

RESPIRATORY ILLNESS AND GASTROINTESTINAL ILLNESS OUTBREAK MANAGEMENT: ACUTE AND LONG-TERM CARE FACILITIES

Note: where the term patient is used, it shall be interpreted as referring to patient, resident or client

IDENTIFICATION AND CONFIRMATION OF OUTBREAK

IDENTIFICATION OF OUTBREAK

Report suspect outbreak to IP&C/designate.

IMPORTANT info to report

- Total number of symptomatic patients
- Onset date of initial cases
- Laboratory or diagnostics completed as ordered by site primary care provider
- Location of outbreak in facility (i.e., unit, area)
- Infection Prevention and Control measures implemented

Case definition for cases and outbreak definition must be met prior to declaring outbreak.
Regional IP&C/designate will review definitions and will advise whether outbreak declared or to continue monitoring.

INITIAL IP&C MEASURES

Implement [Additional Precautions](#) for confirmed/suspect cases:

Respiratory/Influenza-like Illness

- Implement **Droplet/Contact Precautions**

NOTE:

During the COVID-19 pandemic-refer to the [COVID-19 section](#) for the additional precautions, all patients who meet respiratory/ILI case definition to initially be placed on **Droplet/Contact Precautions with Airborne for Aerosol Generating Medical Procedures (AGMPs)**.

- Place symptomatic patients in single rooms if able
- If cohorting required, consult Regional IP&C/designate

COVID-19

- Implement [Droplet/Contact Precautions with Airborne for AGMPs](#)
- Place symptomatic patients in single rooms.
- Refer to [COVID-19 Cohorting Guidelines](#). If cohorting is necessary, consult Regional IP&C/designate

NOTE:

Where patients with confirmed COVID-19 infection (RED zone) have been cohorted and one has recovered, this patient may be moved into the GREEN zone as required

Gastrointestinal Illness

- Implement [Contact Precautions](#)

NOTE:



During the COVID-19 pandemic, all patients who meet COVID-19 suspect criteria (i.e., >24 hours vomiting or diarrhea) to initially be placed on [Droplet/Contact Precautions with Airborne for AGMPs](#).

- Dedicate a toilet/commode for patients experiencing GI symptoms
- Clean hands at the point of care. Use either alcohol-based hand rub (ABHR) or soap and water. ABHR is appropriate to use when caring for patients with C. difficile, except in outbreak or hyperendemic (sustained high rates) settings, when handwashing with soap and water is recommended.

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<p>cont'd</p> <p>INITIAL IP&C MEASURES</p>	<p>Implement the following measures:</p> <ul style="list-style-type: none"> Promote and reinforce hand hygiene Promote and reinforce cough/respiratory etiquette Heighten surveillance to identify symptomatic patients Review availability of supplies (i.e., PPE) Increase requirement for equipment and environmental cleaning and disinfection
<p>SPECIMEN COLLECTION</p>	<p>Regional IP&C/designate may recommend testing to identify a causative organism(s). Usually, up to 6 specimens (may be increased/decreased depending on causative organism) are recommended to be collected with the same outbreak code to Cadham Provincial Lab. These must be submitted with the appropriate Cadham outbreak code noted on them. If possible, collect specimens early in the outbreak.</p> <div data-bbox="1814 402 2610 544" style="background-color: #e6f2ff; padding: 5px;"> <p>Specimen Collection Resources:</p> <ul style="list-style-type: none"> Respiratory Specimen Collection GI Illness Specimen Collection Outbreak Sample Cadham Lab Requisition </div>

OUTBREAK DECLARED!

<p>OUTBREAK CONFIRMATION</p>	<p>Regional IP&C/designate will communicate to site/facility that outbreak declared (if not already provided, will provide CPL Outbreak Code) IP&C/designate to establish working case/outbreak definition. Site to maintain/implement Additional Precautions for confirmed/suspect cases as per initial IP&C measures above.</p>
<p>NOTIFICATION</p>	<p>Facility staff to submit outbreak line list as per site specific process to IP&C/designate upon initial identification of outbreak, followed by once daily until outbreak declared over. Line lists examples can be found here.</p>
<p>SIGNAGE</p>	<p>In consultation with IP&C/designate, the following signage is to be posted at facility/unit where outbreak is occurring:</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="661 1045 1561 1503" style="background-color: #ffffcc; padding: 10px; border: 1px solid black;">  <p style="text-align: center;">Outbreak Signage</p> <p style="text-align: center;">(to be used for all Respiratory outbreaks including influenza and COVID-19 and Gastrointestinal outbreaks)</p> </div> <div data-bbox="1596 1045 2408 1503" style="background-color: #ffffcc; padding: 10px; border: 1px solid black;">  <p style="text-align: center;">All patients on Additional Precautions shall have signage posted prior to entry into their room/area:</p> <p style="text-align: center;">Shared Health Additional Precaution Signage</p> </div> </div>

