

QUICK REFERENCE GUIDE TO OUTBREAK MANAGEMENT

10-414-6252

Version 2.0

December 22, 2020



northern health
the northern way of caring

Disclaimer:

This quick reference guide was created to help front line staff quickly identify and manage three common outbreaks of concern: Gastrointestinal, Influenza like illness and COVID-19. For more complete information regarding outbreaks see

Gastrointestinal: <http://docushare.northernhealth.ca/docushare/dsweb/Get/Document-214458/10-414-6219.pdf> or docusource # 10-414-6219

Influenza like illness:

<https://ournh.northernhealth.ca/oursites/NHCommittees/pandphealth/OurNH%20Documents/Influenza%20Outbreak%20Manual.pdf> or docusource # 10-414-6219

COVID-19

<https://ournh.northernhealth.ca/oursites/communications/OurNH%20Communications%20Documents/illness-outbreak-management-for-ltc-manual.pdf>

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Revision from October 7, 2020 Version: Changes highlighted in **blue**.

OUTBREAK READINESS

All facility/unit managers should be prepared for an outbreak. They are vital contributors to outbreak prevention, detection, and control, and as such have many responsibilities during an outbreak. Prior to an outbreak (i.e. as soon as possible), the facility/unit manager should:

- Ensure they and their staff are familiar with the responsibilities of their facility regarding outbreak prevention, detection, and management.
- Ensure outbreak tools are available on site and all staff know where they are:
 - Outbreak kits and /or appropriate specimen containers and labels (see [page 8](#) for order kits for BCCDC)
 - Signage
 - Supply of appropriate PPE
- Maintain an up to date list of the members of the Facility Outbreak Management Team (FMOT)
 - Medical Health Officer (MHO)
 - Infection Prevention and Control Practitioner (IPCP)
 - Communicable Disease team representative
 - Workplace Health and Safety representative
 - Facility Outbreak Lead
 - Manager of affected facility (may be the same as the Facility Outbreak Lead)
 - Communications representative
 - Support Services representative
 - Staffing representative
 - Licencing Officer
 - Laboratory representative
 - Administrative support
- Designate a Facility Outbreak Lead (e.g. Facility Manager, Coordinator or other designate) who will be able to provide up to date information to the Facility Outbreak Management Team on a daily basis, and oversee the implementation of control measures.

CASE AND OUTBREAK DEFINITIONS

Case Definitions

Case definitions are a standard criteria to determine if a client has the disease.

GI Illness – Acute onset of gastrointestinal symptoms with one of the following symptoms and no other definitive diagnosis:

- Two or more episodes of diarrhea in a 24 hour period above what is considered normal for that individual
- or

- Two or more episodes of vomiting in a 24 hour period
or
- One episode of each of vomiting and diarrhea in a 24 hour period
or
- One episode of bloody diarrhea
or
- Positive culture for a known enteric pathogen with a symptom of GI infection (e.g. vomiting, abdominal pain, diarrhea)

Influenza Like Illness - An acute onset of respiratory illness with cough and fever and with one or more of the following:

- headache
- Sore muscles/joints
- Extreme fatigue/weakness
- Sore throat

COVID-19 - Acute onset of **respiratory, systemic, or gastrointestinal illness**, with ANY of the following symptoms (new or worsened), and no other definitive diagnosis:

- Respiratory symptoms: cough, shortness of breath, rhinorrhea (runny nose), nasal congestion, sore throat, odynophagia (painful swallowing), loss of smell and/or taste
- Systemic symptoms: fever, chills, headaches, fatigue, or muscle aches
- Gastrointestinal symptoms: nausea, vomiting, diarrhea

Note:

- Symptoms are not associated with a known cause, such as fever due to urinary tract infection, or diarrhea due to a new medication. Clinical judgement is required.
- The elderly, the immune-compromised, or those taking medications i.e. steroids, NSAIDS, or ASA, **may not develop a fever** or may have a lowered temperature as a result of the infection. **A temperature <35.6 °C or >37.4 °C in the elderly may be an indication of infection.**

Outbreak Definitions

GI Outbreak

Three or more cases of probable viral GI infection, potentially related within a four day period, within a specific geographic area (e.g. unit, ward)

Influenza like Illness Outbreak

Two or more cases of Influenza like Illness in clients and/or staff within a seven-day period, with at least one case identified as a resident.

COVID-19 Outbreak

Long-term care:

Any ONE resident or Health Care Worker has a laboratory-confirmed diagnosis of COVID-19. **If the case is a Health Care Worker, they must have worked at the facility during their infectious phase AND had a PPE breach during this time.**

Acute care:

Any ONE admitted patient has a laboratory-confirmed diagnosis of COVID-19, AND the case investigation must conclude that the infection was most likely acquired at the facility, rather than prior to admission.

NH Outbreak Management flowchart



Ensure all ill clients that meet the case definition are on droplet/contact precautions

If an outbreak is suspected, notify your supervisor and local Infection Prevention and Control. If after hours or on the weekend call the Medical Health Officer (MHO) on call at UHNBC switchboard (250-565-2000).
Only the Medical Health Officer (MHO) or designate can declare an outbreak.

- Start a line list of all clients and staff with symptoms.
 - GI Illness – page 10 and 12
 - Influenza like illness - page 14 and 16
 - COVID-19 - page 18 and 20
- This list must be scanned and emailed to Medical Health Officer (MHO), Infection Prevention Control, and Environmental Health Officer. Daily line lists must be emailed by 9:00 am

Collect specimens. Instructions for Specimen collection is attached
For GI specimen collection - page 22
For Influenza like illness and COVID-19 - page 23-25

Fill out forms for BCCDC (attached)

For GI disease:

- a. GI Disease [Outbreak Notification form](#) (page 26-27) must be faxed to BCCDC @ **1-604-707-2607**. The outbreak identification name will be facility/year (i.e. Dove Care 2015)
- b. GI Disease [Outbreak Requisition](#) (page 28-29) form must accompany the specimens to BCCDC.

For Influenza-like illness and COVID-19-like illness:

- a. Currently no forms needed for BCCDC, use regular NH lab requisitions..

Please note: The "Ordering Physician" is the family or facility physician not the Medical Health Officer.

Ensure that infection prevention and control measures have been put in place.

Orders will be processed and mailed using Canada Post. Allow 5-14 business days for arrival.
For RUSH orders, provide the following information:
Courier Name: _____ Courier Account #: _____

DOCTOR/CLINIC/FACILITY NAME (PLEASE PRINT CLEARLY)		DATE	
SHIPPING ADDRESS		CITY	POSTAL CODE
NAME (PLEASE PRINT CLEARLY)	AUTHORIZED SIGNATURE	EMAIL	TELEPHONE NO.

Sample Containers Instructions on sample collection and submission can be found in the **eLab Handbook**: <http://www.elabhandbook.info/PHSA/Default.aspx>.
NOTE: A COMPLETE PACKAGE* CONSISTS OF (1) SAMPLE CONTAINER, (1) SAMPLE BAG & (1) REQUISITION/FORM UNLESS SPECIFIED
 PLEASE **DO NOT** ORDER IN PADS, BAGS, PACKS, FLATS, TRAYS, BOXES OR CASES (Unless ordering the Serology Screening Requisition in the 50-page pad).

COMPLETE PACKAGE*

CONTAINER TYPE / TEST	DESCRIPTION	TESTING INFORMATION AND FURTHER DETAILS	No.	
SWABS	Aptima Unisex Swab Sample Collection Kit for Endocervical and Male Urethral Swab specimens (purple label)	Chlamydia trachomatis AND Neisseria gonorrhoeae for Nucleic Acid Testing (NAT). Trichomonas vaginalis for Nucleic Acid Testing (NAT) in females only.		
	APTIMA NUCLEIC ACID TESTING (NAT) SWAB			
	Aptima Multitest Swab Sample Collection Kit (suitable for vaginal, throat, rectal, eye collection) (orange label)			
	APTIMA NUCLEIC ACID TESTING (NAT) URINE	Aptima Urine Sample Transport Kit (yellow label)		
	BACTERIAL CULTURE SWAB	COPAN (green-top) eSwab + Liquid Amies	Culture for bacterial pathogens excluding Mycobacterium spp. Culture and polymerase chain reaction (PCR) test for Bordetella pertussis Culture of urethral & eye specimens for Neisseria gonorrhoeae	
	INFLUENZA / OTHER RESPIRATORY VIRUSES, MEASLES and MUMPS	COPAN (red-top) + Universal Transport Media	Nucleic Acid Testing (NAT) for nasal/nasopharyngeal and throat specimens. Do not use for Chlamydia trachomatis testing	
VIRUS ISOLATION SWAB, HERPES and VZV	COPAN (blue-top) + Universal Transport Media	Nucleic Acid Testing (NAT) for skin and genital specimens. Do not use for Chlamydia trachomatis testing		
BLOOD TUBES	BLOOD PARASITES	K2EDTA (EDTA/Lavender top) vacutainer	(Malaria) Smears to be submitted in addition to blood in EDTA	
	HEPATITIS C PCR		Specimen to be submitted in EDTA vacutainer tube	
	SEROLOGY SCREENING		Hepatitis, HIV, Prenatal, Rubella, Helicobacter pylori, Syphilis, Virus Serology	
	ZOOONOTIC DISEASES & EMERGING PATHOGENS	Serum separator tube (SST/Gold top) vacutainer	ASOT, AntiDNase B, Brucella, Borrelia, Coccidioides, Diphtheria, Tetanus, Toxoplasma, Tularemia, Parasitic Serology, Bartonella, Cryptococcus, Referred Bacterial, Fungal & Parasitic Testing, Arboviruses (West Nile virus), Hantavirus, Rickettsia, Ehrlichia/ Anaplasma, Leptospira, Referred Testing	
OUTBREAK KITS	GASTROINTESTINAL DISEASE OUTBREAK KIT	Kit consists of 6 sterile vials for feces, 2 sterile vials for vomitus, 8 biohazard bags, 8 GI Outbreak Requisition and 1 GI Outbreak Fax Notification form		
	INFLUENZA LIKE ILLNESS OUTBREAK KIT	Kit consists of 6 swabs, 6 biohazard bags, 6 VI requisition forms and 1 ILI fax notification form	FOR FACILITY TESTING ONLY (Maximum order per season is 50 kits. Orders over 50 kits must be approved by the Virology Section).	
FECES VIALS & PADDLES	ENTERIC PATHOGENS			
	PARASITOLOGY	SAF (preservative) vial	Orders must be approved by the Parasitology Section	
	PINWORM	Pinworm sticky paddle	Orders must be approved by the Parasitology Section	
	VIROLOGY		Gastrointestinal virus testing (including Norovirus, Adenovirus, Astrovirus, Rotavirus and Sapovirus)	
BOTTLES	TREATED PLASTIC BOTTLES		Water Bacteriology	
	ENDOTOXIN-FREE BOTTLES	50 bottles (yellow cap)/order (no requisition)	Endotoxin/Limulus Amoebocyte Lysate (LAL) testing	
SLIDES	MICROSCOPIC EXAM		Gonorrhea, Bacterial Vaginosis & Yeast	
	SYPHILIS		Dark Field/Direct Fluorescent Antibody	
VIALS AND JARS	FOOD MICROBIOLOGY JAR		For Food Quality and Food Poisoning Samples	
	TISSUE PARASITES	Sterile vial		
	TREATED ICE GLASS JAR		Water Bacteriology	
	TUBERCULOSIS PLASTIC JAR		Sputum, urine & other body fluids (all Mycobacteria)	
	TUBERCULOSIS TREATED GLASS JAR		Stomach washings (all Mycobacteria) (Request these prepared jars 2 weeks in advance)	
	ZOOONOTIC DISEASES & EMERGING PATHOGENS		Helicobacter pylori Stool Antigen	
REQUISITION ONLY ORDER SEE REVERSE FOR LIST OF FORMS	REQUISITION CODE**		ADDITIONAL REQUESTS (Indicate)	
	NO. REQUESTED			

ORDERING INFORMATION:

What should I order?

