# Guide for Outbreak Prevention & Control in Supportive Living Accommodations

## Includes viral respiratory & gastrointestinal illness

Primary Care Alberta

## If you have feedback about this guide email

CDCResourceFeedback@primarycarealberta.ca

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

## Navigating this resource

- The most up-to-date version of the guide is the electronic version on the website. Printed copies of the guide should be considered current only on the date printed.
- Bolded terms are defined in the glossary.

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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

**Supportive living accommodations** 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[1]. Although infectious disease outbreaks occur year-round, they are more common during fall and winter. Collaboration between site operator, staff and residents is essential for preventing and controlling outbreaks in supportive living accommodations.

Supportive living accommodations are settings that are home to four or more adults, include 24-hour safety and security services, and provide accommodations such as meals, housekeeping and social or leisure activities.

These sites are licensed under the Accommodations Standards – Supportive Living Accommodations (AS-SLA).

The notification of outbreaks and other infectious disease threats in Alberta is mandated under Section 22 and 26 of Alberta's Public Health Act. Early recognition and rapid response are essential for effective outbreak prevention and management.

## Outbreak management uses a multidisciplinary approach

Appendix A outlines the roles and responsibilities of:

- The **Public Health Outbreak team**
  - This includes Medical Officers of Health (MOH), Communicable Disease Control (CDC) Nurses and Safe Healthy Environments Public (SHE) Health Inspectors
- Primary Care Alberta (PCA) Provincial Partner Oversight (PPO) team
- **Infection Prevention & Control (IPC)** / designate
- **Site operator / site management**
- **Workplace Health and Safety (WHS) / Occupational Health and Safety (OHS)**
- Onsite **Healthcare Workers / staff (staff/HCW)**
- Public Health Laboratory (ProvLab)
- The **Outbreak Management Team (OMT)**

This guide was developed by CDC Primary Care Alberta (PCA) and SHE Alberta Health Services (AHS), in collaboration with the following partners:

- AHS:
  - Infection Prevention & Control
  - Workplace Health and Safety
- Alberta Primary and Preventative Health Services (PPHS), Office of the Chief

[1] An outbreak occurs when there are more cases of a communicable disease than are normally expected in a specific time and place.

Medical Officer of Health (OCMOH), Government of Alberta (GOA):
    - Medical Officers of Health
- Assisted Living Alberta (ALA):
    - Provincial Seniors Health and Continuing Care

Some sites may have difficulty implementing the recommendations when there is limited access to on-site regulated health professionals such as Registered Nurses and Licensed Practical Nurses. The Public Health Outbreak team is available to provide advice and support if sites have challenges.

## Best practice recommendations

This guide provides evidence-based best practice recommendations and follows the Alberta Primary and Preventative Health Services (PPHS) Public Health Disease Management Guidelines. It supports sites 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 site policies.

- The Accommodation standards: supportive living accommodations 16(1) requires sites to plan for communicable disease outbreaks.

The Public Health Outbreak team works with partners to ensure that sites and community partners have access to up-to-date resources. Prior to outbreak season, the Public Health Outbreak team:

- Updates outbreak guides and supporting resources and posts on the Outbreak Management webpage at ahs.ca/outbreak.
- Provides outbreak information to supportive living accommodation representatives at zone fall education sessions.
- Sends preparation letters to sites and community partners outlining general responsibilities for outbreak preparation.

# 1. Outbreak prevention

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

## Key actions

- Prepare for outbreaks.
- Promote immunization of residents, staff/HCW and visitors.
- Complete routine environmental cleaning.
- Handle food safely.
- Facilitate safe visiting practices.
- Post signs to remind visitors to defer visit if ill.
- Complete routine environmental cleaning and disinfection.
- Perform hand hygiene and respiratory etiquette.
- Conduct an Infection Prevention Control Risk Assessment (IPCRA) prior to providing resident care.
- Isolate residents with symptoms or confirmed illness.
- 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 staff/HCW with symptoms or confirmed illness from attending work.

## Supporting resources

- Outbreak Prevention Checklist for Supportive Living Accommodations

## 1.1 Prevent the spread of illness

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

### Prepare for outbreaks

Site operators are responsible to prepare for outbreaks annually. This allows for a rapid response and early intervention before illness spreads.

#### Make a plan for outbreaks

- For detailed direction for outbreak planning and preparation see Appendix A: Roles and Responsibilities. These are outlined under Site Roles and Responsibilities prior to the outbreak.
- This includes making a site outbreak management plan and an influenza antiviral chemoprophylaxis plan for residents and staff/HCW. Refer to *Minimum Requirements of a Comprehensive Communicable Disease Emergency Response Plan* in Continuing Care Communicable Disease Emergency Response Guide 2024.

#### Communicate and share information

- Attend annual fall outbreak zone education sessions.
- Provide staff/HCW with an annual review of:
  - The site outbreak management plan
  - The Guide for Outbreak Prevention & Control in Supportive Living Accommodations and supporting resources posted at ahs.ca/outbreak.
- Review and distribute any preparation letters sent by the Public Health Outbreak team to residents and community partners outlining general responsibilities for outbreak preparation.
- This includes distributing the Advanced Prescriptions for Oseltamivir (Tamiflu) letter to residents.

#### Stock adequate supplies

- Stock non-expired outbreak management supplies including PPE and specimen collection kits.

### Promote immunization of residents, staff/HCW and visitors

- Immunization is the best way to protect residents, staff/HCW and visitors from vaccine-preventable diseases. Refer to Recommended Vaccines.
- The PCA Provincial Partner Oversight (PPO) team supports sites in providing annual influenza and COVID-19 immunization for residents and staff/HCW, as well as pneumococcal and RSV immunization for residents who are eligible.

### Handle food safely

- Follow routine safe food handling practices to reduce contamination.

    - Keep raw meat, poultry, eggs, fish and shellfish away from other foods/surfaces that may come into contact with ready-to eat food.
    - To further separate raw and ready-to-eat foods, use separate cutting boards and preparation areas if possible, and frequent kitchen cleaning/disinfection.
    - Wash hands well and often, especially before and after preparing foods, after handling raw meats and when they become contaminated.
    - Keep perishable food in the safe temperature zones and use within appropriate timeframes.
    - Store pantry items to prevent contamination. Use a "first in first out" approach.
- 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 site directions.
- Post signage to remind visitors to defer visit if they are ill.
- Request visitors reschedule visit if they are ill.
    - Determine if exemption will be made due to extenuating circumstances.
    - Offer compassionate exemptions for visits to residents who are at end of life. Create a safety plan for visitation.
- Advise visitors to perform hand hygiene and respiratory etiquette.
    - Using alcohol-based hand rub
    - Washing hands with soap

#### How to safely visit residents who are on isolation

Provide the following messages to visitors:

- There is a risk of exposure to illness.
- Use personal protective equipment (PPE) as per additional precautions signage.
    - Demonstrate how to use PPE.
- Use physical distancing if not wearing PPE while visiting residents with viral respiratory illness.
- Only visit the resident who is on isolation and then leave the site promptly.

## 1.2 Use routine IPC practices

Implementing routine IPC practices is essential to prevent the spread of illness from person to person. Use routine IPC practices when caring for every resident, every time.

- Click on the Continuing Care tab on the IPC Resource Manuals web page for more information.
- Supp
- ort on PPE selection and use is available. Refer to the AHS Provincial PPE Safety Coach Program.

## Complete routine environmental cleaning and disinfection

- Perform routine cleaning and disinfection. A clean environment protects residents and staff/HCW from infection by removing germs from environmental surfaces. It is one of the most effective ways to stop the spread of illness.
- Follow cleaning requirements outlined in standard 15 of the Accommodations Standards – Supportive Living Accommodations Information Guide.
- **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**

If using separate products for cleaning and disinfection:

- Use a "wipe twice" procedure (two-step process) to clean and then disinfect surfaces.
  - **First:** Clean surfaces 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 using a product approved for use as a one-step cleaner-disinfectant:

- If the surface is visibly clean, the product may be used without a pre-cleaning step. Follow the manufacturer's instructions.
- If the surface is not visibly clean, first clean the surface and then disinfect using a "wipe twice" (two-step) process. Follow the manufacturer's instructions.

- 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 products to use
  - Cleaning during viral respiratory and GI illness outbreaks.
- Follow Principles for Environmental Cleaning and Disinfection for cleaning the environment and non-critical medical devices / equipment where care is provided.
- Follow Linen in Community-based Services for laundry instructions.
- Follow direction in Laundering Personal Patient Items in Washing Machine.

