

RESPIRATORY ILLNESS AND GASTROINTESTINAL ILLNESS OUTBREAK MANAGEMENT: COMMUNITY HEALTH PROGRAMS

Supportive Housing / Group Home / Assisted Living

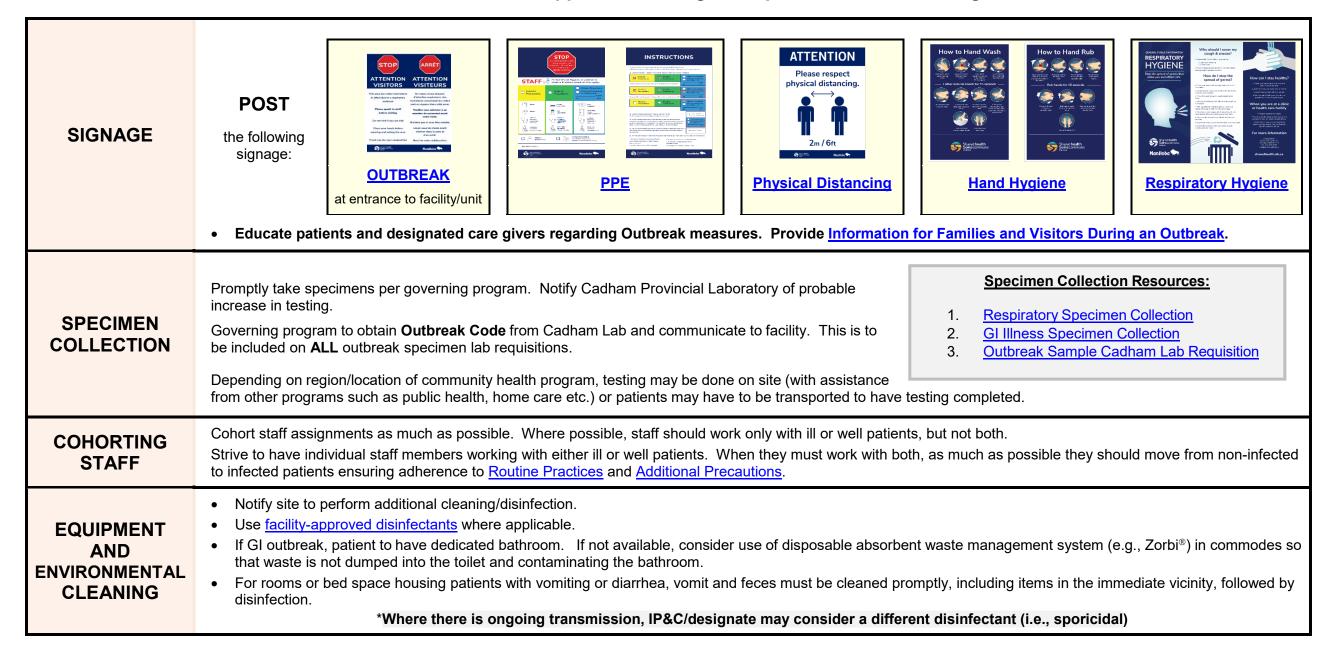
NOTE: Where the term patient is used, it shall be interpreted as referring to patient, resident or client.

IDENTIFICATION OF OUTBREAK	Alert your program supervisor of any cases/clusters. Do we have an OUTBREAK? Refer to Public Health and/or IP&C designate according to site/region/SDO process to determine if case and outbreak criteria met. Inform staff.				
NOTIFICATION	Community health program to notify governing program about cluster of cases or outbreak. Follow site/region/SDO notification processes. Contact IP&C/designate for any consultation needed.				
INITIAL IP&C MEASURES	Isolate ALL individuals known to be infected or displaying Precautions: Respiratory/Influenza-like Illness	ng respiratory and/or gastrointestinal symptoms <u>COVID-19</u>	s. Implement appropriate Additional Gastrointestinal Illness		
	Droplet/Contact Precautions NOTE: During the COVID-19 pandemic, all patients who meet respiratory/ILI case definition will initially be placed on Droplet/Contact Precautions with Airborne Precautions for AGMPs	Droplet/Contact Precautions with Airborne Precautions for AGMPs	Contact Precautions NOTE: During the COVID-19 pandemic, all patients who meet COVID-19 suspect criteria (i.e., diarrhea >24 hours will initially be placed on Droplet/Contact Precautions with Airborne Precautions for AGMPs.		
	Consult Public Health and/or IP&C/designate according to site/region/SDO process re: ability to cohort cases away from those not ill. Have asymptomatic patients wear PPE as appropriate to the organism when out of their rooms and physically distance in dining room. Promote hand hygiene measures with staff, patients, family and visitors. Ensure adequate amount of PPE and other supplies.				