For instructions on what container to use and how to collect and submit the sample please consult the BCCDC Public Health Laboratory **eLab Handbook** at <http://www.elabhandbook.info/PHSA/Default.aspx>.

How do I order?

Using this *Sample Container Order Form* please either **email** the request to **kitorders@hssbc.ca** OR **fax** request to **(604) 707-2606**

- Please order in single units;
- Please **DO NOT** order in pads, bags, packs, flats, trays, boxes or cases (unless ordering the Serology Screening requisition which is available in a 50-page pad).

How many should I order?

When ordering please keep in mind the following:

- A lot of sample containers have components that have a short shelf-life and therefore have expiry dates. Please order according to your needs instead of "stock-piling".

When will I receive my order?

Orders will be processed and mailed using Canada Post. Please allow 5-14 business days for arrival.

For **RUSH** orders, provide the following information:

Courier Name: _____ Courier Account #: _____

REQUISITION FORMS

BAM	Bacteriology & Mycology Requisitions	2 sided form: Side 1 – Specimens for Bacteriology and Mycology testing Side 2 – Isolates for Identification
FP1	Food Poisoning Form Part A - Incident Summary	To be filled out during a food poisoning event
FP2	Food Poisoning Form Part B - Requisition	To accompany clinical and food/environmental samples in suspected food poisoning events. Food Poisoning Form Part A - Incident Summary must also be filled out.
FQ	Food Quality Sample Requisition	To accompany food samples submitted by Environmental Health Officers under the Food Quality Check Program
GIOB	Gastrointestinal Disease Outbreak Requisition	To accompany each sample submitted for GI outbreak investigation
GIOF	Gastrointestinal Disease Outbreak Fax Form	To be filled out for each GI outbreak
PARA	Parasitology Requisition	Ova & Parasites, Blood & Tissue Parasites, Parasite Identification (arthropods, worms, proglottids)
SER	Serology Screening Requisition	High volume serology testing; available in 50-page pad
TB	Mycobacteriology/TB Requisition	Mycobacteriology testing
VI	Virology Requisition	Non-serological virology testing
WB	Water Bacteriology Requisition	Public health water analysis (drinking water, recreational and waste water)
ZEP	Zoonotic Diseases & Emerging Pathogens Requisition	Serological, molecular and other testing for viruses, bacteria, parasites and fungi

Email daily to MHO, Infection Prevention and EHO by 9:00 AM

For departments that are under an outbreak declaration, ensure this line list is updated daily. If there are no new cases, indicate none.

Start date		Facility		Phone	Contact person		Phone	
Resident initial	Room	Case definition met*?	Symptoms Vomiting (V), Diarrhea (D), Nausea (N), Abdominal pain (A)	Date symptoms onset (MM-DD)	Specimen collection date (MM-DD)	Swab result	Duration of symptoms	Comments
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***Gastrointestinal (GI) illness case definition**
A case of probable GI infection is defined as any one of the following conditions that cannot be attributed to another cause (e.g., laxative use, medication side effect, diet, prior medical condition):

- Two or more episodes of diarrhea in a 24 hour period above what is considered normal for that individual
- Two or more episodes of vomiting in a 24 hour period
- One episode each of vomiting and diarrhea in a 24 hour period
- Positive culture for a known enteric pathogen with a symptom of GI infection (e.g., vomiting, abdominal pain, diarrhea)
- One episode of bloody diarrhea

Email daily to MHO, Infection Prevention and EHO by 9:00 AM

For departments that are under an outbreak declaration, ensure this line list is updated daily. If there are no new cases, indicate none.

Start date		Facility	Phone	Contact person	Phone			
Staff initial	Last day worked	Case definition met*?	Symptoms: Vomiting (V), Diarrhea (D), Nausea (N), Abdominal pain (A)	Date symptoms onset (MM-DD)	Specimen collection date (MM-DD)	Swab result	Duration of symptoms	Comments
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 - Two or more episodes of vomiting in a 24 hour period
- One episode each of vomiting and diarrhea in a 24 hour period
- Positive culture for a known enteric pathogen with a symptom of GI infection (e.g., vomiting, abdominal pain, diarrhea)
- One episode of bloody diarrhea

Email this form to your MHOs and Infection Prevention by 9:00 AM daily during an outbreak.

For departments that are under an outbreak declaration, ensure that the line list is updated daily. If there are no new cases, indicate none.

Resident initial	Room	Case definition met*?	Facility					Contact person									
			Cough		Symptoms (tick all that apply)			Phone		Phone		Date symptoms onset (MM-DD)	Swab result	Date antiviral started (MM-DD)	Date recovered (MM-DD)	Date admitted to hospital (MM-DD)	Comments
			Fever (indicate temperature)	Sore muscles/joints	Extreme fatigue/weakness	Headache	Sore throat	Other (specify)									
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***Influenza-like illness case definition:** An acute onset of respiratory illness with cough and fever and with one or more of the following: headache, sore muscles/joints/, extreme fatigue/weakness or sore throat

Note: Fever may not be present

Email this form to your MHOs and Infection Prevention by 9:00 AM daily during an outbreak.

For departments that are under an outbreak declaration, ensure that the line list is updated daily. If there are no new cases, indicate none.

Staff initial	Ward/floor	Case definition met**?	Facility				Symptoms (tick all that apply)					Contact person					
			Cough		Fever (indicate temperature)	Sore muscles/joints	Extreme fatigue/weakness	Headache	Sore throat	Other (specify)	Date symptoms onset (MM-DD)	Swab result	Date antiviral started (MM-DD)	Date recovered (MM-DD)	Date next scheduled shift (MM-DD)	Date last worked at facility (MM-DD)	Do they work at another facility
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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***Influenza-like illness case definition:** An acute onset of respiratory illness with cough and fever and with one or more of the following: headache, sore muscles/joints/, extreme fatigue/weakness or sore throat
Note: Fever may not be present

Email this form to your MHO, Communicable Disease Team representative, and Infection Prevention by 9:00 AM daily during an outbreak.

For departments that are under an outbreak declaration, ensure that the line list is updated daily. If there are no new cases, indicate none.

Start date	Facility	Phone	Contact person	Phone
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Symptoms: **F** - Fever (temp), **C** - cough, **S** - sneezing, **R** - runny nose, **ST** - sore throat, **DB** - difficulty breathing, **V** - vomiting, **D** - diarrhea

Resident/ Patient initial	Room	Case definition met**?	Symptoms (tick all that apply)							Date symptoms onset (MM-DD)	Swab result	Date recovered (MM-DD)	Date next admitted to hospital (MM-DD)	Comments
			F	C	S	R	ST	DB	V					
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***Covid-19-like illness case definition:** Acute onset of respiratory, systemic, or gastrointestinal illness, with ANY of the following symptoms (new or worsened), and no other definitive diagnosis:
 • Respiratory symptoms: cough, shortness of breath, rhinorrhea (runny nose), nasal congestion, sore throat, odynophagia (painful swallowing), loss of smell and/or taste
 • Systemic symptoms: fever, chills, headaches, fatigue, or muscle aches
 • Gastrointestinal symptoms: nausea/vomiting, diarrhea

*Note that this does NOT include symptoms with a known cause, such as fever due to urinary tract infection, or diarrhea due to a new medication. Clinical judgement is required.



Email this form to your MHO, Communicable Disease Team representative, and Infection Prevention by 9:00 AM daily during an outbreak.

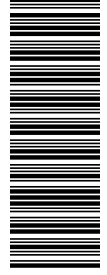
For departments that are under an outbreak declaration, ensure that the line list is updated daily. If there are no new cases, indicate none.

Start date	Ward/ floor	Case definition met**?	Symptoms (tick all that apply)							Date symptoms onset (MM-DD)	Swab result	Date recovered (MM-DD)	Date next admitted to hospital (MM-DD)	Date last worked at facility (MM-DD)	Do they work at another facility (MM-DD)
			F	C	S	R	ST	DB	V						
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*Covid-19-like illness case definition: Acute onset of respiratory, systemic, or gastrointestinal illness, with ANY of the following symptoms (new or worsened), and no other definitive diagnosis:

- Respiratory symptoms: cough, shortness of breath, rhinorrhea (runny nose), nasal congestion, sore throat, odynophagia (painful swallowing), loss of smell and/or taste
- Systemic symptoms: fever, chills, headaches, fatigue, or muscle aches
- Gastrointestinal symptoms: nausea/vomiting, diarrhea

**Note that this does NOT include symptoms with a known cause, such as fever due to urinary tract infection, or diarrhea due to a new medication. Clinical judgement is required.



