

OUTBREAK MANAGEMENT FAQs

(questions and answers may not apply to all outbreak settings)

Patient/resident/client restrictions:

- Q1:** Why is it okay for well patients/residents/clients to gather together for meals but not for social activities; are meals in a common room considered a social activity?
- A1:** Meals are a required dietary service for patients/residents/clients and are not considered to be a social activity. Infection control measures are in place to reduce the potential for transmission during meal times (i.e. patients/residents/clients are gathered for meal time only, common touch items have been removed from tables, hand sanitizer is available prior to eating, etc.). Patients/residents/clients on precautions are to be fed in their rooms and are not to eat in the dining room with well patients/residents/clients.
- Q2:** Can nutritional areas/kitchenettes remain open during an outbreak?
- A2:** No, as commonly touched items may pose an infection risk.
- Q3:** Some facilities have public laundry rooms for patient/client/resident use. Can patients/residents/clients use these facilities if they are symptomatic?
- A3:** No, only well patients/residents/clients are to use public laundry rooms during an outbreak. This eliminates cross-contamination issues between clean and dirty laundry.
- Q4:** Can patients/residents/clients leave the facility during an outbreak?
- A4:** Yes, provided the patient/resident/client is asymptomatic, they are able to come and go from the site, including attending their own medical appointments. Visiting other persons at acute care sites, congregate living sites and child care facilities is discouraged.
- Q5:** Can family members take patients/residents/clients home during an outbreak?
- A5:** Yes. However, family members are to be informed about the potential for spread of illness throughout the household. If the patient is symptomatic when they return to the facility, the patient will be isolated for 48 hours after their last symptom.
- Q6:** Are volunteer activities/group recreation therapy cancelled during an outbreak?
- A6:** Yes
- Q7:** Are essential services restricted during an outbreak?
- A7:** No. Direct 1 on 1 delivery of care is permitted (i.e. community care coordinators, respiratory technicians, physicians, food delivery, etc.).

Q8: Which activities are cancelled during an outbreak?

A8: All group activities and events are cancelled when an outbreak is declared. In some facilities, complete cohorting of staff and patients/residents/clients is possible and the affected wing or pod can be completely separated from the other areas of the facility. In this case, activities may be permitted on the unaffected wing or pod, as per your Outbreak Response Lead's discretion. If cases of illness are observed on the unaffected area, all activities are cancelled throughout the site until the outbreak is declared over. All volunteer activities such as clergy and recreational therapy are also to be cancelled. Ideally hair dressing is to be cancelled, but if they wish to remain open, the hair dresser must follow the requirements in the Central Zone Guidelines for Hair Salons during an Outbreak.

Q9: When is tray service required for patients/residents/clients?

A9: Tray service is required for symptomatic patients/residents/clients and those who are on additional precautions (isolation).

General site restrictions:

Q10: Is a program such as meals on wheels cancelled during an outbreak?

A10: Yes, if the facility provides meals on wheels service from their food preparation area, the service is cancelled. Arrangements may have to be made to provide temporary delivery of service from another permitted facility until the outbreak is declared over.

Q11: Can the facility host meetings, learning fairs, open houses during an outbreak?

A11: Consult with your outbreak response lead to determine if these activities will present a risk based on your physical environment.

Q12: Can the facility continue to serve guest meals during an outbreak?

A12: No, guest meals are to be cancelled during an outbreak.

Visitor restrictions:

Q13: Are visitors restricted during an outbreak?

A13: Visitors are to be informed that an outbreak is occurring and to visit one patient only and not go from room to room. Visitors of symptomatic patients/residents/clients are to be instructed in the use of PPE, and should wear appropriate PPE.

Duration of Restrictions:

Q14: How long do infection control measures have to remain in place?

A14: Infection control measures remain in place until the outbreak is declared over by the Medical Officer of Health (MOH).

Handwashing:

Q15: Does the use of hand sanitizer eliminate the requirement for proper hand washing?

A15: No. Although alcohol based hand sanitizer is a very effective means of performing hand hygiene, washing with soap and water is the recommended method during gastrointestinal outbreaks. If hand sanitizer is to be used, it should have at least 70% alcohol as an active ingredient.