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LINE LIST	Submit line list of any new symptomatic patients daily to Public Health and/or IP&C/designate • Outbreak Line Lists Public Health and/or IP&C/designate will report any deaths in patients receiving care to Manitoba Health.				
MONITORING / SURVEILLANCE	Ongoing surveillance is required during an outbreak to quickly detect new cases of illness, in order to take necessary steps to prevent and control further transmission. Staff working in settings must also self-monitor for symptoms of respiratory or GI illness. If experiencing respiratory or GI symptoms, staff must stay home from work and notify Occupational Health/designate. Staff members who are feeling unwell at work must report to their supervisor or manager and leave work immediately, remaining off work as outlined in the return to work guidelines.				
OCCUPATIONAL HEALTH	During each outbreak, Occupational Health (where available) 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.				
REPORTING AND COMMUNICATION	Outbreaks are reported to the Chief Public Health Officer or designate at MH. Other notification regarding an outbreak must follow site/region/SDO requirements and include patients and family. • Governing Program/designate to provide verbal and/or written reports to appropriate stakeholders within the program and/or site/region/SDO (e.g., Senior Leadership). • Direct care staff to notify patients and friends/family members as directed by site leadership. If OMT meetings take place, refer to Outbreak Management Team Meeting Template.				
LAUNDRY DISHES GARBAGE	Laundry	Dishes	Garbage		
	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. If performing laundry on site – use regular laundry soap and hot water (60-90°C) for laundering	 Continue to follow Routine Practices, which include using approved disinfectant to clean and disinfect room after meals. For delivery and pick up of dishes, observe the requirements for PPE when Additional Precautions are in place (e.g., gloves for Contact Precautions) 	 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 		



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NUTRITION SERVICES	Snacks for staff in common containers located in lunchrooms etc., are not recommended. Symptomatic or positive patients to eat meals in their rooms. Consult Public Health and/or IP&C/designate regarding continued use of shared dining room for asymptomatic patients.				
NEW TENANTS	New patients should not be accepted to the facility/unit during an outbreak. If absolutely required, consultation with IP&C/designate and advisory program should occur.				
TRANSFERS	Transfers to other units/facilities should be minimized and if required consult with IP&C. Patients should remain on the premises unless medically necessary to leave.				
VISITATION	Visitation will be restricted. Advise those who are permitted to visit during an outbreak to practice good hand hygiene, wear appropriate personal protective equipment (PPE), and only visit with one patient.				
ACTIVITIES	Cease large group activities. Instead offer small group activities with patients who are well and not symptomatic. For those symptomatic or recovering, 1:1 activity is appropriate. Consider cancelling or postponing previously scheduled activities (e.g., entertainers, school groups, community presentations and/or communal meals for special holidays) until the outbreak is declared over. Previously booked non-patient events (e.g., meetings, staff in-services) in an outbreak community program should be cancelled or postponed to minimize risk of exposure to others.				
DISCONTINUATION OF PRECAUTIONS	Respiratory/Influenza-like Illness	COVID-19	Gastrointestinal Illness (non-COVID)		
	Discontinue precautions for suspected or confirmed non-ventilated patients based on resolutions of symptoms/clinical improvement (e.g., COPD as baseline) Discontinue precautions for suspected or confirmed ventilated patients based on clinical improvement for 48 hours	Consult Public Health and/or IP&C/designate prior to discontinuing precautions	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.		
OUTBREAK TERMINATION	Outbreaks are declared over by the Public Health and/or IP&C/Designate in consultation with governing body. Notify all stakeholders when outbreak declared over.				
EVALUATION	A debrief 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.				