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OUTBREAK MANAGEMENT TEAM	<p>For small unit or area specific outbreak, form an outbreak management team – team members should represent those disciplines that may have an impact on the outcome (e.g., senior leadership, nursing, infection prevention and control, housekeeping, physicians, allied health, manager, epidemiologist, director, pharmacy, communications).</p> <p>For large or significant epidemic, incident command structure may be used (or already exist) with site leadership and alternative communication/management processes in place.</p>
REPORTING AND COMMUNICATION	<p>In Manitoba, outbreaks are reported by IP&C/designate through the CNPHI Online Outbreak Reporting System.</p> <p>Additional notification regarding an outbreak must follow SDO requirements and include patients and family.</p> <ul style="list-style-type: none"> • IP&C/designate to provide verbal and/or written reports to appropriate stakeholders within the unit/facility and/or SDO (e.g., Senior Leadership) • Managers of the specific areas of care to provide verbal and/or written information to their staff regarding outbreak • Following communication from IP&C/designate, Chief Medical Officer (CMO) or Medical Director to notify physician(s) of outbreak and associated control measures • Direct care staff to notify persons receiving care and friends/family members as directed by site leadership. <p>If Outbreak Management Team (OMT) meetings take place, may refer to Outbreak Management Team Meeting Template</p> <p>If GI outbreak, refer to Manitoba Enteric Illness Protocol regarding public health inspector notification</p>
IMMUNIZATION	<p>Depending on causative organism, review vaccination status of patients/residents and offer as needed according to guidelines.</p>
ANTIVIRAL PROPHYLAXIS	<p>In event of a confirmed influenza outbreak, oseltamivir (Tamiflu®) is an antiviral medication recommended for treatment and prophylaxis against seasonal influenza during an outbreak. Primary Care Provider/MOH/LTC Medical Director consultation and orders are required.</p> <p>Refer to Manitoba Health Seasonal Influenza Protocol.</p>
OCCUPATIONAL HEALTH	<p>During each outbreak, Occupational Health will provide direction for absenteeism, staff testing (if applicable) and staff vaccination (if applicable) according to the recommendations of OMT/established OESH policies/current Communicable Disease Guidelines.</p> <p>Ideally, it is recommended staff work only in one facility during an outbreak. If staff are permitted to work between facilities, they should ensure they self-screen for symptoms and change their uniform before commencing work at another facility.</p>
COHORTING STAFF	<p>Restrict or minimize movement of staff, students, and volunteers between units/floors and common areas as possible.</p> <p>Cohort staff assignments as much as possible. Where possible, staff should work only with symptomatic or well patients, but not both.</p> <p>Refer to COVID-19 Cohorting Guidelines (sharedhealthmb.ca).</p>

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DISCONTINUATION OF PRECAUTIONS

Consult IP&C designate prior to discontinuation of precautions.

ILI/Respiratory (non-COVID)

- Discontinue precautions for suspected or confirmed non-ventilated patients based on resolution of symptoms
- Discontinue precautions for suspected or confirmed ventilated patients based on clinical improvement for 48 hours

COVID-19 (confirmed case)

See [Quick Reference Guide Testing and Clearance – Acute, Long Term, and Home Care](#)

GI (non-COVID)

Discontinue precautions based on symptom resolution 48-72 hours after the last episode of vomiting or diarrhea. If causative organism known, refer to [Manitoba Health and Seniors Care Routine Practices](#) and [Additional Precautions Part C, Table 6 for further guidance for duration of precautions](#)

ENVIRONMENTAL/ EQUIPMENT CLEANING AND DISINFECTING

Use [Facility Approved Disinfectants](#)

Patient to have dedicated bathroom

NOTE: *If not available, use dedicated commode and/or consider use of disposable absorbent waste management system (e.g., Zorbi®) in commodes so that waste is not dumped into the toilet contaminating the bathroom*

EQUIPMENT

- Fans are not permitted
- Dedicate equipment if able. If not, all shared equipment must be cleaned and disinfected prior to use on the next patient/resident
- Slings and sliders should be dedicated to the person receiving care or cleaned and disinfected, laundered prior to use on another patient/resident
- Ensure wipeable materials used for any activities (e.g., electronic tablets or other devices, craft supplies, bingo cards, cooking utensils, linens, tools, etc.) are not shared unless appropriately cleaned and disinfected between each use
- Do not share items that cannot be easily cleaned and disinfected, discard instead

