Reporting may be done by site ICP/ICD, site Health Services Manager or designate.

Report the following data daily to the AHS Public Health Outbreak team:

- **Outbreak Centre** (name, unit/range, contact person, phone, and fax)
- **Date of Report**
- **Population affected at the time outbreak is reported** (total client and HCW/staff population at risk on the outbreak centre/unit/range, number of clients and HCW/staff who meet the case definition)
- **Outbreak/EI number** (as provided by the AHS Public Health Outbreak team)
- **Demographics of Cases**
  - Clients: name, personal health number, date of birth, gender, unit/cell number
  - HCW/staff: number of new cases
- **Signs and Symptoms**
  - Onset date
  - Signs and symptoms meeting case definition (vomiting, diarrhea, bloody diarrhea)
- **Lab tests/Results**
  - Stool specimen (date sent)
  - Results
- **Hospitalization or Death of Cases**
  - Cases hospitalized (name, personal health number, date of admission, name of hospital)
  - Cases who died (name, personal health number, date, and cause of death)

# Glossary

**Acute care:** Includes all urban and rural hospitals, psychiatric facilities, and urgent care facilities where inpatient care is provided.

**AHS Public Health Outbreak team:** This team is made up of Medical Officers of Health (MOH), the Communicable Disease Control (CDC) Nurses and Safe Health Environments Public Health Inspectors. It provides consultation and leadership in outbreak investigations in centres and reports outbreaks to Alberta Health.

**Appropriate mask:** The type of mask such as medical, KN95, N95 recommended per the AHS IPC Infection Prevention and Control Risk Assessment (IPCRA).

**Centre:** Refers to a provincial correctional institution.

**Client:** Individuals who are legally held in a correctional centre. This can include individuals who are:

- Remanded
- Sentenced
- Immigration holds
- Serving intermittent sentences
- In parole violation.

**Client worker:** A client in the correctional centre who is responsible for performing activities such as environmental cleaning and disinfection and laundry. A worker is not an employee or contracted staff of either AHS or CSD.

**Close contact:** Any person suspected to have been exposed to an infected person or a contaminated environment to a sufficient degree to have had the opportunity to become infected or colonized with a pathogen.

**Cluster:** A grouping of similar, relatively uncommon events or diseases in space and/or time in amounts that are believed or perceived to be greater than could be expected by chance.

**Cohorting:** Client cohorting (the placement of clients exposed to or infected with the same laboratory-confirmed pathogen in the same cell) is a strategy which can be used when client requirements for single cells exceed capacity.

**Correctional Services division (CSD):** Government of Alberta ministry responsible for the operation of provincial correctional services, including all provincial adult and young offender correctional centres.

**Exposure investigation number (EI number):** A number assigned by the ProvLab to track laboratory specimens associated with an outbreak at a specific location and time.

**Health care workers/staff (HCW/staff):** HCW/staff refers to all staff that work in the correctional centre.

- **HCW/staff employed by AHS:** Staff will be required to follow all policies as directed by AHS Workplace Health and Safety (WHS).
- **HCW/staff employed by or contacted by CSD:** Staff will be required to follow all policies as directed by CSD Occupational Health and Safety (OHS).

**Health Services Manager/designate**: Key AHS Correctional Health Services position responsible for the daily operation of health services including supervision of nursing and support staff and implementation of changes to structure, process and procedures. This person also is the main point of contact for health services concerns and requests from CSD leadership.

**Infection control designate (ICD):** Person accountable for IPC issues in the centre.

**Infection control professional (ICP):** A health professional with specialized knowledge responsible for infection prevention and control within the centre or area of practice. ICPs come from several disciplines, including nursing, medicine, microbiology, medical technology and/or epidemiology and may be certified or working toward certification in infection control (CIC®).

**Infection Prevention & Control (IPC):** AHS Department responsible for preventing infections acquired within centres. IPC includes roles such as consultation, education, surveillance, research and outbreak management.