## Perform 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.
- Washing hands with soap and water at the following times:
  - When hands are visibly soiled with food, dirt, or blood and body fluids

    - Before, during, and after handling food
    - When removing gloves after caring for a resident with vomiting and/or diarrhea
    - Immediately after using the washroom.
- Perform hand hygiene before and after glove removal. Glove use is not a substitute for hand hygiene.
- Follow the AHS Hand Hygiene Policy and Procedure.

### Perform respiratory etiquette

- Cover coughs and sneezes with a sleeve or tissue.
- Dispose used tissues in the garbage.
- Perform hand hygiene after coughing or sneezing.

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

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

## 1.3 Isolate residents with symptoms or confirmed illness

Immediately isolate any resident with symptoms or confirmed illness (the resident has tested positive for a viral respiratory or GI pathogen).

- Do not wait for a pathogen to be identified through specimen collection if the resident is symptomatic.
- Ask residents to self-report illness or a positive test result for a viral respiratory or GI pathogen. Self-reporting of illness by residents is voluntary.
- Consult **Infection Control Practitioner (ICP) / Infection Control Designate (ICD)** for additional support, if available.
- Ask residents to stay in their room with a dedicated washroom.
- Place isolation supplies outside of the resident's room.
- Post additional precaution signage outside the door of the resident's room to alert staff/HCW and visitors to use PPE. Request resident's permission prior to posting.

### Use additional precautions based on symptoms

#### For viral respiratory illness symptoms

- Isolate on Droplet and Contact precautions. For duration of isolation refer to Appendix B: Resident Isolation for Viral Respiratory Illness.

#### For GI symptoms

- Isolate residents 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.

## How to care for residents who are on isolation

### Maintain distance from other residents

- Provide meal service to the resident in their room and encourage the resident to perform hand hygiene before their meal.
- Provide a mask to a resident with viral respiratory illness symptoms if they need to leave their room.
- Delay participation in group activities until the isolation period has ended.
- Provide treatment such as physiotherapy in the resident's room.

### Facilitate medically necessary appointments using additional precautions

- If attending a medically necessary appointment is not possible, arrange for a virtual visit.
- 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.

### Support social engagement for residents who are on isolation

- Provide activities that engage/support the resident such as social, spiritual care and mental health.
- Support safe visits with visitors.
- Residents with dementia or cognitive impairment may require additional engagement and support.

### Share spaces and equipment safely

- Dedicate care equipment to a single resident.
- If equipment must be shared between residents, clean and disinfect after each use.

## After the isolation period ends

- Discontinue precautions.
- Request the resident bath or shower after completing isolation for GI illness.
- Remove any isolation supplies from outside of the resident's room.
- Remove any precaution signage outside the door of the resident's room.

## Antiviral treatment for residents who are eligible

- Early initiation of antiviral treatment for eligible residents is critical for effective treatment. Encourage residents with symptoms or confirmed illness to connect with their most responsible health practitioner for advice or treatment.

**COVID-19**

### If the pathogen is COVID-19

- The **most responsible health practitioner** is accountable for providing treatment.
- Refer to COVID-19 Outpatient Treatment for COVID-19.

| Influenza | If the pathogen is influenza |
| --- | --- |
|  | • The most responsible health practitioner is accountable to determine eligibility and prescribe treatment.<br>• Refer to<br>  ○ Health Canada Flu (influenza): For health professionals for identification of potential cases of influenza and indications for early antiviral treatment.<br>  ○ Influenza antiviral treatment resource: Association of Medical Microbiology and Infectious Disease (AMMI) Canada. |

## 1.4 Prevent spread of illness from staff/HCW

### Follow employer work restrictions and requirements

- Staff/HCW are required to follow organization policies and procedures regarding hand hygiene, work attendance, masking, and eye protection.
- Staff/HCW employed by AHS/ALA:
  - Follow AHS/ALA policies on hand hygiene, work attendance, work restriction, masking and eye protection including the Attendance at Work and Respiratory Virus Symptoms Policy.

### Staff/HCW monitor for symptoms of illness

- Do not attend work when ill.

#### Viral respiratory illness 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 vomiting and/or diarrhea.

### If symptoms develop at work

| Symptoms | Action |
|---|---|
| **Viral respiratory illness** | • Perform hand hygiene and respiratory etiquette.<br>• Notify manager and leave the workplace as soon as possible. |
| **GI illness** | • 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 staff/HCW while ill. |

## Implement work restrictions for staff/HCW with symptoms or confirmed illness

### Do not report to work with viral respiratory illness symptoms

- Stay away from work for at least 24 hours after all the following conditions are met:
  - Viral respiratory illness symptoms have improved,
  - Fever-free without the use of fever-reducing medication, and
  - No new viral respiratory illness symptoms have developed.
- Returning to work where there is contact with other people:
  - HCW/staff may still be potentially infectious. It's recommended to continuously mask and perform thorough hand hygiene for five calendar days, starting from the first day they're eligible to return to work.

### 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

- 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 viral respiratory illness outbreaks

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

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

## Key actions

- Monitor residents for symptoms of illness.
- Determine if residents meet criteria for a viral respiratory illness case.
- Keep track of viral respiratory illness cases.
- Report to the Population and Public Health Support Team (PPHST) if there are two or more viral respiratory illness cases within a seven-day period.
- Inform administrative staff that a report was made to PPHST.

### Supporting resources

- Outbreak Prevention Checklist for Supportive Living Accommodations
- Surveillance Case Tracking Sheet

## 2.1 Monitor and report viral respiratory illness symptoms

### Monitor for viral respiratory illness symptoms

Monitor for and keep track of residents with symptoms or confirmed illness (cases). This is called surveillance.

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

### Identify viral respiratory illness cases

Count resident as a viral respiratory illness case if they have either:

- A positive test[2] for pathogens in Appendix B: Resident Isolation for Viral Respiratory Illness OR
- Any of the following new or worsening symptoms:
  - Fever[3]
  - 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[3].

### When to report

Report as soon as there are two or more resident viral respiratory illness cases within a seven-day period.

### How to report

Call **1-844-343-0971** to report to the PCA Provincial Public Health Support Team (PPHST). PPHST is a provincial, centralized outbreak reporting and response team. They provide initial outbreak support and direction to sites.

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[2] Specimen collection is not required prior to reporting to PPHST. Site may determine that specimen testing is warranted for the diagnosis and medical management of residents with symptoms including treatment with oseltamivir (Tamiflu) for influenza or Paxlovid for COVID-19. This testing is directed by the resident's most responsible health practitioner.

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

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

#### PPHST will ask for site details and operational information

- Site name, address, phone number
- Caller name and contact information
- Email and phone number
- Site type
- Number of units / unit names
- Number of residents and staff/HCW on affected units
- Total number of residents and staff/HCW in site
- Number of symptomatic residents and staff/HCW
- Symptoms
- Initial onset date of symptoms
- Number of hospitalizations or deaths

### Inform that a report was made to PPHST

- Make notifications to the following site staff after reporting to PPHST:
  - Management
  - ICP/ICD
  - WHS/OHS.

## 2.2 After reporting to PPHST

### PPHST notifies the Public Health Outbreak team

- After the site report is made, PPHST will:
  - Send a summary of the report to the Public Health Outbreak team.
  - Advise site when to expect a call from the Public Health Outbreak team.
- If the Public Health Outbreak team has not contacted the site within 24 hours of expected response time, the site may call the CDC Intake Line at 1-888-522-1919.

### The Public Health Outbreak team contacts the site

The Public Health Outbreak team will determine if the site meets the criteria for an outbreak using Appendix C: Case and Outbreak Definitions. They will review the initial report and:

- Ask if there are additional viral respiratory illness cases since the initial report.
- Determine if cases are epidemiologically linked.

If an outbreak is opened, an email is sent to the site providing ongoing contact information and instructions for how to complete daily outbreak reporting via the Facility CDC Outbreak Daily Report Portal (REDCap).

# 3. Viral respiratory illness outbreak control

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

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

## Key actions

- Isolate residents with symptoms or confirmed illness.
- Implement continuous masking and eye protection on the outbreak unit for staff/HCW.
- Inform staff/HCW, residents and partners of the outbreak.
- Identify and report new viral respiratory illness cases daily.
- Coordinate staff/HCW assignments.
- Complete outbreak environmental cleaning and disinfection.
- Plan safe activities for residents who are not on isolation.
- Plan for safe visits.
- Follow admission, transfer and discharge restrictions.
- Facilitate admissions and transfers from an acute care facility.
- Initiate outbreak modifications for food service.
- Collect specimens as directed.

**Influenza outbreaks**

- Recommend influenza antiviral chemoprophylaxis to residents.
- Offer influenza antiviral chemoprophylaxis to staff/HCW without adequate protection.