ENVIRONMENT

- Clean and disinfect the patient room and dining room, as well as high-touch surface areas (e.g., doorknobs, telephone, call bells, bedrails, hallway handrails, light switches) at least twice daily and when visibly soiled Resource: WRHA Isolation Occupied Patient Room
- A facility approved disinfectant must be used to disinfect all surfaces, achieving the manufacturer's recommended wet contact time to ensure appropriate disinfection. Wet contact time is the time the surface must remain wet with disinfectant.
- After a case is determined to be recovered or is discharged, isolation room discharge cleaning/disinfection (i.e., terminal cleaning/disinfection) is performed. **Resource:** [WRHA Standard Operating Procedure Isolation Discharge Patient Room](#)
- Clean shared areas e.g., lounge areas more frequently
- If possible, dedicate housekeeping cart to the outbreak unit/area. If not possible, clean/disinfect the housekeeping cart before using in another area
- For rooms or bed space housing patients/residents with vomiting or diarrhea, vomit and feces must be cleaned promptly, including items in the immediate vicinity, followed by disinfection.

**Where there is ongoing transmission, Regional IP&C/designate may recommend a different disinfectant (i.e., sporicidal)*

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LAUNDRY / DISHES/ GARBAGE	Laundry	Dishes	Garbage
	<p>Continue to follow Routine Practices. Staff should wear PPE if there is risk of contamination of employee clothing from bodily fluids or secretions. Ensure soiled linen is handled as little as possible, with minimum agitation, and transported in closed bags. Double bagging is not necessary unless the inner bag is leaking.</p>	<ul style="list-style-type: none"> Continue to follow Routine Practices Observe the requirements for PPE when Additional Precautions are in place (e.g., gloves for Contact Precautions) 	<ul style="list-style-type: none"> Continue to follow Routine Practices Place garbage in a leak-proof bag and close securely before removal from the patient's room Double bagging is not necessary unless the bag is leaking
NUTRITION SERVICES	<p>In the event of an outbreak, all kitchenettes, snack bars, snack trays, water colors, ice machines, etc. should be closed to direct patient/visitor access. Staff will need to get patient's snacks and drinks; sites are to come up with a unit process to meet this requirement. Communal food for staff in lunch rooms, nursing stations, etc. is not recommended.</p> <p>If GI outbreak and causative agent is foodborne – refer to Manitoba Enteric Illness Protocol.</p>		
ADMISSIONS	<p>When an outbreak is declared, admissions to outbreak unit/area are generally suspended unless the new admission is infected with the same outbreak organism.</p> <div style="background-color: #fff9c4; padding: 5px;"> <p><u>Where the outbreak is COVID</u></p> <ul style="list-style-type: none"> New admissions may be considered if the patient is a recently recovered COVID-19 case within 180 days of positive test or if the patient is COVID-19 positive. If Acute Care Facility - COVID-19 Acute Care Outbreak Maintaining Services (https://sharedhealthmb.ca/) If LTC Facility – for additional info regarding admissions, refer to COVID-19 Infection Prevention and Control Guidance for Personal Care Homes </div> <p>If admission is required, consult IP&C/designate. Consideration must be given to factors that may be encountered such as microorganism, severity of the illness, extent of the outbreak and physical layout of the site</p> <p>If confirmed influenza outbreak and admission needs to occur, immunization and chemoprophylaxis should be offered as appropriate to the new admissions</p>		
TRANSFERS	<p>Notify Patient Transport Services and the receiving department regarding the need for precautions in advance of the transport</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; background-color: #e0e0ff; padding: 5px;"> <p style="text-align: center;">Intra-Facility Transfers</p> <ul style="list-style-type: none"> The movement of cases with suspected or confirmed illness within a health care setting should be restricted to essential tests and procedures. Time spent outside of the room should be minimized. Ensure advance notification of IP&C measures to receiving department (e.g., laboratory, diagnostic imaging). All cases coming from a unit where exposure or transmission of the illness has occurred must be managed using appropriate precautions until the diagnosis is excluded and the incubation period has passed. When movement is required, use appropriate PPE at all times. </div> <div style="width: 45%; background-color: #e0e0ff; padding: 5px;"> <p style="text-align: center;">Inter-Facility Transfers</p> <p>If an individual receiving care requires inter-facility transfer, the outbreak facility must notify the transport team staff and the receiving care facility, in advance, there is an outbreak at the sending facility. This allows the transport team staff and the receiving site to prepare and ensure appropriate precautions are in place during transfer and upon arrival.</p> </div> </div>		