Instructions for Specimen Collection – Gastrointestinal Illness (GI)

Prior to outbreak season order outbreak kit at the link below

<http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Labs/PHLOrderForm.pdf>

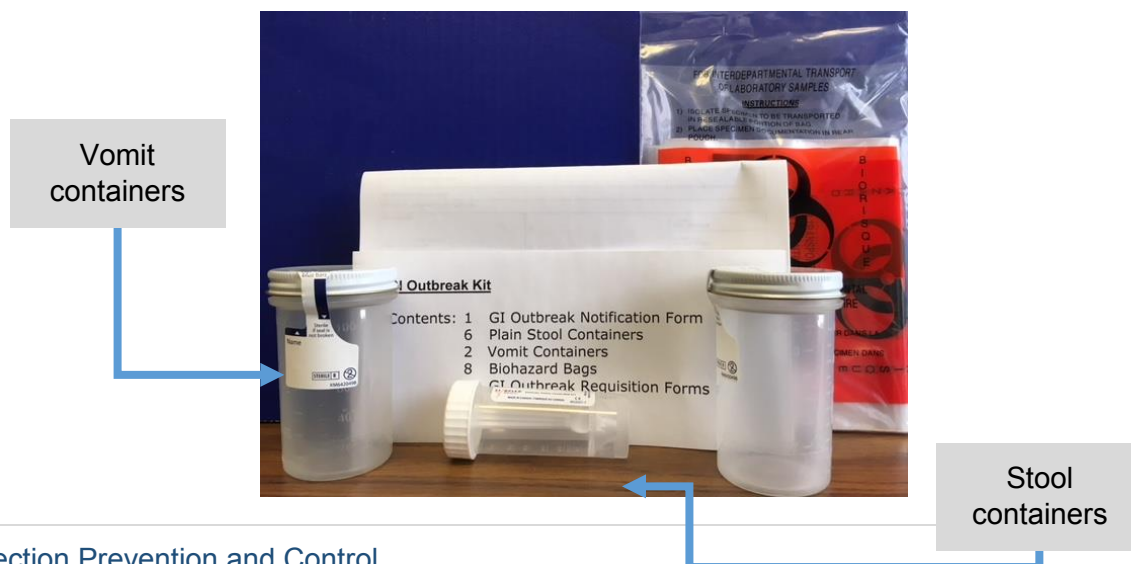
Faeces:

1. *Patient*: label vial and requisition before collecting specimen and fill in requisition completely. Print clearly.
2. Avoid contamination with urine or water from toilet.
3. Use a sterile dry container (orange/white top) to collect stool for viral testing. If no sterile dry container is available, use one of the options below:
 - a. Using the spoon from each vial select portions containing blood, mucous or pus and if present transfer into the vial as follows:
 - i. **Green-capped vial** – Fill up to the line indicated
 - ii. **Red-capped vial (with SAF)** – Add 2-3 spoonful of faeces to the liquid in the bottle. Mix well.
4. Replace and tighten cap. Place vials into plastic bag.
5. Keep specimens at 10°-20°C for immediate (same day) delivery, otherwise, refrigerate at 4°C before transport with ice pack.
6. Coordinate specimen pick up with Environmental Health Officer EHO or speak directly to your lab.

Vomitus:

1. *Patient*: label vial and requisition before collecting specimen and fill in requisition completely. Print clearly.
2. Vomit into a clean container.
3. Transfer vomitus into the dry sterile container. Fill-up to the line indicated.
4. Replace and tighten cap. Place vial into the plastic bag.
5. Refrigerate at 4°C before transport with ice pack. **Do Not Freeze Specimen.**

BCCDC Outbreak specimen container kit.




Instructions for Specimen Collection – Influenza/Covid-19 like Illness

The most up-to-date specimen collection instructions from Northern Health are available on [OurNH](#). The [December 11, 2020](#) version is reproduced here:

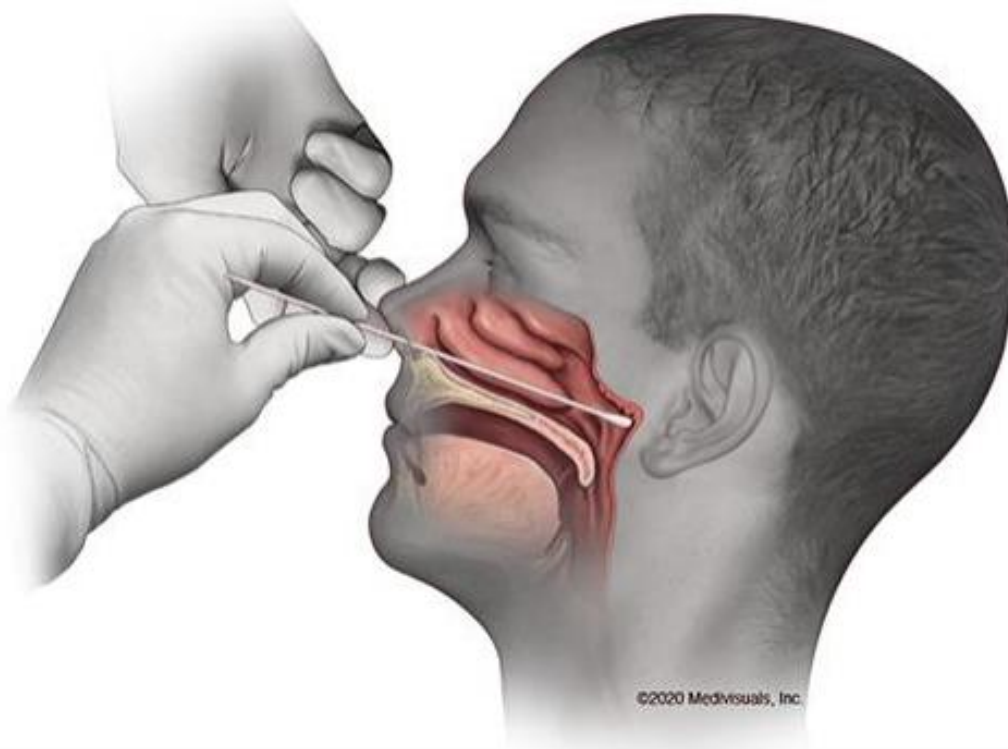
NH Lab Services – Guiding Principles	
REQUIREMENT	Label samples immediately AFTER collection in the presence of the patient.
RISK	Incorrectly labelled specimens will delay sample processing and results
LAB REQUISITION	<p>Each sample must be accompanied by a completed requisition. Clearly state:</p> <ul style="list-style-type: none"> ✓ Patient Name, PHN or DOB, address including postal code & contact # ✓ Ordering Provider Name & MSP, address including postal code, contact # ✓ Test request (COVID-19 NAT) ✓ Patient group code in RED
DEMOGRAPHIC INFORMATION	<p>Print legibly or use a pre-printed label.</p> <p>The following patient & collection information is required on ALL samples.</p> <ul style="list-style-type: none"> ✓ PATIENT Last Name, First Name ✓ Personal Health Number (PHN) or Date of Birth (DOB) ✓ Specimen type or specimen source (eg. NP Swab) ✓ Collection Date & Time ✓ Patient group code in RED <p><i>Sample label information must match requisition information EXACTLY.</i></p>
ACCEPTABLE SWABS	<p>FOR PRIMARY CARE, UPCC & COVID-19 COLLECTION LOCATIONS: Order swabs through e-Rex, inventory is NOT managed by lab.</p> <ul style="list-style-type: none"> ✓ Yocon Viral Swab item # 5007145 – preferred swab type ✓ VWR Starplex Swab item # 5007406 ✓ UPCC by appointment only: saline gargle samples can be collected using the kits provided by BCCDC. Follow saline gargle instructions provided by BCCDC <p>FOR PAEDIATRIC COLLECTIONS:</p> <ul style="list-style-type: none"> ✓ Copan Red top “Mini-tip” swab – supplied by lab as needed ✓ Yocon viral swab can be used for children ≥6 years old ✓ Saline gargle samples can be collected using the kits provided by BCCDC. Follow saline gargle instructions provided by BCCDC
SAMPLE COLLECTION	<p>Carefully follow instructions on the last page to ensure a good quality sample.</p> <p>COVID-19: Adult testing guidelines for British Columbia (PDF) COVID-19: Pediatric testing guidelines for British Columbia</p> <p style="text-align: center;">Self Collection:</p> <p>Interim guidance for self-collected specimens has been developed by BCCDC only for use in settings without accessible health services. Patients who must self-collect must be given clear instructions otherwise test may be invalid.</p>

NH Lab Services – Guiding Principles

PATIENT GROUP	<p>Mark requisitions and samples with one of the following patient groups in RED</p> <p>HOS Hospital (Inpatient)</p> <ul style="list-style-type: none"> ○ Emergency Department (with intent to admit) ○ Symptomatic pregnant woman in their 3rd trimester ○ Renal patients ○ Cancer patients receiving treatment ○ Other immunocompromised patients <p>LTC Long Term Care Facility</p> <p>OBK Outbreaks, clusters or case contacts</p> <ul style="list-style-type: none"> ○ includes individuals who are homeless or have unstable housing <p>HCW1 Health Care Worker - Direct Care</p> <ul style="list-style-type: none"> ○ Essential service providers (incl. first responders) <p>HCW2 Health Care Worker - Indirect Care</p> <p>CMM Community</p> <ul style="list-style-type: none"> ○ Community or outpatient, including Urgent and Primary Care Centres <p>FN-CMM Specific First Nation Locations due to remoteness</p> <ul style="list-style-type: none"> ○ Fort St James area communities: Takla Lake, Yekooche, Tl'azt'en, Nak'azd'li ○ Finlay Hub area communities: Kwadacha, and Tsay Keh Dene ○ Fort Nelson ○ Coastal Tsimshian: Gitgaat, Kitkatla, Lax Kwalaams, and Metlakatla ○ Tahltan (Telegraph Creek) and Iskut <p>CGT People living in congregate settings</p> <ul style="list-style-type: none"> ○ work-camps, correctional facilities, shelters, group homes, assisted living and seniors' residences. <p>TREPL Tree Planters</p> <p>SCHOOL School</p> <ul style="list-style-type: none"> ○ People attending school in-person including students, teachers and support staff 	
SAMPLE TRANSPORTATION	<ul style="list-style-type: none"> • Store all samples at 4⁰C after collection • Place sample in biohazard bag (one per bag) and requisition into outer pocket • Package and transport following TDG Category B Guidelines <p>IMPORTANT: Send to local laboratory for processing. Do not ship elsewhere otherwise sample cannot be tracked.</p>	

Nasopharyngeal Swab Procedure

1. Assemble supplies:
 - Viral swab
 - PPE (surgical mask, eye protection, gown, gloves)
2. Explain procedure to individual.
3. Wash hands. Don appropriate PPE for protection in case individual coughs or sneezes.
4. Ask individual to clear all mucous in the nose by blowing into a tissue.
 - Mucous can interfere with collection of a good quality sample. The virus does not live in mucous, only in the cells that line the nasal passage.
5. Ask individual to sit up straight and tilt head slightly backward.
6. Collect sample: enter a flexible swab several centimeters with a slow, steady motion along the floor of the nose until the posterior nasopharynx has been reached.
 - Aptima Unisex Swab and VWR Starplex swabs - use with care when inserting into the nasopharyngeal cavity, as these swabs may cause mild trauma. Gently insert only as far as possible, and avoid forcing against resistance. Inserting approximately 2-3 cm will allow swabbing of the mid-turbinate area. In this case, swab bilateral mid-turbinates using a single swab to optimize sampling quality.
7. Place finger on the tip of the patient's nose and depress slightly.
8. Once resistance is met, rotate the swab several times and withdraw the swab.
9. Place swab in transport medium and break off the top of the swab.
10. Remove PPE and perform hand hygiene.
11. Label sample and laboratory requisition, transport to the laboratory.