## Supporting resources

- Viral respiratory Illness Outbreak Checklist for Supportive Living Accommodations
- Visiting During Viral Respiratory Illness Outbreaks

Sites may have challenges when implementing these recommendations such as limited staffing and supplies. Contact the Public Health Outbreak team for advice and support.

## 3.1 Isolate residents with symptoms or confirmed illness

### How to isolate

- Use Droplet and Contact precautions.
- Refer to 1.3 Isolate residents with symptoms or confirmed illness.

### How long to isolate

- Refer to Appendix B: Resident Isolation for Viral Respiratory Illness for duration of isolation.

## 3.2 Communicate and coordinate

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

- Wear an appropriate mask and eye protection:
  - In any resident space or common areas in the outbreak unit.
  - During indirect resident care activities such as preparing meals or doing laundry in the outbreak unit.

### Inform staff/HCW, residents, visitors and partners of the outbreak

- Use established communication channels to notify:
  - Residents and visitors
  - Departments/partners inside and outside of the site.
- Request staff/HCW such as nursing, allied health, food services, environmental services, recreational services and spiritual care to initiate **outbreak control measures**.
- Notify laundry services of the increased need for supplies.
- Post outbreak signs at the site/unit entrance.

### Identify and report new viral respiratory illness cases daily

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

## Implement work restrictions for staff/HCW

- Refer to 1.4 Implement work restrictions for staff/HCW with symptoms or confirmed illness

## Coordinate staff/HCW assignments

- Consult with the Public Health Outbreak team when making decisions about staff/HCW assignments.
  - Direct staff/HCW to care for residents who are asymptomatic before residents with symptoms or confirmed illness.
  - **Cohort** staff/HCW to work only in affected areas or only in unaffected areas.
  - Minimize movement of staff/HCW between units, especially if some areas are not affected.
  - Assign staff/HCW that are immunized against the outbreak pathogen to care for residents with symptoms or confirmed illness.
- Assign staff/HCW to only housekeeping duties, or food preparation/service. If this is not possible, request staff complete any food preparation/service tasks before beginning housekeeping duties.

**Influenza**

**If the outbreak pathogen is influenza**

- If staff/HCW is work restricted at the site and works in more than one location, staff/HCW informs other work locations of the outbreak to determine if they may work in other settings.
- Refer to Appendix E: Influenza Outbreak Work Restrictions for management of staff/HCW who are unimmunized.

## Offer influenza antiviral chemoprophylaxis to staff/HCW who are not immunized

**Influenza**

**If the outbreak pathogen is influenza**

- Refer to Appendix E: Influenza Outbreak Work Restrictions for management of staff/HCW who are unimmunized.
- The Public Health Outbreak team may supply letters to the site/unit that outline options for staff/HCW who are unimmunized.

### Notify residents to initiate influenza antiviral chemoprophylaxis

The Public Health Outbreak team will notify the site operator of the influenza outbreak.

**Influenza**

**If the outbreak pathogen is influenza**

- The Public Health Outbreak team will advise when to start and stop oseltamivir (Tamiflu) influenza antiviral chemoprophylaxis.
- Notify all asymptomatic residents about influenza antiviral chemoprophylaxis regardless of immunization status.
- Residents will remain on influenza antiviral chemoprophylaxis for the duration of the outbreak.
    - The minimum duration for residents to take antivirals is at least 10 days. Some residents may need to continue taking antivirals after the outbreak is over to complete the 10-day course.

**Implement the site influenza antiviral chemoprophylaxis plan**

- Site operator/designate notify residents to initiate influenza antiviral chemoprophylaxis.
- Track residents with advanced prescriptions using the Outbreak Antiviral Prophylaxis in Supportive Living Accommodations and Continuing Care Homes Type B Site Worksheet.
- Notify residents who have an advanced prescription to have it filled.
- Notify residents who did not get an advanced prescription to request one from a prescribing pharmacist, physician or nurse practitioner.

**Prescribing influenza antiviral chemoprophylaxis**

- The resident's most responsible health practitioner is accountable for prescribing influenza antiviral chemoprophylaxis.
- Refer to Association of Medical Microbiology and Infectious Disease (AMMI) Canada resources on influenza for chemoprophylaxis dosing recommendations.

**Mixed outbreaks**

- The Public Health Outbreak team will advise when to start and stop influenza antiviral chemoprophylaxis for mixed outbreaks that include influenza.

## 3.3 Complete outbreak environmental cleaning and disinfection

### Increase cleaning and disinfection frequency in all areas[4]

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

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

[4] Increased cleaning and disinfection are not required in settings such as private offices and administrative areas. Use routine cleaning and disinfection practices.

| Areas to clean and disinfect | Frequency |
|---|---|
| • Low touch surfaces such as shelves and windowsills | At least once daily and when visibly dirty |
| • High touch surfaces such as doorknobs, light switches, handrails, phones, and elevator buttons<br>• Equipment such as computer keyboards, mouse, screens, desks, telephones, and touch screens | At least twice daily and when visibly dirty |
| • Dining areas and lounges<br>• High touch table and chair surfaces, including the underneath edge of the chair seat and table | After each use |
| • All affected areas | At the end of 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.
    - 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 the container with the 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.

### Verify the concentration of the disinfectant

- When mixing disinfectants on site, always verify the concentration using the test strips provided by the product manufacturer.
- Test the concentration daily.

## Clean and disinfect rooms of residents who are on isolation

- Wear PPE and use Droplet and Contact precautions.
- Clean and disinfect:
    - Resident room, moving from clean to dirty. Clean bathroom last.
    - Resident equipment such as wheelchairs and walkers according to manufacturer instructions.

    - Change linens (bed linens and towels).
- Change mop head (dry/wet), cloths and cleaning solution after cleaning each room for any resident who is on isolation.
- When additional precautions are discontinued:
    - Clean and disinfect the resident's room and equipment.
    - Discard disposable resident-care items.

## 3.4 Plan safe activities for residents who are not on isolation

| Type of activity | Action |
|---|---|
| **Low risk resident activities** | • Use physical distancing and hand hygiene for low-risk group activities such as art class, bingo and movies.<br>• For personal services such as hairstyling limit to one resident at a time.<br>• Encourage residents to wear a mask. |
| **High risk resident activities** | • Consult with the Public Health Outbreak team to determine if it is necessary to postpone/cancel high-risk group activities such as:<br>  ○ Singing and bus outings<br>  ○ Groups of residents who would not normally have contact with each other (mixing of residents from multiple units/floors).<br>• Postpone/cancel previously scheduled resident events, such as holiday meals, parties, entertainers, school groups and presentations. |
| **Non-resident activities** | • Postpone/cancel any non-resident events booked for areas in the outbreak site/unit such as in-person meetings. |
| **Transport to acute care by EMS** | • If any resident from the outbreak site/unit 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>  ○ EMS to notify receiving provider. |
| **Adult day programs** | Before determining if a program may continue the o**utbreak management team (OMT)** and the Public Health Outbreak team confirm if:<br>• It is physically separate from areas of the site in which there have been residents with symptoms or confirmed illness.<br>• Residents attending the **adult day program** do not socialize with residents from the outbreak site/unit.<br>• Adult day program staff/HCW do not provide care in the areas of the site which there have been outbreak cases. |

## 3.5 Plan safe visits during an outbreak

- Continue to follow safe visiting practices (refer to 1.1 Help plan a safe visit).
- Visiting During Viral Respiratory Illness Outbreaks resource is available for sites to provide to visitors.

**Safe visiting recommendations during an outbreak**

**Visiting residents who are on isolation:**

- Refer to 1.1 How to safely visit residents who are on isolation.
- Request visitors reschedule the visit if they are ill.
  - Determine if exemption will be made due to extenuating circumstances.
  - Offer compassionate exemptions for visits to residents who are at end of life. Create a safety plan for visitation.

Provide the following messages to visitors:

**Before the visit:**

- Reschedule the visit if ill.
- Contact site before arriving to determine if there are access limits.

**During the visit:**

- Check with reception prior to visiting any resident.
- Wear a mask in common areas on outbreak units.
- Minimize movement throughout the site.
- Limit the number of individuals visiting a resident at the same time.
- Limit visit to one resident only.

**After the visit:**

- Exit the site immediately.

**Additional restrictions may be implemented by the site.**

- A site/unit may choose to limit visitation further than above in accordance with applicable organizational policy and in consultation with the Public Health Outbreak team.
- Consider the impact of the decision on resident and family well-being.

## 3.6 Site restrictions

### Determine if the outbreak site/unit is open or restricted

The Public Health Outbreak team determines if an outbreak is **open** or **restricted** when the outbreak is opened.