**Medical isolation:** Refers to confining a client that has a confirmed or suspected respiratory or gastrointestinal illness to prevent contact with others and to reduce the risk of transmission. Medical isolation ends when the individual meets pre-established clinical and/or testing criteria for release from medical isolation.

**Most responsible health practitioner:** The health care provider who has responsibility and accountability for the specific treatment/procedure(s) provided to a client and who is authorized by AHS and/or the centre to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of their practice.

**Occupational Health & Safety CSD:** Provincial department within the Ministry of Justice providing occupational health and safety services to CSD employees.

**Outbreak management team:** A group of key individuals working cooperatively to ensure a timely and coordinated response to an outbreak. Membership depends on the type of outbreak and centre. Membership may include representatives from the AHS Public Health Outbreak team, Infection Prevention and Control (IPC or ICD), Workplace Health and Safety / Occupational Health and Safety, CSD centre director or their designate, AHS health services manager or their designate.

**Outbreak control measures**: Actions to control the spread of disease during an outbreak. Outbreak measures may fall into the following categories:

- Routine measures: measures for all respiratory or GI illness outbreaks.
- Pathogen-specific measures: measures specific to the outbreak pathogen.
- Control measures for complex outbreaks: measures that are not routinely used. They are implemented only at the discretion of the AHS Public Health Outbreak team if the outbreak warrants additional control measures.

**Workplace Health and Safety (WHS):** Provincial department within AHS providing occupational health and safety services to AHS employees.

**Work restriction:** A measure that prevents symptomatic/infected/susceptible HCW/staff from working until the risk for clients or HCW/staff is low or minimal.

# Appendix A: Medical isolation for respiratory illness

## Use Droplet and Contact precautions for a symptomatic or confirmed client

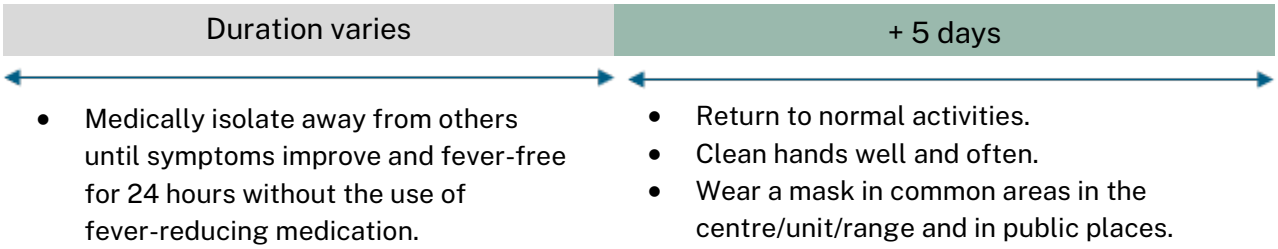
**Medical isolation period**

- Duration of client medical isolation will vary based on clinical presentation.
- Medically isolate client with respiratory illness[10] on Droplet and Contact precautions (Refer to Annex: IPC Precautions Posters) until:
  - Symptoms have improved AND
  - Client is feeling well enough to resume normal activities AND
  - Client has been fever-free for 24 hours without the use of fever-reducing medication.
- Encourage client to clean hands well and often.

**Added precautions after medical isolation ends**

- For five days after medical isolation ends, client is strongly encouraged to:
  - Clean hands well and often.
  - Wear a mask in common areas in the centre/unit/range and in public spaces.
    - Practice physical distancing or return to cell if needing to remove mask, such as during meals.

### Figure 1: Medical isolation period and added precautions after medical isolation ends




[10] This includes the following:

- Adenovirus
- COVID-19
- Enterovirus/ Rhinovirus
- Human Metapneumovirus (hMPV)
- Influenza A and Influenza B
- Non-COVID-19 Coronaviruses
- Parainfluenza Type 1, 2, 3, 4
- Respiratory Syncytial Virus (RSV)
- No pathogen has been identified.