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VISITATION	<p>Visitation will be restricted. Designated family caregivers can continue in order to meet care needs of the resident/patient. General visitors are not normally permitted during an outbreak except in certain situations (e.g., end of life). Refer to: covid-19-pch-visitation-principles.pdf (sharedhealthmb.ca)</p> <p>Advise those who visit during an outbreak to practice good hand hygiene, don, doff and wear appropriate personal protective equipment (PPE), and not travel room to room. Offer Information for Families and Visitors During an Outbreak, Respiratory Hygiene (English) (French), and Clean Hands Saves Lives (English) (French)</p>
ACTIVITIES	<ul style="list-style-type: none"> • Cease large group activities. Instead offer small group activities with those who are well and not symptomatic. For those symptomatic or recovering, 1:1 activity is appropriate • Cancel or postpone previously scheduled activities (e.g. entertainers, school groups, community presentations and/or communal meals for special holidays) until the outbreak is declared over. • Continuation of hair dressing services is dependent on where the outbreak is occurring in the facility and may be cancelled/continued at the discretion of the facility or ICP/designate. • Requests for Leave of Absence or Day Pass should be reviewed by manager in consultation with IP&C/designate. If approved, patients/residents should be advised that if they become symptomatic while away from their unit/facility, they should return to or contact their unit/facility, or seek medical attention. • Previously booked non-patient/resident events (e.g., meetings, staff in-services) in an outbreak unit/facility should be cancelled or postponed to minimize risk of exposure to others. • If the outbreak facility operates a day program, discuss postponement of this program with Management. Usually programs may continue to operate in a facility with an ongoing outbreak if: <ol style="list-style-type: none"> 1. The day program is operating in an area separated from areas of the facility in which there have been symptomatic cases (may consider an alternate location for day program). 2. Patients/residents attending the program do not socialize with patients/residents from the outbreak facility. 3. Day Program staff do not provide care in areas of the facility in which there have been outbreak cases. • Community health-based programs based in a facility that is experiencing an outbreak (i.e., Meals on Wheels Programs) should be assessed on a case by case basis.
DISCHARGES	<p>Cases who are to be discharged from hospital should be assessed for the stage of their exposure or disease. Additional measures may be put into place, such as self-monitoring. If the patient/patient/residents had been ill, but is well enough to go home and is still within the period of communicability, they will be instructed regarding appropriate precautions to avoid transmitting illness to others.</p>
MONITORING / SURVEILLANCE	<p>Ongoing surveillance is required during an outbreak to quickly detect new cases, in order to take necessary steps to prevent and control further transmission. All health care settings must have a system in place to communicate cases of new/additional infections both internally within departments and externally to receiving facilities, and MHSC.</p> <p>Patients/residents must be monitored closely for signs and symptoms of illness.</p> <p>Staff working in healthcare settings must also self-monitor for symptoms. Staff members who are feeling unwell at work must report to their supervisor or manager and leave work immediately, remaining off work until they meet the criteria to return to work.</p>

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OUTBREAK TERMINATION

Outbreaks are declared over by the IPC/Designate in consultation with IP&C physician, MOH, and/or LTC Medical Director. The guideline for declaring an outbreak over is the following:

ILI / RESPIRATORY

The normal duration of an outbreak is two times the incubation period of the respiratory virus of concern (e.g., RSV has a 8-day incubation period therefore a RSV outbreak would be declared over after 16 days with no new further cases).

Where the causative agent is unknown, in consultation with IP&C/designate, the outbreak may usually be considered over after 8 days with no new cases following appropriate isolation of the last case.

COVID- 19 ACUTE CARE

- An outbreak may be declared over by regional IP&C/designate after 10 days with no new COVID-19 healthcare associated infection [HAI] cases after last case reliably isolated
- See: <https://sharedhealthmb.ca/files/IPC-acute-care-manual-provincial.pdf>

COVID 19 LONG TERM CARE

- Declare an outbreak over after 10 days with no new COVID-19 HAI cases starting after the last case was appropriately isolated and/or left the facility
- See: <https://sharedhealthmb.ca/files/covid-19-ipc-guidance-for-pch.pdf>

GASTROINTESTINAL

- If the causative agent is known, an outbreak is usually considered to have ended when there are no new cases after 2 incubation periods following appropriate isolation of the last case
- If the causative agent is unknown, usually the outbreak is considered to have ended when there have been no new cases for 72 hours after the resolution of acute symptoms of the last identified case. It is important that vigilant observation for new cases continues even after the outbreak is declared over, especially when the causative agent has not yet been identified

OUTBREAK TERMINATION

EVALUATION

A debriefing session can be used to learn from the outbreak within two weeks of declaring it over.

Evaluate your facility's response to and management of the outbreak – **“What could have been done better?”** **“What was done well?”**

Refer to [Outbreak Management Evaluation Questionnaire](#).

IP&C/designate will complete the [final outbreak reports](#), both for senior management of facility/areas as well as online CNPHI report.