Fax to Environmental Microbiology at (604) 707-2607

Date: _____

It is important to complete all information requested. Incomplete forms may result in testing delay. * See reverse for instructions

OUTBREAK IDENTIFICATION: _____ **HA & AREA:** _____
 Outbreak ID is specific to the event/facility/hospital ward followed by the year (e.g. Boardwalk Place 2009) e.g. IHA, East Kootenay

CONTACT NAME: _____ EHO MHO ICP Medical Microbiologist
 Other, specify _____

CONTACT TELEPHONE: _____
Results: The person listed as the Contact will be notified of lab results by telephone. Public Health will continue to receive lab reports.

LOCATION OF OUTBREAK	OUTBREAK SETTING	OUTBREAK SUB-SETTING
NAME OF INSTITUTION/EVENT/SOURCE: _____ ADDRESS: _____ CITY: _____ POSTAL CODE: _____ TELEPHONE: _____	<input type="checkbox"/> Residential Care <input type="checkbox"/> Hospital/Acute Care <input type="checkbox"/> Child Care/Pre-School <input type="checkbox"/> School/University <input type="checkbox"/> Correctional <input type="checkbox"/> Restaurant/Food Establishment <input type="checkbox"/> Cruise Ship <input type="checkbox"/> Conference/Meeting/Hotel <input type="checkbox"/> Private function <input type="checkbox"/> Camp <input type="checkbox"/> Other: _____	Residential Care: <input type="checkbox"/> Acute Care <input type="checkbox"/> Extended Care <input type="checkbox"/> Private Hospital <input type="checkbox"/> Assisted Living <input type="checkbox"/> Other: _____ Child Care Centres (Age of Children): <input type="checkbox"/> 0 – 36 months <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> Multi-Age

OUTBREAK DESCRIPTION

CASE HISTORY	SIGNS / SYMPTOMS	MODE OF TRANSMISSION
ONSET DATE OF FIRST CASE: _____ (DD/MMM/YYYY) NUMBER OF PATIENTS/RESIDENTS ILL: _____ TOTAL NUMBER OF PATIENTS/RESIDENTS: _____ NUMBER OF STAFF ILL: _____ TOTAL NUMBER OF STAFF (APPROX.): _____	(MUST be completed for appropriate testing. Provide number of cases.) <input type="checkbox"/> Diarrhea () <input type="checkbox"/> Watery <input type="checkbox"/> Bloody <input type="checkbox"/> Persistent <input type="checkbox"/> Vomiting () <input type="checkbox"/> Abdominal cramps () <input type="checkbox"/> Fever () <input type="checkbox"/> Other, specify: () _____	<input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Person to person <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____

SAMPLE DETAILS (IF AVAILABLE)	PATIENT NAME (LAST NAME, FIRST NAME)	PHN	DOB (DD/MMM/YYYY)	Date Sample Collected (DD/MMM/YYYY)	
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				

LABORATORY USE ONLY

1. Test results telephoned to: _____ Time and date of call _____ Lab Personnel Initial _____

2. Test results telephoned to: _____ Time and date of call _____ Lab Personnel Initial _____

- 1) Before shipping, send this completed form to Environmental Microbiology by fax: (604) 707-2607.
- 2) Enclose completed requisition(s) with the sample(s) and ship to BCCDC. If subsequent specimens are being sent to BCCDC each sample must include a properly filled out requisition form.
- 3) Test results will be telephoned as soon as they are available to the EHO, ICP, MHO or Medical Microbiologist designated above.
- 4) For inquiries contact the GI Outbreak Coordinator Line at (604) 707-2611 from 8:30am to 4:30pm Monday to Friday.

Completing Accompanying Documentation

One *Gastrointestinal Disease Outbreak Requisition* form must be completed for **each** sample, but only **one** *Gastrointestinal Disease Outbreak Notification Form* is required for each outbreak (max. six samples on 1st sampling). **Requisitions must include: Outbreak Identification, patient name, PHN, date of birth, contact name and telephone number, facility name and address.**

Submission of a completed *Gastrointestinal Disease Outbreak Notification Form* with the samples ensures that processing and reporting of findings reported are given highest priority.

Outbreak Identification

Please follow the guidelines when assigning the outbreak identification, as inadequate and inappropriate outbreak identification may result in delay or improper reporting of results!

General Guidelines:

	First Word:	Second Word:	Example:
1)	FACILITY NAME	YEAR	Dove Care 2009
2)	FACILITY NAME	YEAR plus A, B, C etc.	Dove Care 2009B
3)	FACILITY NAME plus ward abbrev.	YEAR	Dove Care 3W 2009

This name should reflect where the outbreak has occurred (i.e. the name of the facility) and the year that it occurred in (e.g. 2009).

- If a facility has more than one outbreak in the same year, consecutive capital letters of the alphabet (i.e. A, B, C etc) written after the year (e.g. 2009B) should be included in the outbreak name to differentiate the outbreaks.

- If a facility has a unique and short name (e.g. Dove Care) use the full name of the facility followed by the year in which the outbreak has occurred.

- If a facility has a long name (i.e. more than 3 words) use abbreviations, such as the first letter of each word, followed by the year in which the outbreak has occurred (e.g. "Bob and Jill Baker Institute for Laughter" would be abbreviated as "BJBIL").

- If a facility has many different wards, in addition to the facility name include abbreviations (as separate words), to differentiate various regions (e.g. 3W for Third floor on the West side of the building).

Outbreak Information

Name: Even though you may include the name of the facility in the outbreak name, please record the FULL name of the institution, restaurant, school, cruise ship, etc. where the outbreak occurred in the LOCATION OF OUTBREAK box.

Address and Postal Code: Please record the address and postal code of the outbreak setting.

Outbreak Setting: Please choose only one setting. If the outbreak began within a certain context (i.e. child care, restaurant, etc.) and then disseminated into the community. Please record the primary source of the outbreak (i.e. child care, restaurant. etc.)

Outbreak Sub-setting: Indicate the sub-setting as appropriate for Residential Care and Child Care Centres.

Outbreak Description

Please record total number of ill clients and staff at the facility.

Onset date of first case: Of all cases identified in the outbreak, determine the case with the earliest onset of symptoms. Please record the date in DD/MMM/YYYY format.

Signs & Symptoms

Symptoms (# of cases): Please record the number of cases (primary and secondary) who experienced each of the symptoms listed. Cases may be counted in more than one category.

Indications for Testing

Collect samples from patients presenting with illness within 24 hours of onset of symptoms. Samples from severely ill patients and children are acceptable after 24 hours of symptom onset.

Transportation of Samples

Assemble outbreak samples and ship in a cooler marked "Diagnostic Specimens", containing ice packs to maintain refrigeration temperature. Send by routine same day or overnight delivery or if not available, by courier.

GI Outbreak Kits

GI outbreak samples must be collected using a designated GI Outbreak Kit provided by the BCCDC Public Health Microbiology & Reference Laboratory. Each kit includes 6 sterile vials for feces, 2 sterile vials for vomitus, 8 biohazard bags, 8 *Gastrointestinal Disease Outbreak Requisition* forms and 1 *Gastrointestinal Disease Outbreak Notification Form*.

To Order GI Outbreak Kits:

Use a BCCDC order form or a written request on your letterhead showing your shipping address and the number of kits required, send by mail ("attn. Shipping and Receiving") to the address overleaf or fax to (604) 707-2606.



Section 1 - Patient Information

PERSONAL HEALTH NUMBER (or out-of province Health Number and province)	DOB (DD/MMM/YYYY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK
PATIENT SURNAME	PATIENT FIRST AND MIDDLE NAME	
ADDRESS	CITY	POSTAL CODE

DATE RECEIVED

LABORATORY USE ONLY

OUTBREAK ID

Section 2 - Healthcare Provider Information

ORDERING PHYSICIAN (Provide MSC#) Name and address of report delivery	ADDITIONAL COPIES TO: (Address / MSC#) 1. 2. 3.
<input type="checkbox"/> I do not require a copy of the report	
CLINIC OR HOSPITAL Name and address of report delivery	
PHSA CLIENT NO.	

SAMPLE REF. NO.

DATE COLLECTED
(DD/MMM/YYYY)

TIME COLLECTED
(HH:MM)

Section 3 - Outbreak Information

OUTBREAK IDENTIFICATION: _____
Outbreak ID is specific to the event/facility/hospital ward followed by the year (e.g. Boardwalk Place 2009), as per instructions on page 2 of the *GI Outbreak Notification Form*

SUSPECTED ETIOLOGICAL AGENT: _____

Section 4 - Test Information

<p>TEST REQUESTED</p> <p><input type="checkbox"/> Viral / Bacterial Outbreak Test (do not use SAF vial)</p> <p><input type="checkbox"/> Ova & Parasitic Test (use SAF vial)</p> <p><input type="checkbox"/> Other, specify: _____</p>	<p>SIGNS / SYMPTOMS</p> <p><input type="checkbox"/> Diarrhea: <input type="checkbox"/> Watery <input type="checkbox"/> Bloody <input type="checkbox"/> Persistent</p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> Abdominal cramps</p> <p><input type="checkbox"/> Fever</p> <p><input type="checkbox"/> Other, specify: _____</p>
<p>SAMPLE TYPE</p> <p><input type="checkbox"/> Feces <input type="checkbox"/> Vomitus</p> <p><input type="checkbox"/> Other, specify: _____</p>	<p>ADDITIONAL INFORMATION</p> <p><input type="checkbox"/> Initial sample <input type="checkbox"/> Follow-up sample</p> <p><input type="checkbox"/> Food handler <input type="checkbox"/> Staff member</p> <p><input type="checkbox"/> Recent travel, specify: _____</p> <p><input type="checkbox"/> Current antibiotics, specify: _____</p> <p><input type="checkbox"/> Other, specify: _____</p>
<p>For other available tests and additional information, consult the Public Health Laboratory's eLab Handbook at www.elabhandbook.info/PHSA/Default.aspx</p>	

INSTRUCTIONS FOR SAMPLE COLLECTION / SUBMISSION

- Label vial with patient name before collecting sample.
- Pass feces or vomitus into a clean container avoiding contamination from urine or water from toilet.
- Use a **dry** sterile vial and fill up to the line indicated.
- Replace and tighten cap.
- Place vial in the biohazard bag and completed requisition in the outside pocket. Do not place the requisition inside the biohazard bag containing the specimens.
- Ova and Parasite Testing: Fill **red-capped vial** (with SAF) with 2-3 spoonfuls of feces to the line indicated and mix well. **Red-capped vial (with SAF) is not a suitable specimen for Viral/Bacterial Outbreak Test.**
- Return to Health Unit or BCCDC Public Health Laboratory at 655 W. 12th Avenue, Vancouver BC V5Z 4R4 as soon as possible.
- Keep specimens refrigerated at 4°C. Transport specimens in a cooler with ice pack to the laboratory promptly and within 3 days of collection.
- Do not freeze specimens.



