



RIVERVIEW GARDENS

INFECTION CONTROL POLICIES & PROCEDURES

POLICY: SURVEILLANCE AND OUTBREAK MANAGEMENT (SUR) - CONFIRMING AN OUTBREAK		
POLICY CODE: INF SUR	Issued: Apr./06	Revised: July 5, 2022

Policy:

Through ongoing surveillance collection and analysis, infection prevention via routine practise, will be used to identify and prevent transmission of infection in our Home. Precautions will be added as needed.

CONFIRMING AN OUTBREAK:

POLICY:

In the event that line listing of resident signs and symptoms suggest that a potential outbreak may be in progress, immediate measures must be implemented to reduce the transmission of disease

It is essential to NOT wait until the causative agent is identified before implementing Additional Precautions.

The IPAC lead, and the DON, in consultation with the Medical Director or the local Public Health Unit will review surveillance data and confirm that an outbreak is occurring.

DEFINITION:

An outbreak is defined as two (2) or more residents or an increase in the number of residents exhibiting similar symptoms that exceeds the normal number for that period of time.

Outbreak criteria vary according to the suspected organism. Clinical judgment should be exercised when assessing residents with medical conditions or treatment routines, which may contribute to the symptoms displayed.

GUIDELINES:

The DON, and the IPAC lead in collaboration with the Public Health Unit, will develop a working case definition to classify exposed residents as cases or non-cases. A case definition can be developed on the data collected from case symptoms using simple clinical criteria: the most common are identified on the line list. A case definition includes signs and symptoms displayed within a defined time period (e.g., “Any resident or staff presenting with 2 or more symptoms of fever, sore throat, cough and runny nose



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presenting on or any laboratory confirmed case.” Or “Any resident or staff presenting with 2 or more symptoms of vomiting (at least 2 episodes) with or without *diarrhea* within 24 hours, or bloody diarrhea with cramps and fever presenting on or after November 1, 2011, or any laboratory confirmed cases.”)

Each outbreak requires its own definition. The case definition should be reviewed during the course of the outbreak and modified if necessary to ensure that the majority of cases are captured by the definition.

The Public Health Unit will be notified whenever an outbreak is suspected.

When an Enteric outbreak is suspected, staff will use the Ministry of Health and Long-Term Care, Public Health Division: Control of Gastroenteritis Outbreaks in Long-Term Care Homes: A Guide for Long-Term Care Homes and Health Unit Staff, (September 2011) as the Outbreak reference document to guide actions.

This can be located at: www.halton.ca/common/pages/UserFile.aspx?fileId=68146

When a Respiratory outbreak is suspected, staff will use the Ministry of Health and Long-Term Care, Public Health Division and Long-Term Care Homes Branch. A guide to the control of respiratory infection outbreaks in long-term care homes (2004).

This can be located at:

http://www.health.gov.on.ca/english/providers/pub/pubhealth/ltc_respoutbreak/ltc_respoutbreak.pdf

PROCEDURE:

All Home area staff will:

1. Immediately communicate concerns of signs and symptoms of infection in any resident to the registered staff.
2. Implement Additional Precautions for affected resident(s).

The Registered staff will:

1. Implement initial infection control measures as appropriate according to signs and symptoms presented, including isolation of affected resident(s) and use of Additional Precautions. Do not wait for confirmation of the organism.
2. Review the status of all residents in the Home area ensuring that line listing is fully completed.
3. Communicate with the IPAC lead and the DON and ensure that staff follows all recommendations made.
4. Notify attending physician and obtain any orders.



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5. If directed by Physician or Public Health, obtain specimens from affected residents, complete requisitions and send to lab.
6. Inform SDM of signs and symptoms of suspected outbreak and any precautions that have been implemented.
7. Ensure that any new cases are reported to Nurse in charge as soon as possible.
8. The IPAC lead will:
9. Review the line listing and identify if the definition of an outbreak is met.
10. Communicate suspected outbreak to all Home Areas using email
11. Communicate suspected outbreak to all Department Managers and the Medical Director.
12. Notify Public Health Unit of suspected outbreak and identify any testing or special measures to be implemented.
13. Create the case definition with the Public Health Unit.
14. Obtain outbreak number from the Public Health Unit.
15. Notify CCAC that an outbreak is in progress and inform them when it is declared over.
16. Monitor all Home areas for indications that the outbreak has not been contained and initiate infection prevention / control measures as appropriate.
17. Chair the outbreak management team meetings (OMTM), ensuring that all monitoring activities are assigned and record minutes of meeting.
18. Maintain all records relating to any outbreak include outbreak management team minutes and the completed checklist(s).
19. Prepare summary data for indicator tracking and analysis.

The Public Health Unit will:

1. Assess the signs and symptoms and declare if an outbreak is in progress.
2. Collaborate with the IPAC lead, DON and create a case definition for the outbreak.
3. Assign an outbreak number.
4. Provide information on outbreak management to the Home and ensure that adequate supplies are available for testing.
5. Pick up and process any specimens provided.

The Administrator/Designate will:

1. Notify the General Manager that an outbreak is in progress and provide status updates.



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2. Notify the MOHLTC through the CIS reporting portal and submit an Outbreak report.
3. Participate in outbreak management team meetings.
4. Ensure that all assigned checklist duties are completed as required.
5. Respond to all media inquiries after first notifying the General Manager of such.
6. Ensure that residents and family members are made aware of and kept up to date on any outbreak that is in progress.