# Appendix B: Case and outbreak definitions

Case and outbreak definitions are set by Alberta Health and are used to open and report outbreaks.

| COVID-19 | |
|---|---|
| **Case Definition** | A person with the virus (SARS-CoV-2) that causes COVID-19 by:<br>• A positive result on a molecular test [that is a Nucleic acid amplification test (NAATs) such as polymerase chain reaction (PCR), loop-mediated isothermal amplification (LAMP) or rapid molecular test] that is Health Canada approved or approved by the lab accreditation body of the jurisdiction in which the test was performed.<br>**OR**<br>• A positive result on a Health Canada approved rapid/point-of-care (POC) antigen test in a person with clinical illness[11]<br>**OR**<br>• Two positive results on a Health Canada approved rapid/POC antigen test completed not less than 24 hours of each other in an asymptomatic person. |
| **Outbreak Definition** | Two or more confirmed COVID-19 cases in clients within a seven-day period, with a common epidemiological link[12]. |
| **Outbreak Duration[13]** | 14 days (two incubation periods). The outbreak ends on the 15th day following symptom onset of the last client case. |

[11] Clinical illness - any one or more of the following: new or worsening cough, shortness of breath (SOB), sore throat, loss or altered sense of taste/smell, runny nose/nasal congestion, fever/chills, fatigue (significant and unusual), muscle ache/joint pain, headache, nausea/diarrhea).

[12] Epidemiological link means the cases need to have been in the setting (same centre/same unit/range) during their incubation period or communicable period.

[13] Day zero is the first day of symptoms Day one is the first full day after symptoms develop. If the person tested is asymptomatic, use date of specimen collection as day zero.

| Influenza illness | |
|---|---|
| **Case Definition** | A person with clinically compatible signs and symptoms of syndromic ILI[14] and laboratory confirmation of infection with seasonal influenza virus by:<br>• detection of influenza virus RNA such as via real-time reverse transcriptase polymerase chain reaction (RT-PCR)<br>**OR**<br>• demonstration of influenza virus antigen in an appropriate clinical specimen such as nasopharyngeal/throat swabs<br>**OR**<br>• significant rise (that is fourfold, or greater) in influenza IgG titre between acute and convalescent sera<br>**OR**<br>• isolation of influenza virus from an appropriate clinical specimen |
| **Outbreak Definition** | Two or more confirmed influenza cases in clients within a seven-day period, with a common epidemiological link[12].[12] |
| **Outbreak Duration**[1313] | Seven days. The outbreak ends on the eighth day following symptom onset of the last client case. |

[14] **Syndromic ILI** is acute onset of respiratory illness which includes cough (new or worsening) and one or more of the following symptoms: fever, shortness of breath, sore throat, myalgia, or arthralgia.

| Influenza-like illness (ILI) | |
|---|---|
| **Case Definition** | **Syndromic ILI:**<br>• Acute onset of respiratory illness which includes cough (new or worsening) and one or more of the following symptoms:<br>  ○ fever[15]<br>  ○ shortness of breath<br>  ○ sore throat<br>  ○ myalgia<br>  ○ arthralgia<br><br>**Pathogen-specific ILI:**<br>• Positive for non-influenza, non-COVID-19 pathogen from the Respiratory Pathogen Panel (RPP) |
| **Outbreak Definition** | Two or more cases of ILI in clients within a seven-day period, with a common epidemiological link[12]<br><br>**AND**<br><br>No respiratory pathogen identified **OR** only one case of any respiratory pathogen identified such as Influenza, COVID-19 and RSV **OR** at least two cases of a non-influenza, non-COVID-19 respiratory pathogen.<br><br>**Note**: ILI outbreaks can be either syndromic or pathogen-specific.<br><br>• Examples of syndromic ILI outbreaks include:<br>  ○ Two or more clients who meet the syndromic case definition **OR**<br>  ○ One client who meets the syndromic case definition PLUS at least one other client who meets a pathogen-specific case definition.<br>• Examples of pathogen-specific ILI outbreaks include:<br>  ○ Two or more clients with the same non-influenza, non-COVID pathogen from the RPP. |
| **Outbreak Duration**[1313] | • If **no pathogen is identified:** ILI outbreak remains open for seven days. The outbreak ends on the eighth day following symptom onset of the last client case.<br>• If a **non-influenza, non-COVID-19 respiratory pathogen is identified:** the outbreak remains open for a single incubation period for that pathogen. |