- Open: Admissions may proceed following usual non-outbreak processes.
- Restricted: Admissions are paused or delayed.
  - If a site is restricted and an admission needs to proceed, follow the Risk Assessment Matrix and complete a Risk Assessment Worksheet to communicate risk between sites.
  - The scope of restrictions depends on:
    - The extent of the outbreak activity within the site.
    - The ability to cohort staff/HCW to affected areas
    - The severity of the outbreak.
- Consult the Public Health Outbreak team if issues related to admissions arise.

| Admission from (type of residence) | Admission to a supportive living accommodation (SLA) on outbreak | |
|---|---|---|
| | Open outbreak | Restricted outbreak |
| A private residence | • Notify the resident that the site is on outbreak | • Notify the resident that the site is on outbreak.<br>• Pause or delay the admission.<br>  ○ This may not be possible due to resident circumstances or operational need.<br>  ○ If an admission cannot be delayed consult with the Public Health Outbreak team for recommended outbreak control measures. |
| Another SLA site<br>**or**<br>A continuing care home facility | • Notify the resident that the site is on outbreak | • Notify the resident that the site is on outbreak.<br>• Pause or delay the admission.<br>  ○ This may not be possible due to resident circumstance or operational need.<br>  ○ If an admission cannot be delayed the site follows the Risk Assessment Matrix and completes a Risk Assessment Worksheet. |

## Pathogen-specific restrictions to admission on the outbreak site/unit

Restrictions depend on the outbreak pathogen.

| | |
|---|---|
| **COVID-19**  | **If the outbreak pathogen is COVID-19**<br>• Admissions are restricted and remain in place for the duration of the outbreak or as directed by the Public Health Outbreak team. |
| **Influenza**  | **If the outbreak pathogen is influenza**<br>• Admissions are restricted and remain in place for the duration of the outbreak or as directed by the Public Health Outbreak team. |
| **ILI**  | **If the outbreak pathogen is influenza-like illness (ILI)**<br>• Admissions generally remain open unless directed by the Public Health Outbreak team that admissions are restricted.<br>• Admissions may proceed following usual non-outbreak processes. |
| **Mixed respiratory**  | **If there is a mixed viral respiratory illness outbreak with more than one pathogen**<br>• Admission restrictions depend on the pathogens identified. The Public Health Outbreak team will provide direction. |

## 3.7 Returning from an acute care facility

- Residents who were hospitalized due to illness from the outbreak pathogen may return to the site immediately after discharge.
    - Follow Appendix B: Resident Isolation for Viral Respiratory Illness if the resident is still symptomatic.
- For residents hospitalized prior to or during an outbreak for an unrelated condition (such as a fracture):
    - If the outbreak status is open the resident may return to the site
    - If the outbreak status is restricted the site follows the Risk Assessment Matrix and completes a Risk Assessment Worksheet.
        - COVID-19 and influenza outbreaks are always restricted.

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

- Wash hands before, during and after handling food.
- Provide meal service to residents who are on isolation in their room.
- Close resident self-serve nourishment areas accessed by residents and visitors. Kitchen operations may continue with staff/HCW.
- Discontinue social sharing of food such as baking, birthday cakes and platters.
- Individually portion and/or plate food to avoid communal sources. This includes removing bulk foods such as candy jars and boxes of chocolate.

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

#### Serve and prepare food safely

- Close buffet lines or have staff dispense food onto plates.
- Discontinue family-style meal service.
- Dispense snacks directly to residents and use prepackaged snacks.
- Discontinue resident participation in food preparation.
- Use physical distancing during group dining when possible.

#### Limit the use of shared items

- Do not preset tables in common dining areas to minimize handling of cutlery.
- Remove shared food containers from dining areas such as shared pitchers of water, coffee cream dispensers, and salt and pepper shakers.
- Provide single-use condiment packets directly to each resident.

## 3.9 Specimen collection

The ability to collect specimens is limited in supportive living accommodations as collection is done by regulated HCWs. The Public Health Outbreak team will work with sites if specimen collection is requested.

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

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

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

- 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 D: ProvLab Specimen Collection Guidance for information on:
  - How to collect nasopharyngeal (NP) and throat swabs.
  - How to complete the lab specimen requisition for viral respiratory specimens.
- Arrange for transport of specimens to the lab.

#### Specimen collection for individual resident medical management

- The most responsible health practitioner may determine if testing is warranted for diagnosis and medical management of residents with symptoms including treatment with oseltamivir (Tamiflu) for influenza or Paxlovid for COVID-19.

## 3.10 Control measures for complex outbreaks

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

#### Screening and close contact identification

- Complete symptom screening for:
  - Staff/HCW prior to each shift
  - Visitors prior to entering the site or visiting residents

    - Residents upon return from an absence.
- Symptom screening and/or quarantine for residents upon return from other health settings if the other site/unit is on outbreak
- **Close contact** identification and management.

#### Additional masking for residents

- Request residents returning from an absence wear a mask in common areas of the site/unit.

#### Masking outside of the outbreak unit

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

## 3.11 End the outbreak

The Public Health Outbreak team determines when the outbreak is over and advises the site to discontinue restrictions and outbreak measures. After the outbreak is over, sites will:

- Conduct a thorough cleaning and disinfection of all affected areas.
- Remove outbreak signage.
- Communicate the end of the outbreak to staff/HCW, residents and partners.
- Review and evaluate the outbreak response with program leads and site 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 viral respiratory illness symptoms if residents become newly symptomatic within seven days of the outbreak ending. Refer to 2.1 Monitor and report viral respiratory illness 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 viral respiratory illness outbreaks for reporting viral respiratory illness outbreaks.

## Key actions

- ➔ Monitor for symptoms of GI illness in residents and staff/HCW.
- ➔ Determine if residents and staff/HCW meet criteria for a GI illness case.
- ➔ Keep track of GI illness cases.
- ➔ Report to Population and Public Health Support Team (PPHST) if there are two or more GI illness cases within 48 hours.
- ➔ Inform administrative staff that a report was made to PPHST.

### Supporting resources

- Outbreak Prevention Checklist for Supportive Living Accommodations
- Surveillance Case Tracking Sheet

## 4.1 Monitor and report gastrointestinal illness symptoms

### Monitor for symptoms

- Sites keep track of residents and staff/HCW with symptoms or lab confirmed illness (cases). This is called surveillance.

### Report GI illness cases

Count residents and staff/HCW 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, 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.

### When to report

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

### How to report

Call **1-844-343-0971** to report to the PCA Provincial Public Health Support Team (PPHST).

PPHST is a provincial, centralized outbreak reporting and response team. They provide initial support and direction to sites.

### PPHST will ask for site details and operational information

- Facility/site name, address, phone number
- Caller name and contact information
- Manager/ contact email & phone number
- Facility/site
- Number of units and unit names affected
- Number of staff and residents on affected units
- Total number of residents and staff/HCW
- Do staff work in multiple sites or units
- If the site manager has been notified
- Any lab confirmed cases and name of pathogen if lab confirmed
- Can residents be kept to the affected units
- Can staff/HCW be kept to the affected units
- Number of symptomatic residents and staff/HCW
- Symptoms
- Onset date of first case
- Date of any hospitalizations or deaths

### Inform that a report was made to PPHST

- Make notifications to the following site staff after reporting to PPHST:
  - Management
  - IPC
  - WHS/OHS.

## 4.2 After reporting to PPHST

### PPHST notifies the Public Health Outbreak team

- After the site report is made, PPHST will:
  - Send a summary of the report to the Public Health Outbreak team.
  - Advise site when to expect a call from the Public Health Outbreak team.
- If the Public Health Outbreak team has not contacted the site within 24 hours of the expected response time the site may call back to PPHST.

### The Public Health Outbreak team contacts the site

The Public Health Outbreak team will determine if the site meets outbreak criteria using Appendix C: Case and Outbreak Definitions. They will review the initial report and:

- Ask if there are additional GI illness cases since the initial report.
- Determine if cases are epidemiologically linked.

If an outbreak is opened, an email is sent to the site providing ongoing contact information and instructions for how to complete daily reporting.

# 5. Gastrointestinal illness outbreak control

This section includes best practice recommendations for the management of GI illness[5] outbreaks. Sites may have challenges when implementing these recommendations such as limited staffing and supplies. Reach out to the Public Health Outbreak team for advice and support.

For viral respiratory illness outbreak control, refer to Section 3. Viral respiratory illness outbreak control.

## Key actions

- Isolate residents with symptoms or confirmed illness.
- Perform hand hygiene.
- Inform staff/HCW, residents and partners of the outbreak.
- Identify and report new GI illness cases daily.
- Coordinate staff/HCW assignments.
- Complete outbreak environmental cleaning and disinfection.
- Plan safe activities for residents who are not on isolation.
- Plan for safe visits.
- Follow admission, transfer and discharge 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 Outbreak Checklist for Supportive Living Accommodations

[5] 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.