Courier Company: _____

Waybill Number: _____

**Influenza-Like Illness (ILI) Outbreak
Laboratory Form**

Instructions:

1. **Before shipping**, send this **completed form** to the BCCDC by Fax **(604) 707-2605**
2. **Enclose this completed form** AND completed requisition(s) with the specimen(s) and ship to BCCDC. A **maximum of 6 specimens** are accepted **per outbreak** (avoid submissions over multiple days).
3. Inform your MHO of the outbreak.
4. Test results will be telephoned to the Outbreak Contact, designated below.

Submit specimens to:

BCCDC: Public Health Laboratory
Virology Laboratory
655 WEST 12th AVENUE Tel: 604-707-2623
VANCOUVER, BC V5Z 4R4 Fax : 604-707-2605

Location of Outbreak

Facility Name and Address:
(Please do not use abbreviations)

Contact number for results reporting

Telephone (Regular): _____

Telephone (After hours): _____

NOTE: It is important to provide a number that is either answered (regular and after hours) or has voicemail capability as results reporting may take place between 4:30 pm to 6:00 pm. The laboratory will not keep calling if there is no answer. Only results for influenza A/B/RSV will be provided.

Patient Name	PHN or DOB	Swab Site	BCCDC CID Number	Flu A/B/RSV NAT*		Notes

*Testing for additional respiratory pathogens will occur on a subset of specimens if the initial influenza A/B, RSV screen is negative.

For BCCDC Lab use only:

Test results phoned to: _____

Time and date of call: _____

Name of caller: _____

Specimens will be processed for influenza and respiratory syncytial virus by nucleic acid testing first. A subset of specimens will be tested for other respiratory viruses by the Respiratory Virus Panel Luminex assay if initial influenza A/B and respiratory syncytial virus are negative. Nasal and nasopharyngeal swabs are preferred but nasopharyngeal washes, suction and other lower respiratory tract specimens are acceptable as well.

Collection Kits:

Nasal/Nasopharyngeal swabs must be collected using a designated **ILI Specimen Collection Kit**. These kits (six swabs containing transport medium, biohazard bags and the Influenza-like Illness (ILI) Outbreak Laboratory Form) are provided by the BCCDC.

To order collection kits:

Use a BCCDC [order form](#) or a written request on your letterhead showing your **shipping address** and the **number of kits required**, fax to **(604) 707-2606** or email to kitorders@hssbc.ca.

Indications for Testing:

Collect specimens from patients presenting with Influenza-like illness within 72 hours of onset of symptoms. Specimens from severely ill patients and children are acceptable after 72 hours of symptom onset.

Specimen collection:

- a) For personal protection, it is recommended that gloves and a facemask be worn while collection specimen.
- b) Patients with copious discharge should be requested to gently clean their nose by washing or with tissue.
- c) Incline the patient's head as required and insert the cotton swab along the base of the nasal cavity to a depth of 2-4 cm into the nostril. Swab around the inside of the nostril and along the nasal septum by rotating the swab between fingers
- d) Place the swab into the accompanying vial of transport media and tighten the lid securely.
- e) **Label** the container with the patient's **full name** and **date of birth**.

It is essential that the nasal passage be swabbed sufficiently firmly to collect infected cells rich in virus. Nasopharyngeal swabs inserted along the base of the nasal cavity (6cm or deeper) are excellent but may be more traumatic to the patient. Mucous discharge and throat swabs contain less virus and are discouraged.

Completing accompanying documentation:

One BCCDC Virology requisition must be completed for **each specimen**.

Only One Influenza-like Illness (ILI) Outbreak Laboratory Form is required for **each outbreak** (max. Six specimens on 1st sampling).

Please included PHN and Date of birth on requisition

In completing the requisition:

Under **Test(s) Requested**, select appropriate sample type and if any POC testing performed

Under **ORDERING PHYSICIAN**, enter the full name and address of the physician/facility to whom the final report will be sent.

Under **ADDITIONAL COPIES TO**, if desired, enter the name, address and MSC number of another Health Unit or physician.

Submission of a completed Influenza-like Illness (ILI) Outbreak Laboratory Form with the specimens ensures that processing and reporting of findings reported is given highest priority.

Transportation of specimens:

Assemble outbreak specimens and follow Transport of Dangerous Goods regulations; include an ice pack if feasible.

Send by routine same day or overnight delivery or if not available, by courier.

Outside the Lower Mainland: DHL, 1-800-CALL-DHL (1-800-225-5345); bill to Acct. M45579.

Lower Mainland: Tforce, bill to Acct.23270. 1-800-387-7787 – Monday to Friday Between 06:00 and 18:00 (except Stat Holidays)

1-416-894-3622 – Between 18:01 and 05:59 on all weekends and Stat Holidays

Reporting:

Specimens received before 12:00h, Mon. to Fri.: results for influenza will be available by 20:00h the same day.

Specimens received after 12:00h Mon. to Thurs. will be tested the following day. Specimens received after 12:00h Fri. or on Saturday will be tested on Sunday. Specimens received on a statutory holiday will be tested on the following work day as outlined above.

For inquiries: Please call **Results Line at (877)-747-2522 from 8:30am to 4:30pm Monday to Friday**.



Section 1 - Patient Information

PERSONAL HEALTH NUMBER (or out-of province Health Number and province)	DOB (DD/MMM/YYYY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK
PATIENT SURNAME	PATIENT FIRST AND MIDDLE NAME	
ADDRESS	CITY	POSTAL CODE

DATE RECEIVED

LABORATORY USE ONLY

OUTBREAK ID

Section 2 - Healthcare Provider Information

ORDERING PHYSICIAN (Provide MSC#) Name and address of report delivery	ADDITIONAL COPIES TO: (Address / MSC#) 1. 2. 3.
<input type="checkbox"/> I do not require a copy of the report	
CLINIC OR HOSPITAL Name and address of report delivery	
PHSA CLIENT NO.	

SAMPLE REF. NO.

DATE COLLECTED
(DD/MMM/YYYY)

TIME COLLECTED
(HH:MM)

Section 3 - Test(s) Requested

PATIENT STATUS <input type="checkbox"/> Hospital inpatient <input type="checkbox"/> ER patient <input type="checkbox"/> History of contact with infection Travel history _____	SIGNS / SYMPTOMS Date of Onset: _____ (DD/MMM/YYYY) <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Cough <input type="checkbox"/> Fever <input type="checkbox"/> Rash <input type="checkbox"/> Upper Respiratory Infection <input type="checkbox"/> Lower Respiratory Infection <input type="checkbox"/> Other, specify: _____			
RESPIRATORY VIRUSES <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Nasal swab <input type="checkbox"/> Bronchoalveolar lavage <input type="checkbox"/> Nasal wash <input type="checkbox"/> Other, specify: _____ POC Tested Influenza A <input type="radio"/> Positive <input type="radio"/> Negative by Submitter: Influenza B <input type="radio"/> Positive <input type="radio"/> Negative RSV <input type="radio"/> Positive <input type="radio"/> Negative	HERPES VIRUSES <input type="checkbox"/> Genital lesion for HSV <input type="checkbox"/> Non-genital lesion for HSV <input type="checkbox"/> Skin swab for Varicella-Zoster <input type="checkbox"/> Other, specify: _____ Urine for: <input type="checkbox"/> Cytomegalovirus	GASTROINTESTINAL VIRUSES Feces* for: <input type="checkbox"/> GI Panel (Norovirus, Adenovirus, Astrovirus, Rotavirus, Sapovirus) <input type="checkbox"/> Other, specify: _____ *Guideline for Ordering Stool Specimens www.bcguidelines.ca/gpac/guideline_diarrhea.html		
HEPATITIS VIRUSES EDTA Blood for: <input type="checkbox"/> HCV RNA Quantitative (Use for diagnosis and monitoring) <input type="checkbox"/> HCV Genotyping	ENCEPHALITIS / MENINGITIS Cerebrospinal Fluid for: <input type="checkbox"/> Encephalitis (e.g. HSV-1, West Nile Virus*) For WNV, specify travel to endemic area if not WNV season: _____ *Offered during WNV season <input type="checkbox"/> Meningitis (HSV-2, Enterovirus) <input type="checkbox"/> Other, specify: _____	MEASLES / MUMPS / RUBELLA VIRUSES <input type="checkbox"/> Measles <input type="checkbox"/> Rubella* <input type="checkbox"/> Urine <input type="checkbox"/> Nasal / Nasopharyngeal swab <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Mumps <input type="checkbox"/> Buccal swab <input type="checkbox"/> Urine *Sample forwarded to reference laboratory for testing		
For other available tests and additional information, consult the Public Health Laboratory's eLab Handbook at www.elabhandbook.info/PHSA/Default.aspx				
DATE INOC.	LABORATORY USE ONLY			
DATE	DAY	RMK	A549	MRC-5

DATE INOC.		LABORATORY USE ONLY			
DATE	DAY	RMK	A549	MRC-5	
	1				
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In the event of an outbreak the following control measures will be considered and discussed by the outbreak committee; the Medical Health Officer will indicate which control measures are to be implemented at the facility and the Environmental Health Officer and the Infection Prevention Practitioner will work with the facility to ensure the selected control measures are implemented.