[15] In people 65 years and older, fever may not be prominent.

| Pathogen | Outbreak Duration |
|---|---|
| **Adenovirus** | 14 days (a single incubation period). The outbreak ends on the 15th day following symptom onset of the last client case. |
| **Enterovirus Rhinovirus** | Three days (a single incubation period). The outbreak ends on the fourth day following symptom onset of the last client case. |
| **Human Metapneumovirus** | Five days (a single incubation period). The outbreak ends on the sixth day following symptom onset of the last client case. |
| **Non-COVID-19 Coronavirus** | Four days (a single incubation period). The outbreak ends on the fifth day following symptom onset of the last client case. |
| **Parainfluenza Type 1, 2, 3, 4** | Six days (a single incubation period). The outbreak ends on the seventh day following symptom onset of the last client case. |
| **Respiratory Syncytial virus** | Eight days (a single incubation period). The outbreak ends on the ninth day following symptom onset of the last client case. |

| Gastrointestinal illness | |
|---|---|
| **Case Definition** | At least ONE of the following criteria must be met and not be attributed to another cause (such as Clostridioides difficile diarrhea, medication, laxatives, diet, or prior medical condition):<br>• Two or more episodes of diarrhea (loose, or watery stools) in a 24-hour period, above what is normally expected for that individual<br>**OR**<br>• Two or more episodes of vomiting in a 24-hour period<br>**OR**<br>• One or more episodes of vomiting **AND** diarrhea in a 24-hour period<br>**OR**<br>• One episode of bloody diarrhea<br>**OR**<br>• Laboratory confirmation of a known enteric pathogen<br><br>**Note:** Lab confirmation is not required. |
| **Outbreak Definition** | Two or more cases (with initial onset within one 48-hour period) of GI illness with a common epidemiological link[12] |
| **Outbreak Duration** | Outbreak duration may vary. The AHS Public Health Outbreak team determines outbreak duration.<br>• Generally outbreaks are ended according to either timeframe below (whichever comes first):<br>  ○ 48 hours from symptom resolution in the most recent case **OR**<br>  ○ 96 hours from onset of symptoms in the most recent case. |

## Mixed respiratory pathogen and mixed pathogen outbreaks

A **mixed respiratory pathogen outbreak** may result when a combination of lab positive respiratory pathogens/viruses are identified. Similarly, a **mixed pathogen outbreak** could result when virus(es) causing respiratory and GI symptoms are co-circulating in a centre.

| | |
|---|---|
| **Outbreak Duration** | The AHS Public Health Outbreak team determines if the centre has a mixed pathogen outbreak. The general principle of applying the more protective outbreak measures will be followed. |

Note: During mixed respiratory and GI illness outbreaks, the AHS Public Health Outbreak teams from Communicable Disease Control and Safe Healthy Environments Public Health Inspectors collaborate with the centre and each other to control the outbreaks. Processes may vary by zone.

# Appendix C: ProvLab specimen collection guidance

## Resources for specimen collection

- Check the ProvLab Bulletins for the most current information on specimen collection, testing, and interpretation of lab results.
- Use the Lab Supply Ordering Portal to order supplies.
- Use Education Resources from the Public Health Laboratory (ProvLab) for instructions and demonstrations on specimen collection.

## Respiratory specimens

Collect respiratory specimens for respiratory illness outbreak management when directed by the AHS Public Health Outbreak team.