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 residents and staff/HCW. GI illness is often mild, however residents 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.

## 5.1 Isolate residents with symptoms or confirmed illness

### How to isolate

- **Diarrhea only**: Use Contact precautions.
- **Vomiting with or without diarrhea:** Use Droplet and Contact precautions.
- Refer to 1.3 Isolate residents with symptoms or confirmed illness.

**Handwashing with soap and water is preferred during GI illness outbreaks.**
If a hand hygiene sink is not available within the resident's room:

- Use alcohol-based hand rub (minimum 60-90% alcohol) prior to leaving room.
- Then locate a sink and wash hands with soap and water.

### How long to isolate

- Isolate residents until 48 hours after the last episode of vomiting and/or diarrhea.

## 5.2 Communicate and coordinate

### Inform staff/HCW, residents, visitors and partners of the outbreak

- Use established communication channels to notify of the outbreak:
  - Residents and visitors
  - Departments/partners inside and outside of the site.
- Request staff/HCW such as nursing, allied health, food and environmental services, recreational services and spiritual care to initiate outbreak control measures.
- Notify laundry services of the increased need for supplies.
- Post outbreak signs at the site/unit entrance.

### Identify and report new GI illness cases daily

- Maintain heightened surveillance to identify new GI illness cases.
- Request staff/HCW complete a daily self-assessment for GI illness symptoms.
  - Direct staff/HCW to report symptoms of GI illness to the site/unit manager.
  - Notify WHS/OHS if symptoms are related to a workplace exposure.
  - Restrict from work in all sites until 48 hours following the last episode of vomiting and/or diarrhea.
- Report GI illness cases including those that are hospitalized or deceased.
  - Review email from the Public Health Outbreak team for how report.

- The Data Collection for Gastrointestinal Illness Outbreak Management at the end of this section outlines the information requested.

### Coordinate staff/HCW assignments

- Consult with the Public Health Outbreak team when making decisions about staff/HCW assignments.
  - Direct staff/HCW to care for residents who are asymptomatic before residents with symptoms or confirmed illness.
  - Cohort staff/HCW to work only in affected areas or only in unaffected areas.
  - Minimize movement of staff/HCW between floors/areas, especially if some areas are not affected.
- Assign staff/HCW to only housekeeping duties, or food preparation/service. If this is not possible, request staff complete any food preparation/service tasks before beginning housekeeping duties.
- Staff/HCW to inform other sites of the outbreak.
  - Staff/HCW who are asymptomatic may work in the outbreak unit as well as other work locations.
- Cohort volunteers to work only in affected areas or only in unaffected areas.

## 5.3 Complete outbreak environmental cleaning and disinfection

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

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 and windowsills | At least once daily and when visibly dirty |
| • High touch surfaces such as doorknobs, light switches, handrails, phones, and elevator buttons<br>• Equipment such as computer keyboards, mouse, screens, desks, telephones, and touch screens | At least twice daily and when visibly dirty |
| • Dining areas and lounges<br>• High touch table and chair surfaces, including the underneath edge of the chair seat and table | After each use |

[6] Increased cleaning and disinfection is not required in settings such as private offices and administrative areas. Use routine cleaning and disinfection practices.

| Areas to clean and disinfect | Frequency |
|---|---|
| • Upholstered furniture and rugs or carpets[7] | When visibly dirty or contaminated with vomit or stool |
| • All affected areas | At the end of the outbreak |

## Use a disinfectant that kills GI illness viruses

### Choose either

- A disinfectant with a drug identification number that has 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.
    - Use the product Safety Data Sheet for safety information.

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 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.
    - 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.

### Verify the concentration of the disinfectant

- When mixing disinfectants onsite, always verify the concentration using the test strips provided by the product manufacturer.
- Test concentration daily.

## Clean and disinfect rooms of residents on isolation

- HCWs wear PPE according to the IPCRA.

[7] Upholstered furniture, and rugs or carpets 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 Public Health Outbreak team. Consider discarding items that cannot be cleaned and disinfected.

- Staff follow PPE recommendations according to
  - **Diarrhea only**: Use Contact precautions.
  - **Vomiting with or without diarrhea:** Use Droplet and Contact precautions.
- Clean and disinfect:
  - Resident room, moving from clean to dirty. Clean bathroom last.
  - Change linens (bed linens and towels).
  - Resident equipment such as wheelchairs and walkers according to manufacturer instructions.
- Change mop head (dry/wet), cloths, and cleaning solution after cleaning each room for any isolating resident and after cleaning vomit or stool.
- When additional precautions are discontinued:
  - Clean and disinfect the resident's room and equipment.
  - Discard disposable resident-care items.
  - Launder unused linens such as towels and sheets from resident rooms.

## Handle linen and laundry safely

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

### Wear PPE

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

- Ensure PPE is available for use either in the laundry rooms or in an easily accessible area for use by staff/HCW doing laundry.
- Wear PPE when handling soiled linen:
  - **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 at the point of care. 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 residents on isolation separate from other laundry

- Launder clothing and linens of a resident on isolation in a designated washing machine. If using a shared resident laundry room instead of a central laundry, dedicate one washing machine to wash soiled laundry for residents on isolation.
- Do not sort or pre-rinse soiled laundry in resident care areas.
- Disinfect washer with a bleach cycle (without a load of laundry) prior to use by

others if used to launder soiled items from a resident on isolation.

### If linen and laundry is done by resident

- Provide information above outlining safe handling of linen and laundry.

## 5.4 Plan safe activities for residents who are not on isolation

| Type of activity | Recommendation |
|---|---|
| **Resident activities** | • Postpone/cancel all group activities. Consult with the Public Health Outbreak team if:<br>  ○ There are extenuating circumstances<br>  ○ Group activities are an essential part of treatment.<br>• Postpone/cancel previously scheduled resident events, such as holiday meals, parties, entertainers, school groups and presentations. |
| **Non-resident activities** | • Postpone/cancel any non-resident events booked for areas in the outbreak site/unit such as in-person meetings. |
| **Transfers to acute care** | • If any resident from the outbreak site/unit 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 the EMS crew) and inform the receiving provider. |
| **Adult day programs** | Before determining that a program may continue, the outbreak management team (OMT) and the Public Health Outbreak team confirm the following:<br>• It is physically separate from areas of the site in which there have been symptomatic or confirmed residents.<br>• Residents attending the adult day program do not socialize with residents from the outbreak site/unit.<br>• Adult day program staff/HCW do not provide care in the areas of the site which there have been outbreak cases.<br>• There is a dedicated washroom available. |

## 5.5 Plan safe visits during an outbreak

- Continue to follow safe visiting practices (refer to 1.1 Help plan a safe visit).
- Provide visitors with safe visiting recommendations during an outbreak.

| Safe visiting recommendations during an outbreak |
|---|
| • Refer to 1.1 How to safely visit residents who are on isolation. |
| Provide the following messages to visitors<br>**Before the visit:**<br>• Reschedule the visit if ill.<br>• Contact site before arriving to determine if there are access limits. |

| Safe visiting recommendations during an outbreak |
|---|
| **During the visit:**<br>• Perform hand hygiene.<br>• Check with reception prior to visiting any resident.<br>• Minimize movement throughout the site.<br>• Limit the number of individuals visiting a resident at the same time.<br>• Limit visit to one resident only.<br>**After the visit:**<br>• Exit the site immediately. |
| **Additional restrictions may be implemented by the site.**<br>• A site/unit may choose to limit visitation further than above in accordance with applicable organizational policy and in consultation with the Public Health Outbreak team.<br>• Consider the impact of the decision on resident and family well-being. |

## 5.6 Site restrictions

### Determine if the outbreak site/unit is open or restricted

The Public Health Outbreak team determines if an outbreak is **open** or **restricted** when the outbreak is opened.