Outbreak ID: _____

DATE: _____

Attn: _____

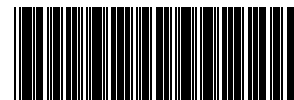
GENERAL CONTROL MEASURES	
<input type="checkbox"/> Hand Hygiene	1. Stress the importance of hand hygiene to staff 2. Review hand hygiene procedures with all staff including volunteers
<input type="checkbox"/> Signage	1. Post appropriate signage at: each entrance to room/unit/facility, elevator entrance, inside elevator, staircases, throughout affected ward. (Handwashing, Contact/Droplet Precautions) 2. Consider erecting sandwich boards notifying visitors of outbreak
<input type="checkbox"/> Handwashing/Hand Rub Station	Install portable handwash or hand rub stations (at entrance/exit of facility or unit).
<input type="checkbox"/> Hand Rub	Ensure adequate supply of hand sanitizer throughout facility. Ensure sanitizer is effective for suspect agent.
<input type="checkbox"/> Outbreak Notification	Ensure all areas are informed of outbreak: MHO, Director of Care, Director of Support Services (Laundry, Housekeeping, Food Services), Chief of Medical Staff, ER, Chief of Staff, Infection Prevention, EHO, Lab, Communications, HSA, Staffing, Front-line rep (Charge Nurse/Emergency Nurse), NH Emergency rep, OH&S.
PERSONAL PROTECTION FOR STAFF*	
<input type="checkbox"/> Hand Hygiene	Supplement handwashing with the use of alcohol hand rub. Provide health care providers with pocket-size alcohol hand rub (working on affected units).
<input type="checkbox"/> Masking	Use when there is a risk of droplet spread into the air of infectious material (ie. cleaning up areas grossly contaminated with feces or vomit, assisting person who is actively vomiting)
<input type="checkbox"/> Gowning	Used when providing direct care to a symptomatic/unresolved patient/resident/client.
<input type="checkbox"/> Gloving	Used when providing direct care to a symptomatic/unresolved patient/resident/client.
<input type="checkbox"/> Supply Carts	Carts to be fully stocked and placed in appropriate location.
* All PPE must be removed & hand hygiene completed prior to leaving the resident room or bed space.	
ACTIVITIES OF RESIDENTS	
<input type="checkbox"/> Resident Education	Educate residents about outbreak and measures to take to prevent or spread the infection.
<input type="checkbox"/> Contact Precautions	Health Care staff to use Contact Precautions when caring for ill individuals. Includes routine precautions plus the use of gowns and gloves.
<input type="checkbox"/> Droplet Precautions	When caring for individuals who are actively vomiting or when cleaning up areas grossly contaminated by vomitus or feces use droplet precautions (Masks) in addition to Contact Precautions.
<input type="checkbox"/> Daily Surveillance	Facility staff must watch for GI illness in their residents. Gastrointestinal illness may present with: nausea, vomiting, non-bloody diarrhea, abdominal pain, muscle aches, headache, low-grade fever or a combination of these symptoms.
<input type="checkbox"/> Confine Cases to Room	Until 48 hours symptom free. If not possible due to wandering, confine to unit.
<input type="checkbox"/> Confine Well Residents to Unit	Indicate unit:
<input type="checkbox"/> Cohort Residents	Separate ill and well residents as much as possible
<input type="checkbox"/> Admissions/Re-Admissions Restricted	On a case by case basis (Depending upon physical layout of building and the extent of the outbreak, restrictions may apply to one wing or one unit, one floor or the entire facility).
<input type="checkbox"/> Suspend Transfers	Suspend transfers to other facilities
<input type="checkbox"/> High Risk Patients	Avoid placing a patient/resident/client with GI symptoms in the same room as a patient who is at high risk for complications (e.g. immunocompromised, recent surgery etc.)
<input type="checkbox"/> Avoid Well Residents Transfers	Avoid the transfer of well residents to a room containing an ill resident
<input type="checkbox"/> Shared Rooms	1. In a shared room, a patient/resident/client with symptoms should not share a toilet with a well patient/resident/client. Assign a dedicated toilet or commode. 2. In shared rooms, roommates and all visitors must be aware of the precautions to follow. Select roommates for their ability to comply with precautions
<input type="checkbox"/> Dedicated Equipment for Ill Residents	Whenever possible dedicate equipment to be used only on that patient/resident/client. (BP cuff and stethoscope, thermometers, vacutainers). In the event that equipment must be shared it requires thorough cleaning and disinfection in between patients/residents/clients.
<input type="checkbox"/> Meal Service for Ill Residents	1. Ill residents to have in-room meal service (In some circumstances, ill residents may take alternate turns sitting at common eating areas, preferably after well residents have eaten). 2. Items that enter ill resident rooms (trays, cutlery etc) must be treated as potentially infected, and handled accordingly (Discuss with Support Services).
<input type="checkbox"/> Food in Common Areas	Remove and discard food found in fridge in common areas.
<input type="checkbox"/> Food/Med Carts	Food and Med carts not permitted to enter ill patient/resident/client rooms
<input type="checkbox"/> Communal Activities Restricted	(i.e. fitness classes, pub night, religious services, craft classes)
<input type="checkbox"/> Day Programs Cancelled	Life skills, etc
<input type="checkbox"/> Facility Notification	Notify any facility that admitted a patient/resident/client from the outbreak area within the past 72 hours.

ACTIVITIES OF STAFF	
<input type="checkbox"/> Cohort	When possible, designate staff to work with ill OR well patient/resident/client, but not both
<input type="checkbox"/> Reporting Symptoms	Remind staff to report symptoms to supervisor
<input type="checkbox"/> Staff Exclusion	Restrict ill staff from working until 48 hours symptom free. Staff should self monitor for GI symptoms and report illness or supervisor. Health Care staff that are ill must remain away from work until symptom free for 48 hours, regardless of whether they feel well enough to work.
<input type="checkbox"/> Staff Not to Work at Other Facilities during Outbreak	When possible, request all staff not to work at other facilities during outbreak.
<input type="checkbox"/> Work Flow - Visiting Ill Patient/Units Last	When practical, visit affected units and patient/resident/client last. This includes all health care staff (MDs, Nursing, Housekeeping, Food Services staff, Therapists, etc).
<input type="checkbox"/> Restrict Visiting Therapists	Unless medically necessary (ie. Occupational therapist, foot care, etc.)
<input type="checkbox"/> Restrict Volunteers	
VISITORS	
<input type="checkbox"/> Visitation Suspended	Exceptions made in special circumstances (eg. palliative). When practical, staff to phone family member regarding visitor restriction.
<input type="checkbox"/> Visitation Restricted	Visitors should only visit one patient/resident/client and not travel from room to room during visit.
<input type="checkbox"/> Notify Visitors of Outbreak	1. Post signs including symptoms and area affected if applicable 2. Emphasize hand hygiene upon entering and exiting site
<input type="checkbox"/> Ill Visitors	Remind visitors not to enter the facility if they have vomiting and/or diarrhea
<input type="checkbox"/> Visitor Education re: PPE	Visitors should be advised on the proper use of PPE when visiting a symptomatic patient/resident/client. Visitors should be encouraged not to mingle in the home after visiting with a symptomatic individual.
ENVIRONMENTAL CONTROLS	
<input type="checkbox"/> Use Recommended Disinfectant	Ensure surfaces contaminated by feces or vomitus are immediately cleaned, then disinfected with 1:50 bleach or 0.5% AHP (Virox). Ensure 5 minute contact time. Do not use diluted bleach solutions that are over 24 hours old.
<input type="checkbox"/> Enhanced Environmental Cleaning of Common - Touch Surfaces with Recommended Disinfectant	Surfaces include the following: rails, door handles, arm rests, sink/toilet handles, table tops, salt/pepper shakers, elevator buttons, call bell cords, door knobs, light switches, nourishment areas including fridges/ice machines/cupboard handles, sugar bowls, tablecloths).
<input type="checkbox"/> Cleaning a dining room servery kitchen	Housekeeping will need to clean servery and dining room area.
<input type="checkbox"/> Cleaning Clothes	Use separate cloth for cleaning and another for disinfection. Cleaning clothes should be changed frequently to prevent spreading microorganisms from surface to surface.
<input type="checkbox"/> Increase Cleaning/Disinfection of Washrooms and Common Areas	
<input type="checkbox"/> Increase Cleaning of Food Carts	Increase cleaning of food carts if trays have entered into ill resident room and placed in food cart.
<input type="checkbox"/> Decontamination Protocol	Ensure laundry, Housekeeping, Food Service Staff are following decontamination protocol (handling laundry, cleaning vomit and feces, cleaning vomit in food preparation area).
<input type="checkbox"/> Soiled Laundry Handling	Ensure soiled laundry is handled as little as possible, with minimum agitation and transported in closed bags prior to washing and drying.
<input type="checkbox"/> Not Reusing Mop-heads	
<input type="checkbox"/> Laundry Machines Changed to Longest Duration Cycle (i.e. Heavy Load)	
<input type="checkbox"/> Ensure Adequate Supply of:	
<input type="checkbox"/> Disinfectant	
<input type="checkbox"/> Handwashing Supplies (Soap, Paper Towels)	
<input type="checkbox"/> Gloves	
<input type="checkbox"/> Gowns	
<input type="checkbox"/> Masks	
<input type="checkbox"/> Sanitizer	
<input type="checkbox"/> Incontinent Products	
<input type="checkbox"/> Dedicated Cleaning Equipment for Affected Units/Areas	
SAMPLING - Please note: the "Ordering Physician" is the family or facility physician <u>not</u> the Medical Health Officer	
<input type="checkbox"/> Sample Specimen Containers	Ensure facility has ample supply of specimen containers and "GI Disease Outbreak Requisition" forms.
<input type="checkbox"/> Samples Collected from Suspect Cases	Collect specimen of suspect cases in proper specimen containers. Ensure each sample is shipped with a form titled "GI Disease Outbreak Requisition". Contact EHO to arrange shipment to BC CDC.

In the event of an outbreak the following control measures will be considered and discussed by the outbreak committee; the Medical Health Officer will indicate which control measures are to be implemented at the facility and the Environmental Health Officer and the Infection Prevention and Control Practitioner will work with the facility to ensure the selected control measures are implemented.