### How to complete the lab specimen requisition for Respiratory Specimens

- Complete COVID-19 and Other Respiratory Viruses Requisition (Provincial)

Follow directions in the General Test Ordering and Specimen Collection Information – Clinical Specimens to complete the requisition.

- Include the Exposure Investigation Number (EI Number) provided by the AHS Public Health Outbreak team for the current outbreak.
- Use the Most Responsible Health Practitioner as the **Authorizing Provider Name.** Do not use the Zone MOH.

### How to collect nasopharyngeal (NP) and throat swabs

- The amount of virus is greatest in acute phase of illness, usually within the first 48-72 hours of symptom onset. This is the optimal window for specimen collection.
- NP swabs are the preferred specimens for respiratory virus testing.
- Refer to Collection of a Nasopharyngeal and Throat Swab for Detection of Respiratory Infection.
    - If nasopharyngeal swabs are difficult to collect, throat swabs collected in viral transport media are acceptable alternatives for COVID-19 testing. An RPP cannot be completed on a throat swab.

## GI specimens

Collect stool specimens for GI outbreak management when directed by the AHS Public Health Outbreak team.

- Norovirus can be detected in stool by ordering a Gastroenteritis Viral Panel (LAB 1901) but cannot be isolated from vomit. Do not collect vomit specimens.

- An EI number is required on the requisition or norovirus testing may not be completed in the analysis. Obtain an EI number from the AHS Public Health Outbreak team prior to collecting outbreak stool specimens.
- Results are usually available on Netcare within 48 hours. The AHS Public Health Outbreak team will report the result to the ICP/ICD/designate within one business day of receipt of results from the lab.

### How to complete the lab specimen requisition for stool specimens

- Complete the Serology and Molecular Testing Requisition form.

Follow directions in the General Test Ordering and Specimen Collection Information – Clinical Specimens to complete the requisition.

- Include the EI number provided by the AHS Public Health Outbreak team for the current outbreak.