- Open: Admissions may proceed following usual non-outbreak processes.
- Restricted: Admissions are paused or delayed.
  - If a site is restricted and an admission needs to proceed, follow the Risk Assessment Matrix and complete a Risk Assessment Worksheet to communicate risk between sites.
  - The scope of restrictions depends on:
    - The extent of the outbreak activity within the site.
    - The ability to cohort staff/HCW to affected areas
    - The severity of the outbreak.
- Consult the Public Health Outbreak team if issues related to admissions arise.

| Move from (type of residence) | Admission to a supportive living accommodation (SLA) on outbreak | |
|---|---|---|
| | Open outbreak | Restricted outbreak |
| A private residence | • Notify the resident that the site is on outbreak | • Notify the resident that the site is on outbreak.<br>• Pause or delay the admission.<br>  ○ This may not be possible due to resident circumstances or operational need.<br>  ○ If an admission cannot be delayed consult with the Public Health Outbreak team for recommended outbreak control measures. |

| | | |
|---|---|---|
| Another SLA site<br>**or**<br>A continuing care home facility | • Notify the resident that the site is on outbreak | • Notify the resident that the site is on outbreak.<br>• Pause or delay the admission.<br>  ○ This may not be possible due to resident circumstance or operational need.<br>  ○ If an admission cannot be delayed the site follows the Risk Assessment Matrix and completes a Risk Assessment Worksheet. |

## 5.7 Returning from an acute care facility

- Residents who were hospitalized due to illness from the outbreak pathogen may return to the site immediately after discharge.
  - Follow Appendix B: Resident Isolation for Viral Respiratory Illness if the resident is still symptomatic.
- For residents hospitalized prior to or during an outbreak for an unrelated condition (such as a fracture):
  - If the outbreak status is open the resident may return to the site
  - If the outbreak status is restricted the site follows the Risk Assessment Matrix and completes a Risk Assessment Worksheet.
    - COVID-19 and influenza outbreaks are always restricted.

## 5.8 Use food service modifications in the outbreak site/unit

- Use stringent hand washing before, during and after handling food.
- Provide meal service to residents who are on isolation in their room.
- Close resident self-serve nourishment areas accessed by residents and visitors. Kitchen operations may continue with staff/HCW.
- Discontinue social sharing of food such as baking, birthday cakes and cheese platters in outbreak areas.
- Individually portion and/or plate food to avoid communal sources. This includes removing bulk self-serve foods such as candy jars and boxes of chocolate.
- Use extra diligence during routine dishwashing and during sanitizing practices for food preparation surfaces.

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

#### Prepare and serve food safely

- Discontinue resident participation in food preparation.
- Close buffet lines or have staff dispense food onto plates.
- Discontinue family-style meal service.
- Dispense snacks directly to residents and use prepackaged snacks.
- Use dining table coverings that can be easily cleaned and disinfected.
  - Discontinue use of cloth/linen table coverings.

### Limit the use of shared items

- Do not preset tables in common dining areas to minimize handling of cutlery.
- Remove shared food containers from dining areas such as shared pitchers of water, coffee cream dispensers, and salt and pepper shakers.
- Provide single-use condiment packets directly to each resident if used.

## 5.9 Specimen collection

The ability to collect specimens is limited in supportive living accommodations as collection is done by regulated HCWs. The AHS Public Health Outbreak team will work with sites if specimen collection is requested.

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

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

### If specimens are requested, the Public Health Outbreak team will provide direction

- The number of specimens to collect
- Which pathogen to test for including specific instructions on which pathogen to check off on the lab requisition form
- 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 D: 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 Public Health Outbreak team. Usually, once a pathogen is identified no more stool specimens are requested to manage the outbreak.
- ProvLab will only test additional specimens after consultation with the Public Health Outbreak team.
- The 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 Public Health Outbreak team collaborates with the site and other partners to monitor and assess each outbreak. To improve control during complex outbreaks, the Public Health Outbreak team may request the site implement the following additional outbreak control measures, which are not routine for all outbreaks.

- Symptom screening of staff/HCW prior to each shift.
- Symptom screening of visitors prior to entering the site.
- Symptom screening of residents upon return from an absence.
- Screening for symptoms and/or quarantine for resident admissions upon return from other health settings if that other sites 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

- Isolate resident in their room until free of vomiting and/or diarrhea for 48 hours. Refer to 1.3 Isolate residents with symptoms or confirmed illness.
- 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 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 Public Health Outbreak team determines when the outbreak is over and advises the site to discontinue restrictions. After the outbreak is over, sites will:

- Conduct a thorough cleaning and disinfection in all affected areas.
- Remove outdoor signage.
- Communicate the end of the outbreak to staff/HCW, residents and partners.
- Review and evaluate the outbreak response with program leads and site 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 residents 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 Public Health Outbreak team will direct sites 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/unit manager or another responsible staff/HCW in the site/unit.

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

- **Outbreak facility/site** (name, unit/floor, contact person, phone, and fax)
- **Date of report**
- **Population affected at the time outbreak is reported** (total resident and staff/HCW population at risk on the outbreak site/unit, number of residents and staff/HCW who meet the case definition)
- **Outbreak/ exposure investigation number (EI number)** (as provided by the Public Health Outbreak team)
- **Demographics of cases**
    - Residents: name, personal health number, date of birth, gender, unit/room number
    - staff/HCW: 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.

**Adult day program:** Day program designed for adults with physical and/or memory challenges or chronic illness.

**ALA Home and Community Care operations:** The Zone Seniors Health and Continuing Care staff that have responsibility to participate in outbreak management leadership at Supportive Living Accommodation sites where home and community care services are provided such as Case Managers, Allied Health, and Transition Services/Coordinated Access. Home and community care staff involvement in outbreak management may vary from zone to zone.

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

**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:** Controlling the movement of staff/HCW and residents for the purpose of limiting an outbreak to a specific unit/floor/area within a larger site. The physical separation of people who have been or might have been exposed to infection from those who have not been exposed.

**Continuing care home:** Continuing care home means a facility or part of a facility where facility-based care is provided to residents, some of whom must be eligible residents. Continuing care homes are publicly funded facility-based accommodations that provide care (health and support services) appropriate to meet the resident's assessed needs. The type of care needed is determined through a standardized assessment and single point of entry process and consists of Type A, Type B and Type C. Individuals admitted into Continuing Care Homes Type A and B are required to pay accommodation fees (room and board and other costs associated) as set by Alberta Primary and Preventative Health Services (PPHS).

**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.

**Site operator / site management:** A formal leader within the site who is responsible for the day-to-day operations.

**Family-style meal service:** Involves filling a common vessel, such as a tray or bowl, with a large portion of food and setting it on the table allowing residents to serve themselves.

**Healthcare workers (HCW):** As defined by Alberta Primary and Preventative Health Services (PPHS) includes all health practitioners and all individuals (including nutrition and food services, housekeeping and recreation) at increased risk for exposure to, and/or transmission of, a communicable disease because they work, study, or volunteer in one or more of the following healthcare settings: hospitals, continuing care homes, supportive living accommodations or home and community care settings, mental health facilities, community settings, offices or clinics of a health practitioner, clinical laboratories.

**Healthcare workers / staff (staff/HCW):** The term staff/HCW is used consistently. The site is responsible to determine if an individual is considered to be a HCW or a staff member.

**Home and Community Care:** Home and community care means the prescribed health goods and services and prescribed other goods and services that are provided by a home and community care provider to an eligible individual in the individual's home or community (e.g., seniors lodge, supportive living accommodation) but does not include facility-based care or supportive living services.

**Infection control designate (ICD):** Person accountable for IPC issues in a site, usually site-based.

**Infection control professional (ICP):** A health professional with specialized knowledge responsible for infection prevention and control within the site 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 and Control (IPC):** Department responsible for preventing infections in the setting. IPC includes roles such as consultation, education, surveillance, research and outbreak management.

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

**Outbreak management team (OMT):** A group of key individuals working cooperatively to ensure a timely and coordinated response to an outbreak. Membership on the OMT depends on the type of outbreak and site. Membership may include representatives from the Public Health Outbreak team, **Infection Prevention and Control** (IPC or ICD), Workplace Health and Safety / Occupational Health and Safety, site administration / site management or their designate. Any member may request an OMT is formed.

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

- Routine measures: measures for all viral 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 Public Health Outbreak team if the outbreak warrants additional control measures.

**Plain soap**: Detergent based products whose cleansing activity can be attributed to their detergent properties which remove organic substances from hands. These products have minimal, if any, antimicrobial activity.

**Public Health Outbreak team:** This team is made up of Medical Officers of Health (MOH), the Communicable Disease Control Nurses and Safe Healthy Environments Public Health Inspectors (PHI). It provides consultation and leadership in outbreak investigations in sites and reports outbreaks to Alberta Primary and Preventative Health Services (PPHS).
**Supportive living accommodation:** Supportive living accommodation means buildings or units in buildings that are intended for permanent or long-term residential living; where supportive living services are provided to assist residents to live as independently as possible. Does not include a continuing care home or a private dwelling where an individual provides care or services only to the individual's family members or friends.

**Visitor:** An individual who temporarily supports or socializes with the patient. They are not an essential partner in care planning and/or decision-making. For more information refer to the AHS Family Presence: Designated Family / Support Person and Visitor Access policy.

**Workplace Health and Safety / Occupational Health and Safety (WHS/OHS):** Designated personnel responsible for staff/HCW health and safety in sites. This role may be filled by staff/HCW or the site management.