Outbreak ID: _____ **Date:** _____ **Attention:** _____

General control measures	
<input type="checkbox"/> Hand hygiene	Stress the importance of hand hygiene to all staff including volunteers and visitors.
<input type="checkbox"/> Signage	Post appropriate signage at each entrance to the facility, unit, elevator and throughout the affected ward (hand hygiene, cough etiquette and droplet precautions).
<input type="checkbox"/> Alcohol-based hand rub (ABHR)	Ensure adequate supply of alcohol-based hand rub (ABHR) throughout the facility.
<input type="checkbox"/> Outbreak notification	Ensure all areas informed of outbreak: MHO, Director of Care, Direct of Support Services (Laundry, Housekeeping, Food Services) Chief of Medical Staff, ER, Infection Prevention, OH&S, Public Health, Lab, Communications, HSA, Staffing, Front-line Rep (Charge Nurse/ER Nurse, Front Reception), NH Emergency Rep., Licensing for residential care and EHO
Personal protection for staff (*All PPE removed & hand hygiene completed prior to leaving the resident room or bed space.)	
<input type="checkbox"/> Hand hygiene	Increase access to ABHR. Increase hand hygiene stations.
<input type="checkbox"/> Masking	Used when within 2 metres (6 feet) of ill or coughing patient/client/resident.
<input type="checkbox"/> Face shield	Used when providing direct care to a symptomatic/unresolved patient/resident/client to protect eyes and mucous membranes
<input type="checkbox"/> Gowning	Used when providing direct care to a symptomatic/unresolved patient/resident/client if clothing may be soiled.
<input type="checkbox"/> Gloving	Used when having direct or indirect contact with patient/client/resident as per routine practices.
<input type="checkbox"/> Supply carts	Carts to be fully stocked and placed in appropriate location.
Environmental controls (laundry, housekeeping, dietary)	
<input type="checkbox"/> Use recommended disinfectant	Using approved outbreak disinfectant.
<input type="checkbox"/> Enhanced environmental cleaning of high-touch areas with recommended disinfectant	Surfaces include rails, door handles, arm rests, sink/toilet handles, table tops, salt/pepper shakers, elevator buttons, call bell cords, door knobs, light switches, nourishment areas, fridges and ice machines
<input type="checkbox"/> Cleaning a dining room servery kitchen	Housekeeping will need to clean servery and dining room area.
<input type="checkbox"/> Cleaning cloths	Use separate cloth for cleaning and another for disinfection. Cleaning cloths should be changed frequently to prevent spreading microorganisms from surface to surface.
<input type="checkbox"/> Decontamination protocol	Ensure Laundry, Housekeeping and Food Service Staff are following protocols (handling laundry, washer - max temperature, heavy load or isolation cycle, and enhanced environmental cleaning, and handling of food carts).
<input type="checkbox"/> Garbage handling	Ensure garbage is bagged prior to leaving ill resident/patient room.
<input type="checkbox"/> Ensure adequate supply of:	<input type="checkbox"/> Recommended disinfectant <input type="checkbox"/> Gloves <input type="checkbox"/> Masks <input type="checkbox"/> Dedicated cleaning equipment for affected unit/areas <input type="checkbox"/> Hand hygiene supplies <input type="checkbox"/> Gowns <input type="checkbox"/> Face shields (soap, paper towels, ABHR)
Sampling - Please note: The "Ordering Physician" is the family or facility physician not the Medical Health Officer	
<input type="checkbox"/> Sample specimen containers	Ensure facility has ample supply of viral swabs or specimen containers and "PHSA Laboratories Influenza-Like Illness (ILI) Outbreak Laboratory Form" and "BCCDC Virus Culture Requisition" forms.
<input type="checkbox"/> Samples collected from suspect cases	Alert Health Unit or BCCDC for reception and transport of specimens. Collect specimen of suspect cases using appropriate collection method. Ensure each sample is shipped with the "BCCDC Virus Culture Requisition".
Precautions for residents	
<input type="checkbox"/> Resident education	Educate patient/resident/client about outbreak and measures to prevent or spread infection.
<input type="checkbox"/> Contact/droplet precautions	Health care staff to use droplet/contact precautions when caring for ill patient/resident/client (includes routine precautions and the use of gowns, gloves, masks and face shields).
<input type="checkbox"/> Daily surveillance	Staff must check for respiratory illness in their patients/residents/clients. Respiratory illness may present with fever (Greater than 38°C), cough, myalgia, runny nose, sore throat, headache or a combination of these symptoms. In children, symptoms may also include nausea, vomiting and/or diarrhea. Line lists need to be filled in daily and sent to MHO and Infection Prevention before 9:00AM.
<input type="checkbox"/> Confine cases to room	5 days after onset or acute symptoms have resolved whichever is longer. If not possible due to wandering, confine to unit until MHO determines the outbreak is over.
<input type="checkbox"/> Confine well residents to unit	Indicate unit: all precautions will remain in unit or facility until the MHO declares the outbreak over.



Precautions for residents (continued)	
<input type="checkbox"/> Cohort residents	Separate ill from well patients/residents/clients as much as possible.
<input type="checkbox"/> Admission/re-admissions restricted	On a case by case basis (depending on physical layout of building and the extent of the outbreak), restriction may apply to a wing, unit floor or the entire facility.
<input type="checkbox"/> Suspend transfer	Suspend transfers to other facilities unless emergent case.
<input type="checkbox"/> High risk patients	Avoid placing a patient/resident/client with respiratory illness symptoms in the same room as a patient who is at high risk for complications (e.g. immunocompromised, recent surgery).
<input type="checkbox"/> Shared rooms	In shared rooms, roommates and all visitors must be aware of the precautions to follow. Select roommates for their ability to comply with precautions.
<input type="checkbox"/> Dedicated equipment for ill residents	Dedicate equipment to be used only on that patient/resident/client (BP cuff and stethoscope, thermometers). Shared equipment must have thorough cleaning and disinfection between patients/residents/clients. Use NH approved outbreak disinfectants and appropriate contact times.
<input type="checkbox"/> Meal service for ill residents	1) Ill patient/resident/client to have in-room meal service or alternate sitting at common eating areas, preferably after well residents have eaten. 2) Ill patient/resident/client trays and cutlery must be treated as potentially infected and handled accordingly.
<input type="checkbox"/> Food/medication carts	Food and medication carts not permitted to enter ill patient/resident/client rooms.
<input type="checkbox"/> Communal activities restricted <input type="checkbox"/> Day programs cancelled	Activities and programs may be limited or canceled based on the level of the outbreak.
<input type="checkbox"/> Facility notification	Notify any facility that admitted a patient/resident/client from the outbreak area within the past 72 hours.
Staff activities	
<input type="checkbox"/> Cohort	Designate staff to work with ill or well patient/resident/client, but not both.
<input type="checkbox"/> Reporting symptoms	Remind staff to report symptoms to supervisor.
<input type="checkbox"/> Staff exclusion	Restrict ill staff from working until 5 days after symptom onset or when acute symptoms resolve whichever is longer. Staff should self monitor for RI symptoms and report illness to supervisor. Ill staff must remain away from work until 5 days after symptoms onset or when acute symptoms resolve whichever is longer.
<input type="checkbox"/> Staff work at multiple facilities	Regardless of whether they feel well enough to work
<input type="checkbox"/> Work flow - Visiting ill residents/units last	Request all staff not to work at other facilities during outbreak.
<input type="checkbox"/> Restrict visiting therapists	Visit affected units and patient/resident/client last. This includes all health care staff (e.g., physicians, nursing, housekeeping, food services, therapist) unless medically necessary.
<input type="checkbox"/> Restrict volunteers	
Visitors	
<input type="checkbox"/> Visitation suspended	Exceptions made in special circumstances (e.g., palliative patient/resident/client). Staff to phone family members regarding outbreak notification.
<input type="checkbox"/> Visitation restricted	Visitors should only visit one patient/resident/client and not travel from room to room during visit.
<input type="checkbox"/> Notify visitors of outbreak	<ul style="list-style-type: none"> • Posting signs, including symptoms and area affected, if applicable • Emphasize hand hygiene upon entering and exiting the affected area
<input type="checkbox"/> Ill visitors	Remind visitors not to enter the facility if they have respiratory illness symptoms.
<input type="checkbox"/> Visitor education (PPE)	Visitors should be advised on the proper use of PPE when visiting a symptomatic patient/resident/client.

COVID-19 Illness Outbreak Control Measures

In the event of an outbreak the following control measures will be considered and discussed by the outbreak committee; the Medical Health Officer will indicate which control measures are to be implemented at the facility and the Environmental Health Officer and the Infection Prevention and Control Practitioner will work with the facility to ensure the selected control measures are implemented.

Outbreak ID: _____ Date: _____ Attention: _____

General control measures	
<input type="checkbox"/> Hand hygiene	Stress the importance of hand hygiene to all staff including volunteers and visitors.
<input type="checkbox"/> Signage	Post appropriate signage at each entrance to the facility, unit, elevator and throughout the affected ward (hand hygiene, cough etiquette and droplet precautions).
<input type="checkbox"/> Alcohol-based hand rub (ABHR)	Ensure adequate supply of alcohol-based hand rub (ABHR) throughout the facility.
<input type="checkbox"/> Outbreak notification	Ensure all areas informed of outbreak: MHO, Director of Care, Direct of Support Services (Laundry, Housekeeping, Food Services) Chief of Medical Staff, ER, Infection Prevention, OH&S, Public Health, Lab, Communications, HSA, Staffing, Frontline Rep (Charge Nurse/ER Nurse, Front Reception), NH Emergency Rep., Licensing for residential care and EHO
Personal protection for staff (*All PPE removed & hand hygiene completed prior to leaving the resident room or bed space.)	
<input type="checkbox"/> Hand hygiene	Increase access to ABHR. Increase hand hygiene stations.
<input type="checkbox"/> Masking	Used when within 2 metres (6 feet) of ill or coughing patient/client/resident.
<input type="checkbox"/> Face shield	Used when providing direct care to a symptomatic/unresolved patient/resident/client to protect eyes and mucous membranes
<input type="checkbox"/> Gowning	Used when providing direct care to a symptomatic/unresolved patient/resident/client if clothing may be soiled.
<input type="checkbox"/> Gloving	Used when having direct or indirect contact with patient/client/resident as per routine practices.
<input type="checkbox"/> Supply carts	Carts to be fully stocked and placed in appropriate location.
Environmental controls (laundry, housekeeping, dietary)	
<input type="checkbox"/> Use recommended disinfectant	Using approved outbreak disinfectant.
<input type="checkbox"/> Enhanced environmental cleaning of high-touch areas with recommended disinfectant	Surfaces include rails, door handles, arm rests, sink/toilet handles, table tops, salt/pepper shakers, elevator buttons, call bell cords, door knobs, light switches, nourishment areas, fridges, ice machines, and room cleaning done 2 x daily of ill residents.
<input type="checkbox"/> Cleaning a dining room servery kitchen	Housekeeping will need to clean servery and dining room area.
<input type="checkbox"/> Cleaning cloths	Use separate cloth for cleaning and another for disinfection. Cleaning cloths should be changed frequently to prevent spreading microorganisms from surface to surface.
<input type="checkbox"/> Decontamination protocol	Ensure Laundry, Housekeeping and Food Service Staff are following protocols (handling laundry, washer - max temperature, heavy load or isolation cycle, and enhanced environmental cleaning, and handling of food carts)
<input type="checkbox"/> Garbage handling	Ensure garbage is bagged prior to leaving ill resident/patient room.
<input type="checkbox"/> Ensure adequate supply of: <input type="checkbox"/> Recommended disinfectant <input type="checkbox"/> Gloves <input type="checkbox"/> Masks <input type="checkbox"/> Dedicated cleaning equipment for affected unit/areas <input type="checkbox"/> Hand hygiene supplies (soap, paper towels, ABHR) <input type="checkbox"/> Gowns <input type="checkbox"/> Face Shields	
Sampling - Please note: The "Ordering Physician" is the family or facility physician not the Medical Health Officer	
<input type="checkbox"/> Sample specimen containers	Ensure facility has ample supply of viral swabs or specimen containers and "PHSA Laboratories Influenza-Like Illness (ILI) Outbreak Laboratory Form" and "BCCDC Virus Culture Requisition" forms.
<input type="checkbox"/> Samples collected from suspect cases	Alert hospital lab or BCCDC for reception and transport of specimens. Collect specimen of suspect cases using appropriate collection method. Ensure each sample is shipped with the "BCCDC Virus Culture Requisition".
Precautions for residents	
<input type="checkbox"/> Resident education	Educate patient/resident/client about outbreak and measures to prevent or spread infection.
<input type="checkbox"/> Droplet + Contact precautions	Health care staff to use droplet/contact precautions when caring for ill patient/resident/client (includes routine precautions and the use of gowns, gloves, masks and face shields). If AGMP, use N95 respirator
<input type="checkbox"/> Daily surveillance	Staff must check for respiratory OR gastrointestinal illness in their patients/residents/clients with any ONE of the following symptoms, fever (greater than 38°C), cough, shortness of breath, rhinorrhea (runny nose), dysphagia (difficulty swallowing), sore throat, nausea, vomiting and/or diarrhea. Line lists need to be filled in daily and sent to MHO and Infection Prevention before 9:00AM.