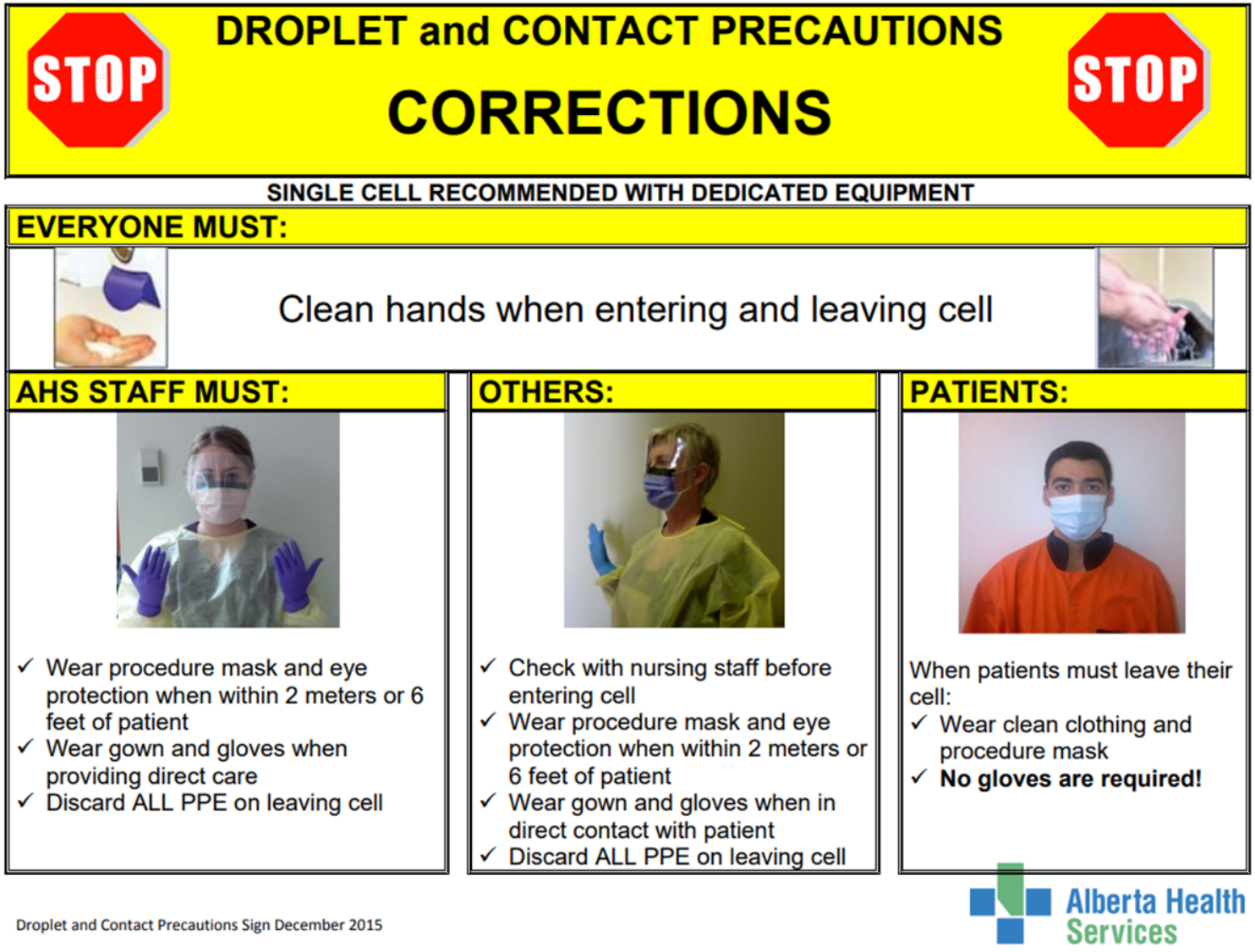
### How to collect stool specimens

- Follow instructions in How to Collect a Stool Specimen.
- Collect stool specimens from clients with acute diarrhea illness. Preferably, collect within 24-48 hours of onset of symptoms.
- When directed, collect one stool specimen from up to five symptomatic clients per outbreak investigation (EI number). This number of specimens is usually sufficient to determine the etiology of the outbreak.

## Transport specimens to ProvLab

- Centres are responsible for arranging transport of specimens.
- Follow ProvLab standards for transporting specimens at Laboratory Test Directory & Collection Information.
- **Urban centre:** Batch together and transport specimens to the ProvLab within 24 hours of collection.
- **Rural centre:** Transport lab specimens to ProvLab as directed by the AHS Public Health Outbreak team or by the fastest means possible.
- AHS managers and staff can access the My Learning Link Transportation of Dangerous Goods (TDG) Class 6.2 Infectious Substances modules on safe specimen transport. If staff member does not have access to My Learning Link, connect with manager to determine where this learning can be accessed.

# Annex: IPC Precautions Posters



# DROPLET and CONTACT PRECAUTIONS
# CORRECTIONS
## USE IN ADDITION TO ROUTINE PRACTICES

**Additional Information – Also see Droplet and Contact Precautions Information Sheet**.

- Single cell and bathroom recommended whenever possible. If sharing a cell, ensure separation of at least 2 meters between patients and between beds, dedicate a bathroom or commode for each patient.
- Cell door may remain open if needed.
- Dedicate equipment to the isolated patient or clean and disinfect shared equipment after use
- Do not share items (e.g., puzzles, books, newspapers) that cannot be cleaned and disinfected.
- Cells should contain a dedicated linen bag. Do not overfill bags. Double bag only if leaking.
- All high touch surfaces in the patient's cell must be cleaned at least daily with facility approved products and procedures.