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

# Appendix A: Roles and Responsibilities

This Appendix outlines the roles and responsibilities to prevent and manage outbreaks[8].

- Supportive Living Accommodations operators collaborate with the Public Health Outbreak team to complete these roles to the best of their ability.
- Participation of **ALA Home and Community Care Operations** in outbreak management varies between zones. In some zones, ALA **Home and Community Care** has an active role in outbreak management.
- AHS/ALA staff/HCW and Covenant Health staff/HCW are required to:
  - Follow their organizational WHS or OHS policies and procedures.
  - Follow their organizational IPC policies and procedures.
- An outbreak management team (OMT) may be formed during an outbreak to facilitate a timely and coordinated response to the outbreak. Any of the groups identified below may request that an OMT is formed.

| **Public Health Outbreak team** | |
|---|---|
| **Prior to the outbreak** | **Plan**<br>• Develop, maintain, and distribute provincial outbreak resources.<br>• Participate in fall education sessions.<br>**Consult**<br>• Consult on suspected clusters of illness, symptoms or potential outbreaks.<br>• Determine if an outbreak will be opened. |
| **During the outbreak** | **Support**<br>• Recommend best practice outbreak control measures.<br>• Obtain a ProvLab exposure investigation (EI) number and provide to the site.<br>• Direct specimen collection.<br>• Track and assess outbreak specimen results.<br>• Review daily outbreak data and monitor outbreak progress.<br>**Consult**<br>• Provide consultation on outbreak control measures such as:<br>  ○ Resident isolation<br>  ○ Masking and eye protection for staff/HCW for viral respiratory illness outbreaks.<br>  ○ Staff/HCW management<br>  ○ Oseltamivir (Tamiflu) for all residents and staff/HCW who are |

[8] The roles and responsibilities Alberta Primary and Preventative Health Services (PPHS), ALA Zone Operations (Executive Director for Provincial Seniors Health, Area Managers / Directors), and ALA Provincial Seniors Health and Continuing Care are not discussed in this guide. For information about the roles and responsibilities of these partners, contact these groups directly.

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| | unimmunized during influenza outbreaks.<br>o Outbreak environmental cleaning<br>o Group activities<br>o Safe visiting of residents<br>o Restrictions to admissions, transfers and discharges<br>o Food service modifications<br>• Discuss site-specific adaptations to outbreak control measures.<br>• Direct control measures for complex outbreaks.<br>• Report outbreak to Alberta Primary and Preventative Health Services (PPHS), and ALA Senior Public Health Executive.<br>• Participate in OMT meetings.<br>• Declare the end of the outbreak. |

## PCA Provincial Partner Oversight team

| | |
|---|---|
| **Prior to the outbreak** | • Support supportive living accommodations operators to provide access to outreach immunization services for residents and staff.<br>• Report data such as immunization provider, number of residents and staff to facilitate vaccine allocations to Alberta Primary and Preventative Health Services (PPHS).<br>• Share regular communication such as monthly newsletters and the PPO webpage. |

## Public Health Laboratory (ProvLab)

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| **Prior to the outbreak** | • Provide specimen collection supplies for use by regulated healthcare providers. |
| **During the outbreak** | • Designate laboratory microbiologist or virologist for each outbreak.<br>• Track samples submitted under the EI number.<br>• Report outbreak specimen results.<br>• Complete additional testing on outbreak specimens. |

## Site Roles and Responsibilities

Responsibilities assigned to staff/HCW may vary due to limited access to on-site regulated healthcare professionals.

Responsibilities may be designated to managers, site operators, site staff/HCW, contracted staff/HCW, IPC, or WHS/OHS, and AHS/ALA staff/HCW including Home and Community Care.

### Administrative responsibilities

| | |
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| **Prior to the outbreak** | **Plan and educate**<br>• Refer to *Minimum Requirements of a Comprehensive Communicable Disease Emergency Response Plan* in Continuing Care Communicable Disease Emergency Response Guide to develop a site outbreak management plan.<br>  ○ Including surveillance, isolation, process for specimen collection and immunization for residents and staff/HCW.<br>  ○ Develop an influenza antiviral chemoprophylaxis plan for residents and staff/HCW.<br>• Provide an annual update on outbreak prevention and control for site staff/HCW. Include review of:<br>  ○ This Guide for Outbreak Prevention & Control in Supportive Living Accommodations).<br>  ○ When and how to report to PPHST.<br>• Log in to Continuing Care Connection for ongoing practice guidance relevant to supportive living accommodations. Registration is required the first time the website is accessed.<br>**Immunize**<br>• Support and encourage COVID-19, influenza and other recommended immunizations.<br>• Facilitate immunizations in collaboration with the PCA Provincial Partner Oversight (PPO) team for residents and staff/HCW, including COVID-19 and influenza.<br>**Influenza antiviral chemoprophylaxis**<br>• Provide Advance Prescription for Oseltamivir (Tamiflu) fillable form to residents for completion by their most responsible health practitioner.<br>• Develop policy outlining who is responsible for the cost of staff/HCW influenza antiviral chemoprophylaxis.<br>**Supplies**<br>• Stock non-expired outbreak management supplies including PPE and specimen collection kits.<br>**Infection prevention and control**<br>• Maintain ongoing surveillance and monitoring for symptoms of illness.<br>• Direct the implementation of routine practices and additional IPC measures. |
| **During the outbreak** | **Collaborate**<br>• Collaborate with the Public Health Outbreak team and AHS Community IPC |

| | |
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| | on outbreak control measures.<br>• Collaborate with WHS/OHS designate to identify and report staff/HCW with symptoms who may have been exposed at work.<br>• Consult with the Public Health Outbreak team on issues pertaining to admission and returning from acute care.<br>• Participate in OMT meetings.<br>**Communicate**<br>• Communicate about the outbreak.<br>• Communicate the status of the site (open or restricted) to partners.<br>**Coordinate**<br>• Coordinate daily submission of outbreak data.<br>• Distribute to staff/HCW letters provided by the Public Health Outbreak team.<br>• Coordinate specimen collection as directed by the Public Health Outbreak team.<br>• Anticipate and manage the impact of staff/HCW absence on site operations.<br>**Influenza antiviral chemoprophylaxis**<br>• Track residents with advanced prescriptions using the Outbreak Antiviral Prophylaxis in Supportive Living Accommodations and Continuing Care Homes Type B Site Worksheet.<br>• For influenza outbreaks notify residents to initiate influenza antiviral chemoprophylaxis.<br>• Communicate during an influenza outbreak that antiviral chemoprophylaxis for staff/HCW is not publicly funded. |

**Infection Prevention Control responsibilities**
In the absence of formal Infection Control Practitioner (ICP) or site Infection Control Designate (ICD) coverage, the **site operator / site manager** or designate assigns responsibility for these roles.

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| **Prior to the outbreak** | **Plan and educate**<br>• Ensure staff/HCW have access to and are familiar with this guide (Guide for Outbreak Prevention and Control in Supportive Living Accommodations).<br>• Update internal outbreak management resources and review with staff/HCW, including routine IPC practices and additional precautions.<br>• Support staff/HCW to facilitate early recognition and reporting of residents with symptoms or confirmed illness (and staff/HCW for GI symptoms).<br>**PPE**<br>• Encourage adoption of the PPE Safety Coach program.<br>• Encourage use of PPE as per the Infection Prevention and Control Risk Assessment (IPCRA) prior to resident interactions.<br>**IPC**<br>• Direct IPC practices for residents with symptoms or confirmed illness to prevent further transmission. |

| | |
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| **During the outbreak** | **Coordinate**<br>• Implement outbreak control measures including antiviral chemoprophylaxis for influenza.<br>• Identify high risk activities that need to be postponed or cancelled.<br>**Collaborate**<br>• Site reviews and outbreak visits may be conducted by AHS IPC at the request of the Public Health Outbreak team.<br>• Participate in OMT meetings. |

## Workplace Health and Safety / Occupational Health and Safety responsibilities

| | |
|---|---|
| **Prior to the outbreak** | **Plan**<br>• Facilitate immunizations for staff/HCW, including COVID-19 and influenza in collaboration with the PCA PPO team.<br>• Review internal processes for staff/HCW outbreak management.<br>• Coordinate N95 respirator fit testing.<br>• Develop a plan detailing how influenza antiviral chemoprophylaxis will be implemented for staff/HCW who are unimmunized. |
| **During the outbreak** | **Collaborate**<br>• Assess for staff/HCW exposures and advise regarding work restrictions.<br>• Participate in OMT meetings.<br>**Communicate**<br>• Communicate with the Public Health Outbreak team if staff/HCW are linked to the outbreak.<br>• Coordinate reporting of staff/HCW GI illness to the Public Health Outbreak team.<br>**Staff/HCW immunization status**<br>• Document staff/HCW health and immunization status.<br>• Identify staff/HCW who are not immunized and may be at risk of exposure and infection.<br>• Provide work restrictions to staff/HCW during influenza outbreaks based on immunization status.<br>• Implement site plan for staff/HCW who are unimmunized to access and pay for oseltamivir (Tamiflu) chemoprophylaxis. |

## Regulated healthcare provider responsibilities

| | |
|---|---|
| **During the outbreak** | • Collect specimens as directed by the Public Health Outbreak team. |

# Appendix B: Resident Isolation for Viral Respiratory Illness

## Duration of isolation

- Isolate residents with symptoms or confirmed viral respiratory illness[9] on Droplet and Contact precautions.
- Isolation ends and Droplet and Contact precautions are discontinued when:
  1. Symptoms have improved
     **and**
  2. Resident feels well enough to resume normal activities
     **and**
  3. Resident is fever-free for 24 hours without the use of fever-reducing medication.
- Isolation duration will vary depending on how long it takes for the resident to meet the three conditions above. When isolation ends:
  - Discontinue Droplet and Contact precautions.
  - Complete a post isolation cleaning and disinfection of the resident's room.
  - Remove isolation supplies and signage.