Disinfection:

Q16: Is a quaternary ammonium compound (Quat) acceptable for disinfecting contact surfaces during an outbreak?

A16: (i) Gastrointestinal Outbreaks: No. The following disinfectant categories/concentrations are recommended for disinfecting surfaces and equipment during GI illness outbreaks (follow manufacturer's directions for use):

1. Hypochlorite at a concentration of 1000 parts-per-million. Commercially available hypochlorite-containing solutions are recommended.

Note: Freshly (i.e. daily) prepared, properly diluted household bleach solutions (e.g. 20ml of 5.25% sodium hypochlorite in 1 litre of water) can also achieve this concentration; however, these may not be effective for all GI outbreaks, or appropriate in all situations (e.g. may damage some surfaces or equipment). Diluted household bleach is a disinfectant only, not a cleaner, so surfaces must be cleaned first with a detergent before disinfection can take place. There are no manufacturer's directions for use available, and so the needed contact time is not known.

2. A surface disinfectant with a Drug Identification Number (DIN) issued by Health Canada with a specific label claim against norovirus, feline calicivirus or murine norovirus. An example of a product with this label claim currently in wide use in AHS facilities is 0.5% accelerated hydrogen peroxide. There are other products available with this label claim.

Notes:

1. Equipment should be cleaned and disinfected only with a product listed in and following the procedures outlined in the manufacturer's directions for that equipment.
2. Surfaces must first be cleaned prior to disinfection (2 step process). If the surface disinfectant product used has cleaning properties (detergent/disinfectant) it may be used for both steps. Follow manufacturer's directions for use.

(ii) Influenza-like-illness Outbreaks: Always follow the disinfectant's manufacturer's directions including contact-time requirements. The thoroughness of cleaning is more important than the choice of disinfectant used. Influenza is inactivated by low level disinfectants. These

have a DIN (Drug Identification Number) and a general “DISINFECTANT” claim. Examples include: 3% hydrogen peroxide; 0.5% accelerated hydrogen peroxide; quaternary ammonia products; phenolics; and bleach dilutions (1000 ppm strength i.e. 1:50 dilution of household bleach).

Personal Protective Equipment (PPE) (e.g. gloves, gowns, masks, protective eyewear/ face shields)

Q17: When is PPE required?

A17: Before starting any task, assess the risk of acquiring/spreading infection:

- Note any potential contact you may have with body fluids, stool or contaminated clothing/equipment/environment during patient/resident/client care (symptomatic or asymptomatic), patient transport or environmental cleaning/contact.
- Put on appropriate PPE to prevent acquiring/spreading infection.

Further information on PPE is available at: www.ahs.ca/6854.asp

Q18: During an outbreak should staff have to wear PPE at all times when on an affected unit/ward/floor or only when entering a patient/resident/client’s room or transporting a patient?

A18: Only when entering the patient/resident/client’s room or transporting the patient/resident/client.

Note: tasks that require only a brief entry and exit from the room may not require the use of PPE. These special situations must be discussed with Infection Prevention and Control (IPC) or the Outbreak Response Lead.

Q19: During a confirmed influenza outbreak, does personal protective equipment have to be used by staff who are immunized or taking prophylactic antivirals?

A19: Yes. There is the possibility of vaccine or antiviral failure that could result in staff infection. If PPE is not used, there is also a risk of indirect transmission from health care worker clothes and skin.

Q20: Does PPE have to be changed when staff move from one ill patient to another ill patient even within the same room?

A20: Gloves and gowns should be changed while masks and protective eyewear generally do not. If there are questions, check with IPC or the Outbreak Response Lead.

Q21: If personal protective equipment is effective in preventing transmission, why is it important to be immunized or take prophylactic antivirals during a confirmed influenza outbreak?

A21: Use of PPE alone might lead to the occasional human error which could lead to transmission. Immunization will also protect workers against sources of infection outside the workplace.

For further information, please contact your Outbreak Response Lead.

Adapted from Alberta Health Services, South Zone: Outbreak Management FAQs.