Precautions for residents	
<input type="checkbox"/> Continue cases to room	10 days after onset or acute symptoms have resolved whichever is longer. If not possible due to wandering, confine to unit until MHO determines the outbreak is over.
<input type="checkbox"/> Confine well residents to unit	Indicate unit: all precautions will remain in unit or facility until the MHO declares the outbreak over.
<input type="checkbox"/> Cohort residents	Separate ill from well patients/residents/clients as much as possible.
<input type="checkbox"/> Admissions/re-admissions restricted	On a case by case basis (depending on physical layout of building and the extent of the outbreak), restriction may apply to a wing, unit floor or the entire facility.
<input type="checkbox"/> Suspend transfer	Suspend transfers to other facilities unless emergent case.
<input type="checkbox"/> High risk patients	Avoid placing a patient/resident/client with respiratory illness symptoms in the same room as a patient who is at high risk for complications (e.g. immunocompromised, recent surgery).
<input type="checkbox"/> Shared rooms	In shared rooms, roommates and all must be aware of the precautions to follow.
<input type="checkbox"/> Dedicated equipment for ill restricted	Dedicate equipment to be used only on that patient/resident/client (BP cuff and stethoscope, thermometers). Shared equipment must have thorough cleaning and disinfection between patients/residents/clients. Use NH approved outbreak disinfectants and appropriate contact times.
<input type="checkbox"/> Meal service for ill residents	1) Ill patient/resident/client to have in-room meal service or alternate sitting at common eating areas, preferably after well residents have eaten. 2) Ill patient/resident/client trays and cutlery must be treated as potentially infected and handled accordingly.
<input type="checkbox"/> Food/medication carts	Food and medication carts not permitted to enter ill patient/resident/client rooms.
<input type="checkbox"/> Communal activities restricted <input type="checkbox"/> Day programs cancelled	Activities and programs may be limited or canceled based on the level of the outbreak.
<input type="checkbox"/> Facility notification	Notify any facility that admitted a patient/resident/client from the outbreak area within the past 72 hours.
Staff activities	
<input type="checkbox"/> Cohort	Designate staff to work with ill or well patient/resident/client, but not both.
<input type="checkbox"/> Reporting symptoms	Remind staff to report symptoms to supervisor.
<input type="checkbox"/> Staff exclusion	Restrict ill staff from working until 10 days after symptom onset or when acute symptoms resolve whichever is longer. Staff should self monitor for RI symptoms and report illness to supervisor. Ill staff must remain away from work until 10 days after symptoms onset or when acute symptoms resolve whichever is longer.
<input type="checkbox"/> Staff work in multiple facilities	Regardless of whether they feel well enough to work.
<input type="checkbox"/> Work flow - Visiting ill residents/units last	Staff from outbreak facility may not work at other facilities.
<input type="checkbox"/> Restrict visiting therapists	Visit affected units and patient/resident/client last. This includes all health care staff (e.g., physicians, nursing, housekeeping, food services, therapist) unless medically necessary.
<input type="checkbox"/> Restrict volunteers	
Visitors	
<input type="checkbox"/> Visitation suspended	Exceptions made in special circumstances (e.g., palliative patient/resident/client). Staff to phone family members regarding outbreak notification.
<input type="checkbox"/> Visitation restricted	Visitors should only visit one patient/resident/client and not travel from room to room during visit.
<input type="checkbox"/> Notify visitors of outbreak	<ul style="list-style-type: none"> • Posting signs, including symptoms and area affected, if applicable • Emphasize hand hygiene upon entering and exiting the affected area
<input type="checkbox"/> Ill visitors	Remind visitors not to enter the facility if they have respiratory illness symptoms.
<input type="checkbox"/> Visitor education (PPE)	Visitors should be advised on the proper use of PPE when visiting a symptomatic patient/resident/client.

Scenario #1

You are having a very busy shift, made more so by the fact that two of your residents are not feeling well. Mr. Smith is an 86 year old with COPD, Mrs. Kay is a 68 year old diabetic, and she also has high blood pressure. You mention it to your Team Lead that they both have had diarrhea three times already today. The Team Lead mentions that on the other wing another resident has vomited a couple of times. Is this an outbreak?

To consider:

What are the case and outbreak definitions? Could there be other contributing factors?

Describe what you would do? What is your first course of action? Who do you notify? Do you have the necessary supplies?

Scenario #2

One of your staff members has phoned in sick for work today saying that she has a headache, cough and fever. She was a little sick yesterday but today she sounds awful. Unfortunately it has left you working short. While you're doing morning care on Mr. Jones he complains of sore joints and seems unusually weak. He also feels a little hot to touch so you take his temperature to find it to be 39 degrees. By midafternoon he has developed a cough. What do you do?

To consider:

What is the outbreak definitions for influenza? Or COVID-19?

What should your first course of action be?

What kind of specimen needs to be collected?

What prevention strategies to be in place? Where would you find a list?

DROPLET & CONTACT PRECAUTIONS

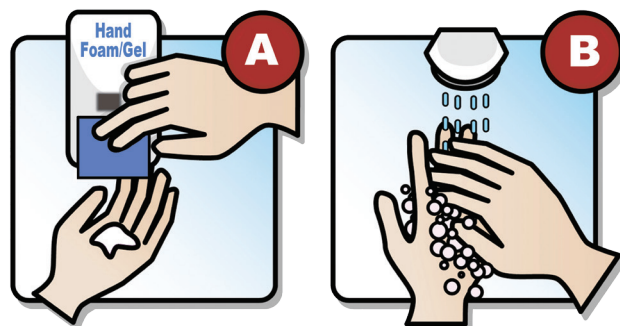
Bed #

Families and visitors:



Please report to staff before entering

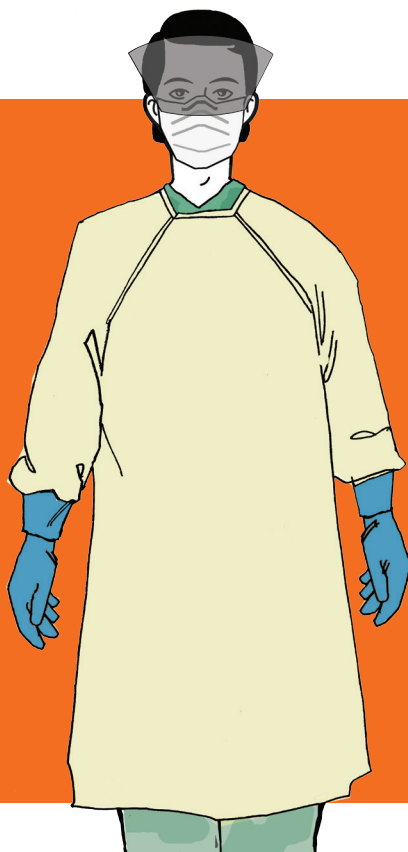
Clean hands before entering and when leaving room



Clean hands with

A) hand foam/gel or B) soap and water

Staff:



Required:

- **Point of Care Risk Assessment**
- **Gown & Gloves**
- **Procedure mask with eye protection**
When within 2 metres of patient
- **Keep 2 metres between patients**

For more information, refer to IPAC documents on the portal *OurNH*.

KEEP SIGN POSTED UNTIL ROOM CLEANED
HOUSEKEEPER will remove sign after "Discharge" cleaning

Point of Care Risk Assessment

Risk	Protection
<ul style="list-style-type: none"> Contact with patient or environment expected 	<ul style="list-style-type: none"> Hand hygiene
<ul style="list-style-type: none"> Splash or spray of blood or body fluids/secretions anticipated 	<ul style="list-style-type: none"> Mask and eye protection Put on gown if soiling of clothing is likely
<ul style="list-style-type: none"> Contact with mucous membranes Non-intact skin, blood, body fluids, secretions, excretions or soiled or likely soiled item/surface anticipated 	<ul style="list-style-type: none"> Perform hand hygiene, then don gloves Perform hand hygiene after PPE removal and before leaving patient environment

	Contact	Contact Plus	Droplet	Droplet + Contact	Airborne	Airborne+ Contact
Organism-based precautions (examples only; not complete list)	CPO, MRSA, VRE, lice, scabies	<i>C. difficile</i>	<i>N. meningitidis</i> , mumps, pertussis	Influenza, invasive group A <i>Streptococcus</i>	Tuberculosis (TB), measles	Varicella (chickenpox, disseminated herpes zoster)
Syndromic precautions	Draining wound, diarrhea, infestation	Diarrhea and/or vomiting	Stiff neck + fever + headache	Malaise + acute cough + fever, toxic shock	Fever + weight loss + cough + high risk for TB	Disseminated rash + fever
Private room	Preferred. For suspect & confirmed CPO: yes	Preferred	Preferred. If in multi-bed room, draw curtain.	Preferred. If in multi-bed room, draw curtain.	Yes	Yes
Negative pressure room	No	No	No	No	Yes	Yes
Staff PPE	Gown + gloves	Gown + gloves	Procedure mask and eye protection	Procedure mask + eye protection + gown + gloves	N95 respirator	N95 respirator + gown + gloves
Visitor PPE	Gown + gloves if direct care	Gown + gloves	Procedure mask and eye protection	Procedure mask + eye protection (+gown +gloves if direct care)	Offer N95 respirator to visitor	N95 respirator (+gown +gloves if direct care)
Parents of pediatric patients	Clean hands before entering and on leaving room. Do not go into common areas such as patient kitchens, playrooms, school rooms, patient lounges.					
Patient wears a procedure mask during transport	No	No	Yes	Yes	Yes	Yes

ATTENTION: STAFF AND VISITORS



OUTBREAK IN PROGRESS

PLEASE DO NOT VISIT AT THIS TIME, UNLESS IT IS URGENT

VISITORS IF YOU ARE ILL DO NOT VISIT