## Added precautions after isolation ends

- After isolation ends, for the next five days residents are encouraged to use these added precautions[10]:
  - Clean hands well and often.
  - Wear a mask in common areas in the facility and in public spaces.
  - Practice physical distancing if removing mask, such as during meals.
- Rationale for added precautions: Residents without symptoms are much less likely to spread viral respiratory illness than those with symptoms. Residents who feel well enough to resume normal activities are unlikely to spread illness to others, but it may still be possible.

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[9] Viral respiratory illnesses include Adenovirus, COVID-19, Enterovirus/Rhinovirus, Human Metapneumovirus (hMPV), Influenza, Non-COVID-19 Coronaviruses, Parainfluenza, Respiratory Syncytial Virus (RSV), viral respiratory illness case (no pathogen identified)

[10] Sites are encouraged to use the help prevent the spread of respiratory illness poster in discussions with residents and families about the rationale for added precautions after isolation ends.

# Appendix C: Case and Outbreak Definitions

Case and outbreak definitions are set by Alberta Primary and Preventative Health Services (PPHS) 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 residents 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 resident 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 site/same unit) 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 | |
|---|---|
| **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 residents within a seven-day period, with a common epidemiological link.[12] |
| **Outbreak duration**[1313] | Seven days (a single incubation period). The outbreak ends on the eighth day following symptom onset of the last resident case. |

[14] **Syndromic ILI** is acute onset of viral 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 viral 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>  ○ Prostration<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 residents within a seven-day period, with a common epidemiological link[12].<br><br>**AND**<br><br>No viral respiratory pathogen identified **OR** only one case of any viral 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 residents who meet the syndromic case definition OR<br>  ○ One resident who meets the syndromic case definition PLUS at least one other resident who meets a pathogen-specific case definition.<br>• Examples of Pathogen specific ILI outbreaks include:<br>  ○ Two or more residents 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 resident 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 resident case. |
| **Enterovirus Rhinovirus** | Three days (a single incubation period). The outbreak ends on the fourth day following symptom onset of the last resident case. |
| **Human Metapneumovirus** | Five days (a single incubation period). The outbreak ends on the sixth day following symptom onset of the last resident case. |
| **Non-COVID-19 Coronavirus** | Four days (a single incubation period). The outbreak ends on the fifth day following symptom onset of the last resident 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 resident case. |
| **Respiratory Syncytial virus** | Eight days (a single incubation period). The outbreak ends on the ninth day following symptom onset of the last resident 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 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 viral respiratory pathogen and mixed pathogen outbreaks

A **mixed viral 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 site.

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

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

# Appendix D: 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 specimen collection supplies.
- Use Education Resources from the Public Health Laboratory (ProvLab) for instructions and demonstrations on specimen collection.

## Respiratory specimens

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

### How to complete the lab specimen requisition for viral 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 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 viral respiratory testing.
    - Refer to Collection of a Nasopharyngeal and Throat Swab for Detection of Respiratory Infection.
    - If NP 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 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 Public Health Outbreak team prior to collecting outbreak stool specimens.
- Results are usually available on Netcare within 48 hours. The 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 Public Health Microbiology Requisition.
- Follow direction from the Public Health Outbreak team on which pathogens to test for including specific instructions on which pathogen to check off on the lab 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 Public Health Outbreak team for the current outbreak.

### How to collect stool specimens

- Follow instructions in Enteric Bacterial Panel and C. difficile Stool Collection Patient Instructions.
- Collect stool specimens from residents with acute diarrhea illness. Preferably, collect within 24-48 hours of onset of symptoms.
- When directed, collect one stool specimen from up to five residents with symptoms per outbreak investigation (EI number). This number of specimens is usually sufficient to determine the etiology of the outbreak.

## Transport specimens to ProvLab

- Sites are responsible for arranging transport of specimens.
- Follow ProvLab standards for transporting specimens at Laboratory Test Directory & Collection Information.
- **Urban sites:** Batch together and transport specimens to the ProvLab within 24 hours of collection.
- **Rural sites:** Transport lab specimens to ProvLab as directed by the Public Health Outbreak team or by the fastest means possible.
- AHS/ALA 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.

# Appendix E: Influenza Outbreak Work Restrictions

The Public Health Outbreak team will provide recommendations for immunization, influenza antiviral chemoprophylaxis and/or work restrictions for staff/HCW during influenza outbreaks. Oseltamivir (Tamiflu) antiviral chemoprophylaxis is recommended according to the Alberta Primary and Preventative Health Services (PPHS) Influenza Antiviral Drug Policy. Sites are to identify staff/HCW who are recommended to take influenza antiviral chemoprophylaxis and advise them how to access it.

For staff/HCW with symptoms, manage as per staff/HCW with symptoms.

## Assessment to determine if staff/HCW who are asymptomatic may work on the outbreak unit

- A staff/HCW is considered to be **adequately protected** against influenza if:
- They have had the annual influenza vaccine **AND**
- It has been at least 14 days since influenza immunization.

### Staff/HCW who are asymptomatic and who were immunized at least 14 days prior to the outbreak

- Staff/HCW immunized 14 days prior are considered to have adequate protection against influenza
    - There is no work restriction. Staff/HCW may continue to work on the outbreak site/unit.
    - Antiviral chemoprophylaxis is not recommended.

### Staff/HCW who are asymptomatic without adequate protection against influenza

Refer to the table below for work restriction and influenza antiviral chemoprophylaxis recommendations for staff/HCW who are:

- Immunized with annual influenza vaccine less than 14 days ago **OR**
- Not immunized with annual influenza vaccine
    - Offer influenza vaccine immediately to staff/HCW who are unimmunized.

## Antiviral chemoprophylaxis and work restriction recommendations

| Staff/HCW who are asymptomatic | Accepts antiviral chemoprophylaxis | Does not accept antiviral chemoprophylaxis |
|---|---|---|
| **Immunized** with annual influenza vaccine **less than 14 days ago** | • May continue to work on the outbreak site/unit **AND**<br>• Take influenza antiviral chemoprophylaxis until at least 14 days since immunization or until the outbreak is over (whichever is shorter).<br>• There is no waiting period between starting influenza antiviral chemoprophylaxis and working. | **First 3 days (72 hours)**<br>• Restricted from working at any site and will monitor for symptoms for 3 days (72 hours) from last day worked on outbreak site/unit.<br>**Day 4 to end of outbreak if remains asymptomatic**<br>• **May be reassigned** to a non-outbreak site/unit for at least 14 days since immunization or until the outbreak is over (whichever is shorter).<br>  ○ May then return to home site/unit.<br>• **If reassignment is not possible** restrict from work for at least 14 days since immunization or until outbreak is over (whichever is shorter).<br>  ○ May then return to work. |
| **Not immunized** with annual influenza vaccine | • May continue to work on the outbreak site/unit if they take influenza antiviral chemoprophylaxis until the outbreak is over.<br>• There is no waiting period between starting influenza antiviral chemoprophylaxis and working. | **First 3 days (72 hours)**<br>• Restricted from working at any site and will monitor for symptoms for 3 days (72 hours) from last day worked on outbreak site/unit.<br>**Day 4 to end of outbreak if remains asymptomatic**<br>• **May be reassigned** to a non-outbreak site/unit for the duration of the outbreak.<br>  ○ May then return to home site/unit.<br>• **If reassignment is not possible** restrict from work until outbreak is over.<br>  ○ May then return to work. |