**Some Organisms Requiring DROPLET and CONTACT Precautions (not all inclusive)**

- Adenovirus
- Influenza (see reminder below)
- Rhinovirus
- Enterovirus
- Parainfluenza
- Respiratory Syncytial Virus (RSV)

Wear a new gown and gloves to enter a patient cell when:

- providing **direct care** (*e.g. IV or oral medication administration, dressing changes, care of open wounds/lesion, bathing, changing clothing or toileting*)
- having any contact with items in the patient's cell (*including gathering and handling specimens*)
- cleaning any areas in the patient's cell

**Remember!**

- If a patient is suspected or confirmed to have Influenza A or B and Aerosol Generating Medical Procedures (AGMPs) are required (e.g., intubation, open tracheal suctioning, **CPR,** bronchoscopy, sputum induction, BiPAP, high frequency oscillatory ventilation, tracheostomy care, **aerosolized medication administration**), then a fit tested N95 respirator is to be worn for respiratory protection (not a procedure mask).
- The cell door is to remain closed during AGMP.

Droplet and Contact Precautions Sign December 2015

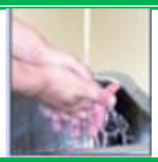
Alberta Health Services

# CONTACT PRECAUTIONS
# CORRECTIONS

**SINGLE CELL RECOMMENDED WITH DEDICATED EQUIPMENT**

## EVERYONE MUST:

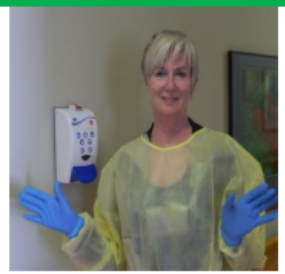
Clean hands when entering and leaving cell



## AHS STAFF MUST:

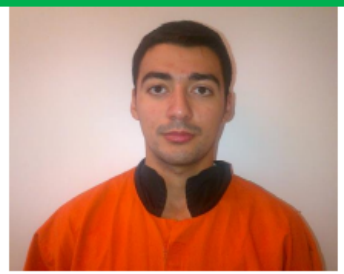
- ✓ Wear gown and gloves when providing direct care
- ✓ Discard gown and gloves on leaving cell

## OTHERS:



- ✓ Check with nursing staff before entering cell
- ✓ Wear gown and gloves when providing direct care
- ✓ Discard gown and gloves on leaving cell

## PATIENTS:



When patients must leave their cell:
- ✓ Wear clean clothing
- ✓ **No gloves required!**

Contact Precautions Sign Corrections December 2015

Alberta Health Services

# CONTACT PRECAUTIONS
# CORRECTIONS
## USE IN ADDITION TO ROUTINE PRACTICES

### Additional Information – Also see Contact Precautions Information Sheet.

- Single cell and bathroom recommended whenever possible.
- If sharing cells: ensure a separation of at least 1 meter between patients and between beds and dedicate a bathroom or commode for each patient.
- Door may remain open if needed.
- Dedicate equipment to the isolated patient or clean and disinfect shared equipment after use.
- Do not share items (e.g., puzzles, books, newspapers) that cannot be cleaned and disinfected.
- The cell should contain a dedicated linen bag. Do not overfill bags. Double bag only if leaking.
- All high touch surfaces in the patient's cell must be cleaned at least daily with facility approved products and procedures.

### Organisms Requiring CONTACT Precautions (not all inclusive)

- C Diff (*Clostridium difficile*).
- Scabies until 24 hours after treatment.
- Localized herpes zoster (shingles) in immunocompromised host.
- Norovirus (Droplet **and** Contact Precautions if actively vomiting).

Wear a new gown and gloves to enter a patient cell when:

- providing **direct care** (*e.g. IV or oral medication administration, dressing changes, care of open wounds/lesion, bathing, changing clothing or toileting*)
- having any contact with items in the patient's cell (*including gathering and handling specimens*)
- cleaning any areas in the patient's cell

### Remember!

If the patient has diarrhea, it is recommended that soap and water be used for hand hygiene after removing gloves instead of alcohol-based hand rub. (AHS Hand Hygiene Procedure, Oct 2011.)

Contact Precautions Sign Corrections December 2015

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